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The dialogical principle in counseling and psychotherapy: An exploration of Martin Buber's "I and Thou"

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The Dialogical Principle in Counseling and Psychotherapy:

An Exploration of Martin Buber's "I and Thou"

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JAMES MADISON UNIVERSITY

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Abstract

The relationship has become increasingly decentralized as counselors and psychotherapists continue to turn towards evidence-based techniques and manualized intervention strategies. Although counselors must learn to incorporate appropriate technique and therapeutic strategy during the process of therapy, these interventions must be predicated on an understanding of the real meeting between counselor and client. Dialogical theory, based on the philosophical anthropology of philosopher Martin Buber, emphasizes the client-counselor encounter as the fundamental source of healing in counseling and psychotherapy. This paper will explore the Dialogical principle found in Martin Buber's philosophy of "I and Thou," and how these can be related and applied to counseling and psychotherapy. The importance of the client-counselor relationship in the process of therapy will be explored. Buber's philosophy will also be used to explain important aspects of personality and pathology development, the healing nature of meeting, how the dialogical principle applies to concepts in therapy like transference, empathy, resistance, and the process of change and transformation. Two brief case studies will elucidate Buber's philosophical concepts within the realm of counseling and psychotherapy.

Dialogical theory, based on the philosophical anthropology of philosopher Martin Buber, emphasizes the client-counselor encounter as the fundamental source of healing in counseling and psychotherapy. Encounter in this context is defined as the real, mutually influenced meeting between both client and counselor within an ever-changing intersubjective field of relation (Cowan, 1995). The Dialogical approach to psychology is a relational theory. It places the development of persons, and pathology, within an interconnected web of family, social, and cultural relationships that affect the formation and expression of the intrapsychic realm of persons, the interpersonal realm of relationships, and the transpersonal realm that occurs between person and person (Hycner, 1993).

Dialogical theory advocates for a more personalized approach to the process of therapy in which the mutually influenced meeting between client and counselor is centralized. As Hans Trüb said, “This dialogical meeting is at once both starting point and goal of our therapeutic effort” (Hycner, 1993, p. 41). This perspective represents a movement away from the view of the counselor as a detached expert on the client’s problems, and towards an intersubjective view of interaction. In this intersubjective view of therapy, the relationship itself, or the meeting between person and person, is where the true healing is found.

This does not mean that insight and techniques are not valued. The Dialogical approach to therapy emphasizes the exploration of internal realms of experience, the creation of new understandings, and the articulation of these internal realms of experience. However, the Dialogical approach emphasizes that the intrapsychic remains embedded in a larger context of relationship and interconnectedness (Cowan, 1995).

According to Friedmann (1992), “We do not actually exist divided into “inner” and “outer” . . . In reality we are a whole in every moment in streaming interaction with everybody and everything” (p. 19). Expressive of the movement away from “one person” psychologies towards system of “field” models, personality is no longer conceived as the product of exclusively internal forces. The organization of experience, and the formation of self, is viewed as a product of the mutual interaction between the person and the greater web of persons and things with whom he or she is in relationship (Cowan, 1995).

The potential dialogical occurrence of this real meeting between persons is central to Martin Buber’s “I and Thou.” For if “all real living is meeting” according to Buber, then “all true healing takes place through meeting” (Friedmann, 1985, p. 5). This paper will explore the dialogical principle of Martin Buber’s “I and Thou,” and how it can be applied to the realm of counseling and psychotherapy.

Philosophical Contexts

Any psychological theory incorporated into the practice of psychotherapy is necessarily grounded by fundamental philosophical assumptions. Western philosophy established its metaphysical beginnings in the 4th century B.C. in Athens with the Greek philosopher Plato. Following Heraclitus’ notion of the world as an ever-changing flow of opposing qualities, and Parmenides’ view of the world as an unchanging unity, Plato conceived of a dualistic world in which human beings were made of both physical bodies and nonphysical souls (Holmes, 2015). The idea of Platonic dualism would later become a foundational principle in the early 16th century with Rene Descartes’ metaphysical dualism, in which the mind became a thinking subject looking out on an external world of unthinking objects. This metaphysical assumption finally “concretized the idea of a

complete separation between mind and world, between subject and object” (Stolorow, 2011, p. 13). According to Stolorow (2011), the Cartesian split between mind and body “bifurcated the experiential world into inner and outer regions, severed both mind from body and cognition from affect, reified and absolutized the resulting divisions, and pictured the mind as an objective entity that takes its place among other objects, a ‘thinking thing’ that has an inside with contents and that looks out on an external world from which it is essentially estranged” (p. 24). This dualistic view of mind and body formed the foundations of how philosophy viewed metaphysics until the late 20th century.

The metaphysical assumptions of Cartesian dualism following the scientific revolution also grounded Western psychology in a scientific tradition of empirical observation and quantitative experimentation aimed at uncovering a knowable, objective reality in the external world. Thus, within this scientific framework, reality is seen as an observable collection of intelligible mass separate from, and unaffected by, the observer. Complex systems are also seen as reducible to smaller units that can then reveal fundamental principles, which offer explanations for the larger system they contain (Cowan, 1995).

Although this scientific reductionist orientation towards the world offers tangible possibilities like space travel and global communication, it falls short in trying to understand the complexities of human existence. Because of this, researchers in personality theory in the beginning of the 20th century began developing alternative views of investigation to help them understand the intricacies of human behavior (Cowan, 1995). One prominent alternative model of investigation focused on the interconnectedness of the elements within complex systems, as opposed to the elements

themselves. This new relational model saw the observer as related to the observed, and highlighted the mutual influence of all elements involved in the process of investigation (Cowan, 1995). Thus, this new intersubjective framework shifted attention away from the empirical observation of independent objects and towards the importance of one's own subjective experience in the world, while still adhering to the metaphysical suppositions of Cartesian duality.

However, in the late 20th century, Edmund Husserl founded phenomenology, a third philosophical model and method of investigation, which was later brought to maturity through the philosophical works of Martin Heidegger (1927) and Maurice Merleau-Ponty (1945). In the phenomenological mode of investigation, the world is seen as ontologically inseparable from human experience. Mind, body, and world are seen to exist within a holistic gestalt, in which no objective reality necessarily exists nor can be observed. Thus, phenomenology finally brought Plato and Descartes' split between subject and object to a unity. Heidegger defined this unity as "Being-in-the-world." According to Stolorow (2011), the term "Being-in-the-world" was used to demonstrate how "...our Being and our world in their indissoluble unity 'primordially and constantly' contextualize one another" (p. 24). Thus, this new-found phenomenological mode of investigation shifted focus away from a person's supposedly "objective" knowledge about the world and towards the subjectively constructed knowledge and experience emerging in the relational field that exists between persons. Martin Buber, extending beyond this phenomenological mode of investigation, "sees the ontological as found in the meeting between person and person and between person and world, with the

realization of the self as the indispensable accompaniment and corollary of the dialogue” (Friedman, 1992, p. 129).

Heidegger and Merleau-Ponty’s phenomenological approach to metaphysics and understanding the ways in which human beings experience their world represents a method of investigation that hopes to preserve the integrity of whole contextual configurations and the interconnected meanings therein, while also establishing the observer as an active, integral participant in the ongoing process of investigation. This post-Cartesian phenomenological approach is foundational in Dialogical theory and represents an alteration to the emphasis on “empirically validated treatments,” and how the client-counselor relationship is viewed in counseling and psychotherapy.

Historical Context of Dialogical Psychology

Sigmund Freud marked the birth of psychotherapy with his drive model of psychopathology, in which personality structures were seen as emerging from intrapsychic energies. In Freud’s model of psychoanalysis, the analyst is viewed as a detached, objective observer serving as an expert on the patient’s isolated conscious and unconscious experience (Cowan, 1995). This Freudian model of psychopathology began what Robert Stolorow refers to as “The myth of the isolated mind,” in which mind is seen as separate from the external world it looks out on (Stolorow & Atwood, 1992).

In the 1930’s, alternatives to Freud’s drive model within the school of Object Relations shifted the focus of therapy from intrapsychic to interpersonal, while also replacing Freud’s drive theory with a model of human motivation. Cultural and social forces were now seen as a major factor in the development of personality and pathology (Cowan, 1995). This movement required a global shift in how the client-counselor

encounter was viewed. Although still grounded in the idea of an isolated mind, psychopathology was now conceptualized within a process of family or interpersonal relationships. This shift in focus brought about a fundamental questioning of Freud's idea of the counselor as a detached and objective observer, and replaced Freud's intrapsychic drive model of the human being with an interpersonal relational model of the human being embedded in a broader context.

The existential movement in psychotherapy that followed this shift in focus continued the questioning of Freud's theory by calling for a reexamination of the fundamental nature of human experience. Existential theorists emphasized the process of encounter between client and counselor and the importance of authenticity in the course of psychotherapy. According to Irvin Yalom:

This encounter, the very heart of psychotherapy, is a caring, deeply human meeting between two people... Counselors have a dual role: they must both observe and participate in the lives of their patients. As observer, one must be sufficiently objective to provide necessary rudimentary guidance to the patient.

As participant, one enters into the life of the patient and is affected and sometimes changed by the encounter (as cited in Friedmann, 1992, p. 75).

Context and interpersonal influences were stressed again in the existential movement as the major factors contributing to personality formation. According to Rollo May (1983), "The two poles, self and world, are always dialectically related. Self implies world and world self; there is neither one without the other, and each is understandable only in terms of the other" (p. 122). For existential theory, the ever-morphing flow of human

encounter became centralized in the therapy room and was seen as the central motivation towards growth and healing.

The humanistic movement in psychotherapy paralleled the existential movement by also stressing the importance of meeting the client with authenticity. Carl Rogers led this movement with his person-centered approach to therapy in which psychotherapy was viewed as a meeting between two persons. In his humanistic approach to therapy, the counselor brings his authenticity into direct relation with the client's uniqueness.

According to Rogers (1989):

If the therapy were optimal, intensive as well as extensive, then it would mean that the counselor has been able to enter into an intensely personal and subjective relationship with the client – relating not as a scientist to an object of study, not as a physician expecting to diagnose and cure, but as a person to a person... It would mean that the counselor is genuine, hiding behind no defensive façade, but meeting the client with the feelings which organically he is experiencing (p. 409).

Like the other relational theories before it, the humanistic movement stressed the importance of the authentic meeting between counselor and client.

Coincident with these radical challenges to psychoanalytic theory were two former psychoanalysts who chose to diverge from Freud. Their theories would later form the foundations of two of the most influential relational models in the field of psychotherapy today. The first of these psychoanalysts was Heinz Kohut.

Kohut, in his theory of "self" psychology, emphasized a clinical stance of empathy as the investigative mode, as opposed to detached observation and interpretation. According to Kohut:

At the heart of the self psychological vision is the idea of psychological growth being fostered by facilitating relatedness with important others. It places great emphasis on how important relationships affect the development and maintenance of the individual's sense of self and ability to function" (Lessem, 2005, p. 208-209).

Kohut viewed personality and self emergence not only as the product of internal forces, but also forming in participation with important caregivers. Expanding on Kohut's discoveries, Stolorow formed a theory of intersubjectivity that centralized the idea of self in relation. "The concept of an intersubjective system brings to focus both the individual's world of inner experience and its embeddedness with other such worlds in a continual flow of reciprocal mutual influence" (Stolorow & Atwood, 1992, p. 18).

Intersubjective theory challenges the myth of the isolated mind by asserting that person is the product of an ongoing relationship with a surrounding world. In the counseling relationship, the formation and illumination of the mutually influencing subjective worlds of counselor and client is seen as the vehicle for therapeutic healing.

Another psychoanalyst who diverged from Freud's theory was Hans Trüb. Trüb asserted that the meeting between counselor and client was the only route towards an emergent and subjective truth. According to Trüb, "As psychocounselors we may not point to a truth which we have but only to a truth sought between us, between physician and patient" (as cited in Hycner, 1993, p. 57). Trüb viewed the counselor's dialogical relationship with the client as a relational model for the client's interactions with the broader social and cultural surround. For Trüb, the only way to heal the wounds incurred from the missed meetings that human beings experience in daily living, is the real

meeting that is made possible between counselor and client. While drawing heavily on Martin Buber's philosophy and his own clinical experience, Trüb established a theory that would go on to form the foundations of what would later be termed Dialogical Psychotherapy.

Statement of the Problem

After Freud, the field of psychotherapy began to move more towards an understanding of the importance of the real relationship between counselor and client. Each theory increasingly emphasized the importance of the phenomenological and subjective nature of the client's self-experience as constructed in participation with an interpersonal surround. However, despite the influence of the varied relational models in psychology, it seems that the field is now beginning to shift in focus again towards the implementation of an "objectivist" or a medical model. This shift is most illustrated in the notion of an "objective" and expert clinician using evidence-based techniques and manualized processes, as does a surgeon. It is beyond the scope of this paper to address the reasons as to why the shift is occurring. I hope to simply re-emphasize the importance of the meeting between counselor and client in order to keep alive what the relational models in psychology brought to the field of psychotherapy in the first place, namely, how to actualize the healing potential of the person to person encounter.

The Dialogical principle in counseling and psychotherapy is supported by research. Blow, Sprenkle, and Davis (2007) emphasized the common factors that exist in every therapeutic model of treatment, namely the relationship, and how the therapeutic alliance has been shown to transcend all theoretical models or techniques. In fact, the therapeutic relationship between counselor and client is shown to be important and

central to the therapeutic process in over 1,000 studies (Haugh & Paul, 2008). The importance of the therapeutic relationship specifically exemplified in the Dialogical principle formulated from Martin Buber's philosophy for counseling and psychotherapy has been stressed by a wide array of clinicians across differing cultures within the field of psychotherapy (Adame & Leitner, 2011; Friedman, 2008; Heard, 1996; Kopyev, 2007; and Seikkula, 2011). The Dialogical principle in counseling and psychotherapy has also been applied successfully to family therapy (Fife, 2015), group therapy (Kron, 1990), and couples therapy (Fishbane, 1998). The importance and relevance of the Dialogical principle in counseling and psychotherapy is well rooted in the literature currently available to the field of psychotherapy.

Goals and Objectives of this Paper

The goal of this paper is to explore the Dialogical principle, Martin Buber's philosophy of "I and Thou," and how it can be related and applied to counseling and psychotherapy today. More specifically, the importance of the client-counselor relationship in the process of therapy will be detailed and highlighted. Buber's philosophy will also be used to explain personality and pathology development, the healing nature of meeting, and how the Dialogical principle applies to concepts in therapy like transference, empathy, resistance, and the process of change and transformation. Two brief case studies will be included at the end of this paper as a final means to elucidate Buber's philosophical concepts within the realm of counseling and psychotherapy.

Literature Review

The I-Thou Encounter

The dialogical approach to counseling and psychotherapy suggests that the encounter between counselor and client involves a third relational dimension, an ontological dimension, in which both counselor and client participate. According to philosopher Martin Buber, author of works such as “I and Thou,” this ontological dimension is that of the “between” or the “interhuman,” the meaning of which “is to be found neither in one of the two partners nor in both together, but only in their dialogue itself, in this ‘between’ which they live together” (as cited in Hycner, 1993, p. 5). For Buber, the relational dimension of the interhuman is a product of the real encounter between person and person in which both persons actively engage each other in a mutual attempt to enter into an authentic relationship. The interhuman is much more than the point of contact between two persons. It is the ineffable quality in human relationships which is greater than the sum of the individual identities involved.

Buber defined this authentic meeting between two persons as the I-Thou relationship, and emphasized it as the most important aspect of human experience. When one person meets another as a Thou, the uniqueness and separateness of the other is acknowledged without obscuring the relatedness or common humanness that is shared. In the I-Thou relationship, “we are as much a-part-of, as well as apart from, other human beings” (Hycner, 1993, p. 8). In this type of dialogue, one’s whole being is brought into direct relationship with an Other.

Buber (1998) asserted that “I-Thou is the primary word of relationships. It is characterized as mutuality, directness, presentness, intensity, and ineffability” (p. 2). In

an I-Thou relationship, persons are seen as the center of focus and never seen as a means to arrive at a particular end. The I-Thou relationship also extends beyond persons to include anything that can be conceived as the other. For example, Buber (1973) described the meeting between Thou and Thou in an experience that he had with a horse when he was eleven years old as follows:

When I stroked the mighty mane, sometimes marvelously smooth-combed, at other times just as astonishingly wild, and felt the life beneath my hand, it was as though the element of vitality itself bordered on my skin, something that was not I, was certainly not akin to me, palpably the other, not just another, really the Other itself; and yet it let me approach, confided itself to me, placed itself elementally in the relationship of Thou and Thou with me (p. 26-27).

Whether it be a person or a horse, when one meets an Other, authentically and wholly, the possibility of an I-Thou relationship can exist.

Buber contrasted this I-Thou relationship with an I-It relationship in which the other person is experienced as an object, or a means to an end. This relationship does not require the person to bring one's whole being into active participation with an other.

Unlike the I-Thou relationship, the I-It relationship does not enter into the realm of the between. Martin Buber (1998) defined the I-It relationship as follows:

I-It is the primary word of experiencing and using. It takes place within a man and not between him and the world. Hence it is entirely subjective and lacking in mutuality. Whether in knowing, feeling, or acting, it is the typical subject-object relationship. It is always mediate and indirect, dealing with objects in terms of the categories and connections, and hence is comprehensible and orderable (p. 2).

Similar to the necessity of human experience to alternate between separateness and relatedness, the I-It and the I-Thou orientations form the two poles in which human relationships flow. Although both relational orientations are necessary in human interactions, when the I-It dominates over the I-Thou, human relationships suffer. According to Hycner (1993), “genuine dialogue can only emerge if both persons are willing to go beyond only an I-It attitude and truly value, accept, and appreciate the otherness of the other person” (p. 7).

In relating these orientations to the therapy room, Hans Trüb made an important distinction between the “intrapyschic-dialectical” and the “interpersonal-dialogical” phases of the therapeutic relationship (as cited in Cowan, 1995, p. 69). The dialectical is usually the first phase of therapy, in which the inner world of the client is explored. It involves two separate worlds, that of the counselor and that of the client, interacting in mutual influence. The dialogical, however, moves beyond the interaction between two separate persons. This phase of therapy involves the ontological dimension of the between in which Trüb defined as the “explicit acknowledgment, and exploration, of the realm of the ‘between,’ created by, and in some way greater than, both participants...but belonging to neither (as cited in Cowan, 1995, p. 69). The dialogical approach stresses the importance of this ontological or “being” dimension of relationships, and centralizes this deep participation as the vehicle for healing in psychotherapy. According to Friedman (1992), “the healing itself takes place in that sphere Buber calls the between” (p. 109).

Mutual Confirmation

Martin Buber (1988) asserted that “the basis of man’s life with man is twofold...the wish of every man to be confirmed as what he is, even as what he can become, by men: and the innate capacity in man to confirm his fellow men in this way...actual humanity exists only where this capacity unfolds” (p. 57-58). For Buber, personality development occurs in a relational context, and mutual confirmation is the central determinant for how a self is formed. In other words, every human being has a need to confirm, and be confirmed in their uniqueness by others. For Buber (1988), each person “secretly and bashfully watches for a Yes which allows him to be and which can come to him only from one human person to another” (p. 61). This “Yes” is a fundamental necessity to the development of the self throughout the lifespan, and it occurs in the ontological dimension of the between.

In understanding the concept of confirmation, it is important to differentiate it from the notion of acceptance. Although confirming another person involves accepting that person, confirmation goes beyond acceptance by also acknowledging the person one may become. Buber explained this difference as follows:

Every true existential relationship between two person begins with acceptance...I take you just as you are...in this moment, in this actuality...confirming means...accepting the whole potentiality...I can recognize in him, know in him, more or less, the person he has been...created to become...And now I not only accept the other as he is, but I confirm him, in myself and then in him, in relation to this potentiality that...can now be developed (as cited in Friedman, 1985, p. 135-136).

Thus, confirmation is not only concerned with affirming the person in one particular moment, but also with the person they are called to become. Unlike acceptance, the act of confirmation may involve refuting a one's current behavior while still affirming one's overall ontological existence.

For mutual confirmation to occur in the realm of the between, an experience that Buber (1988) called "personal making present" is also essential (p. 70). To make another person present is to see a person in one's fullness, without reduction or abstraction. In other words, to make another person present is to see someone as a Thou. The moment a person is seen from a position of observation or evaluation, they turn into an It, and the possibility for confirmation is lost. True confirmation occurs on an altogether different level than simply knowing something about a person. Buber (1988) explained personal making present as follows:

To be aware of a man, therefore, means in particular to perceive his wholeness as a person...to perceive the dynamic center which stamps his every utterance, action, and attitude with the recognizable sign of uniqueness. Such an awareness is impossible, however, if and so long as the other is the separated object of my contemplation or even observation, for this wholeness and its center do not let themselves be known to contemplation or observation. It is only possible when I step into an elemental relation with the other, that is, when he becomes present to me (p. 70).

In the clinical situation, counselors may desire, out of their own discomfort, to marginalize the encounter between client and counselor by experiencing the real human person that sits across from them in the therapy room as a patient or client. But if the

counselor falls into this trap, assuming a merely professional “role” in order to guard against his or her own anxiety, the other person’s reality will become distorted further and the distance between client and counselor will grow. According to Friedman, “The counselor’s openness and willingness to receive whatever comes is necessary in order that the patient may trust existentially,” and when one begins to trust another within the ontological level of relation, the relationship itself can begin to heal the accumulated relational experiences of the past (1985, p. 134). As Buber famously put it, “The real master responds to uniqueness,” and it is precisely in one’s own uniqueness that clients desire to be confirmed (as cited in Friedman, 1992, p. 112).

Inclusion and Mutuality

Another aspect of confirmation and “making present” in the dialogical encounter includes a concept Buber (1988) termed “inclusion” or “imagining the real” (p. 71). It involves imagining what the other person is feeling, thinking, and experiencing. Inclusion can only occur within the interhuman meeting between two persons standing both separate and together with a mutual hope of understanding one another. Thus, inclusion is the ability to jump into another person’s shoes without losing one’s own footing.

Many would equate this type of experience to the type of empathy made famous by Carl Rogers. However, inclusion involves taking a step beyond empathy. Buber (1988) described inclusion as:

a bold-swinging – demanding the most intensive stirring of one’s being – into the life of the other. This is the nature of all genuine imagining, only that here the realm of my action is not the all-possible, but the particular real person who confronts me, whom I can attempt to make present to myself just in the way, and

not otherwise, in his wholeness, unity, and uniqueness, and with his dynamic center which realizes all these things ever anew (p. 71).

Empathy, Friedman (1985) asserted, falls short of inclusion in its inability to stress the importance of holding one's own ground of concreteness within the relationship. When one empathizes with another, one temporarily drops one's own reality in order to understand the reality of the other. In this way, empathy lacks the necessary aspect of mutuality that is found in the dialogical meeting.

In inclusion, one attempts to experience the uniqueness of the other, but never suspends one's own reality or ground of being. In discussing the idea of inclusion, Friedman (1985) explained:

A person finds himself as person through going out to meet the other, through responding to the address of the other. He does not lose his center, his personal core, in an amorphous meeting with the other. If he sees through the eyes of the other and experience's the other's side, he does not cease to experience the relationship from his own side (p. 199).

One must be able to confirm another without losing the ground of being that they bring to the encounter. Buber (1988) said, "I affirm the person I struggle with: I struggle with him as a partner, I confirm him as creature and creation, I confirm who is opposed to me as him who is over against me" (p. 69). Unlike empathy, inclusion opens up the possibility for confirmation, for to confirm another, one must stand in one's own uniqueness to have the foundational stance to confirm the uniqueness of the other. According to Buber, when the moment of inclusion is actualized, "neither side of the dialogue is ignored. Inclusion occurs when a person...without forfeiting anything of the

felt reality of his activity, at the same time lives through the common event from the standpoint of the other” (as cited in Cowan, 1995, p. 101).

Buber’s emphasis on inclusion, confirmation, and the dialogical principle of healing through meeting brought into question how much mutuality is possible in the relationship between client and counselor. If the I-Thou relationship involves a meeting between two persons who have decided to actively bring their whole being into relation with the other, then inclusion must be mutually enacted for the encounter to become actualized. Because of this presupposition, Buber, in his discussion with Carl Rogers, declared the therapy room as an inappropriate setting for this two-sided mutuality (see Rogers, 1989, p. 44-64). Inclusion in the therapy setting is fundamentally one-sided, as the counselor hopes to understand the client’s reality and the counselor cannot expect the client to attempt to understand the counselor’s own reality. Friedman (1985) observed that “he, as counselor, sees the patient from within, whereas the patient’s inclusion is limited to sensing something of the counselor’s attitude toward him and does not touch on the counselor as a person with problems of his own” (p. 174). The moment that the client practices inclusion with the counselor, the healing nature of the therapeutic relationship is shifted and lost.

However, one can still appreciate another in dialogue without mutuality, and open up the possibility for an I-Thou relationship. In the therapy room, the I-Thou encounter always remains latent within the unfolding relationship of I-It. According to Jacobs, although the counselor can never be confirmed in his or her uniqueness, “The counselor’s confirmation comes through the expression of oneself in the service of the task” (as cited in Cowan, 1995, p. 51). Similarly, according to Friedman (1985), “For another person to

allow me to help her or him means that the person is confirming me. He is giving me one of the rarest gifts I may receive, even if it cannot be fully mutual by the very structure of the therapy situation” (p. 178). So, although the therapy situation in itself rules out the mutuality of confirmation, Brice introduced a hope for confirmation in the therapy alliance by declaring that “mutuality in a therapeutic relationship is achieved in the realm of value” (as cited in Cowan, 1995, p. 52).

Being and Seeming

If, as Buber asserted, the fundamental need of man is to confirm and be confirmed by his fellow man, then the ultimate failure in human relations is when this confirmation is lacking or nonexistent. As Friedman (1985) observed:

We need to be confirmed in our uniqueness, yet we need to be confirmed by others who are different from us. This is not a paradox so long as genuine interhumanness stands at the center of human existence; for our very existence as selves originates in and preserves through the interhuman. But other persons, including our parents, are not always willing to confirm us in our uniqueness...many of us, unfortunately, have experienced ‘confirmation’ of a very different nature, confirmation with strings attached. Many of us are, in effect, offered a contract that reads: ‘we will confirm you only if you will conform to our model of the good child, the good churchgoer, the good student, the good citizen, the good soldier (p.121-122).

When one is confirmed in one’s uniqueness, one gains the capacity to bring one’s “being” to the relationships one holds in the world, but when one is not confirmed in this way, one gravitates towards a “seeming” orientation with others in the world. For the

desire to be confirmed is so strong that one will likely choose to be confirmed with a mask on than risk the possibility of not being confirmed at all.

Buber (1988) asserted that “The essential problem of the sphere of the interhuman is the duality of being and seeming” (p.65). The first is explained by what one essentially is, and the latter proceeds from what one wishes to seem to others. According to Cowan (1995):

The person who emphasizes ‘being’ in his or her relations is characterized by spontaneity, genuineness, directness, and presence, and is not crippled by the thought of how he or she is perceived by the other. The ‘seeming’ person manufactures a look which is meant to appear spontaneous and reflective of the psychic and personal events that he or she is experiencing. In fact, this person’s behavior correlates not with these psychic and personal events, but with how he or she believes the other is most likely to be approving (p. 53).

When one is characterized by the hopes of receiving false confirmation by “seeming” what one believes others will approve of, one destroys the possibility of an I-Thou relationship. Because one that follows the seeming orientation in relationships does not bring one’s authentic person to others and oneself, the possibility of authentically communicating oneself to another is thwarted. When the seeming orientation reaches an extreme, one loses one’s uniqueness and wholeness and ceases to be a living, authentic person. As Buber (1988) said, “To yield to seeming is man’s essential cowardice, to resist it is his essential courage” (p. 68).

From this, it is clear that the counselor must model the “being” orientation towards their clients, by bringing their own authentic person into the therapy room.

Although it is easy to introduce a false professional, expert orientation to clients in order to be seen as competent or understanding, it is essential that counselors bring their full, authentic self to the meeting between counselor and client for true healing to be possible. For only when a client sees the counselor without mask or fabrication will they themselves risk taking of their own mask in order to be seen for who they truly are.

Cowan (1995) summarized Buber's process of personality formation in developmental terms as follows:

...psychopathology is the result of a dialogue that never fully actualized, or was grossly absent for the child. Lacking an experience of confirmation by a fully present caregiver, the child sacrifices faithfulness to his own authentic experience, and substitutes a response which incorporates the perceived demand of the caregivers. The child learns to divorce himself from his own affects, thoughts, drives, and aspirations, if they do not call forth from others a response which as Buber says, 'allows him to be.' The child has learned to objectify and section off aspects of his own experience. He looks at himself as from a distance, through the filter of what he imagines as the experience of others. In Buber's language, he has learned to sacrifice the 'I', of the I-Thou relation, for the objectified 'It' of abstracted relation. As the child moves into the potential for new relational experiences, his searching for the ground on which he will be accepted removes him from the present ground of his experience, and renders each 'Thou' and 'It'. For, having stepped out of his own actuality, he cannot encounter fully the person of another, even should that person be fully present and available for a meeting (p. 58).

As client and counselor work to establish a dialogue, the barriers to such an authentic meeting will begin to take form in the unfolding relationship. As the new experiences with the counselor that incorporate the ontological dimension of Buber's I-Thou are actualized, the client will be called out to participate in a fuller dialogue with the counselor and the broader community in which they are embedded. If the counselor can bring his or her whole being into relation with the client and give the client the Yes that he or she had always yearned to hear, then the real healing process can begin.

The Unconscious

Buber's understanding of psychological and personality development extends to his theory of the unconscious as well. In describing the concept of the unconscious, Buber said:

The sphere in which this renowned concept possesses reality is located, according to my understanding, beneath the level where human existence is split into physical and psychical phenomenon. But each of the contents of this sphere can in any moment enter into the dimension of the introspective, and thereby be explained and dealt with as belonging to the psychic province (as cited in Friedman, 1985, p. 144).

Buber (1967) described the unconscious as "our being itself" (p. 156), and clarified that the unconscious is "not a phenomenon, either physiologic or psychic, and we never experience it directly but only know it by its effects" (p. 171).

As such, the unconscious is seen as the wholeness of the person before the distinctions of psychical and physiological are developed during early personality development. These developed distinctions are simply the outer expressions of the

unconscious as it experiences the world of relationship. Friedman (1985) summarized the unconscious as follows:

The unconscious is our being itself in its wholeness. Out of it the physical and the psychical evolve again and again and at every moment. The unconscious is not a phenomenon. It is what modern psychology holds it to be—a dynamic fact that makes itself felt by its effects, effects the psychologist can explore (p. 145).

The unconscious is also seen to exist in the realm of the interhuman, since it symbolizes the wholeness of the person. In the I-Thou relationship, the unconscious of one meets the unconscious of another. With the unconscious located not only in the person, but also within the realm of the between, the dissociations commonly found with clients during the course of therapy, and which prevent full participation, resemble the outcome of all the missed meetings that clients have experienced during the timeline of their life. Hence, it is the counselor's responsibility to give the client a new type of meeting: an ontological meeting between persons.

Since the material that the client discovers during the course of therapy is created and produced within the meeting between persons, the elements the client has dissociated have the capacity to become reintegrated depending on the unique encounter between counselor and client (Cowan, 1995). Thus, making the unconscious conscious in therapy involves addressing the areas that prevent the client from fully meeting the counselor. The client's dissociations shut him or her out from others and prevent the possibility of new experiences, because of the real fear of experiencing a "No." The counselor must give the client the "Yes" that allows the person to finally be. Friedman (1985) summed this concept up distinctly as follows:

As the unconscious of the relatively whole person is the very ground of meeting and an integral part of the interhuman, the unconscious of the relatively divided person is the product of the absence or denial of meeting. From this we can infer that the overcoming of the split between the repressed unconscious and the conscious of the divided person depends on healing through meeting. This includes such confirmation as the counselor can summon from the relationship with the client to counterbalance the 'absolute no' of the meeting rejected or withheld in childhood (p. 150).

Transference

Buber's dialogical theory of human relationships also redefines the concept of transference in therapy. First, on the dialogical level, transference can be a defense used by the counselor or client to protect against the potential anxiety of the I-Thou meeting. According to Trüb, the interhuman realm of transference is born from the "absolute no" experienced in the past, and continues as a refusal to meet (as cited in Cowan, 1995). Paradoxically, the fear of a missed meeting shows itself in the client-counselor relationship as defensiveness and withdrawal. Secondly, on the dialectical level, because the idea of transference implies that previous relational experiences are being imposed on meetings experienced in the here-and-now, missed meetings between client and counselor can be conceptually understood by the relational histories of both involved. Transference can then be comprehended from the mismatch between relational experiences occurring in the here-and-now and the relational models created from past relational experiences. Thus, the level of distortion in the encounter, and the manner in which it manifests in the relationship between client and counselor occur on this

dialectical, intrapsychic level of relatedness. The meaning between person and person will ebb and flow on this dialectical level based on the previous relationships the counselor and client have experienced in the past, and it is only through the interhuman meeting that a new relational model can begin to take form.

May (1979) wrote, "Transference is to be understood as the distortion of encounter" (p. 119). This "distortion" might manifest as a misrepresentation of the counselor's intentions or an avoidance of allowing an authentic relationship between client and counselor to exist. According to Cowan (1995), "At the most fundamental level, then, transference is not a distortion of an objective reality, but the denial of an ontological possibility... This level of transference involves the imposition of one's own categories derived from past experiences in a new situation in such a way as to deflect the potential for encounter" (p. 90-91). When one refuses the ontological meeting between persons, one's reality remains closed off and fractured. It is only through the interhuman encounter between persons that one has the opportunity to grow and find vitality. Transference then, is when the client or counselor impose their own preconceptions or expectations upon the other, closing off the possibility of a true meeting by failing to recognize the new experience that presents itself.

Transference is seen as a natural occurrence between persons. "The reality that exists for the client and counselor is not an objective one, but one that exists between them" (Cowan, 1995, p. 95-96). Because of this, and the idea that one can only be confirmed by another standing in his or her own uniqueness, a counselor may, in accordance with therapeutic judgment, reveal his or her authentic responses to a client within the between that they share. Again, the counselor does not offer his or her

response as objective truth, but as an authentic and subjective response to a particular encounter between client and counselor. From this intersubjective perspective the truth resides not in counselor or client, but the between in which they exist together. This type of response has the potential to increase the trust between client and counselor, and provide the client with a relational framework in which they can then begin to gain insight into themselves, others, and the world.

Thus, the counselor must confirm the client, but only by bringing their full person to the therapeutic encounter. Friedman (1985) wrote, “The counselor may have to wrestle with the patient, for the patient, and against the patient. He is not only concerned with the person he is at that moment, but also with his becoming what he or she is called to become” (p. 137). The counselor then becomes a reflection of the community that denies the client, and it is their responsibility to reopen the closed dialogue that had previously imprisoned the client. Hans Trüb summed up this idea by stating:

The psychologist...has to embody as a substitute the community and its spiritual world which has denied itself to the neurotic and to which the latter in turn denies himself. It falls to his task to begin to reconstruct the interrupted dialogue relationship between the individual and the community in immediate meeting... The relationship of the ‘partners’ in psychotherapy proves thereupon to be a prototype of the personal and thereby responsible relationship to the community which is to be resumed (as cited in Cowan, 1995, p. 98).

Resistance

From a dialogical perspective, the client’s resistance in therapy is seen as a sensitivity accrued from the missed meetings of the past. Because the potential injury

from re-experiencing a “No” again is frightening, one closes oneself up to the possibility by refusing to enter into a true dialogue. It is the counselor’s job to turn the client’s wall of resistance, protecting the deep wounds of the past, into something more permeable so as to open them up to the possibility of growth and healing.

In the realm of the interhuman, resistance is not seen as something that needs to be overcome, but something that needs to be understood from the client’s perspective. This orientation affirms the client’s need for self-protection, while also giving the client the option to bring about a new situation by entering into authentic dialogue. “Thus, the task becomes to understand what the resistance is saying, what is the message to the patient and counselor which points to how this person fears engaging another” (Cowan, 1995, p. 109). Resistance is seen as an essential aspect of the relationship between counselor and client. Hycner asserts that the counselor must meet the client “at the point of resistance, as well as join with the resistance” (as cited in Cowan, 1995, p. 109-110). The resistance shows where the client is most wounded. For this reason, it is critical that the counselor come to understand the client’s impulse that pulls them away from genuine dialogue.

May (1979) asserted that “sickness is precisely the method that the individual uses to preserve his being” (p. 110). May argued that clients come to therapy in a personally constructed unity of self, although dysfunctional, and the client’s symptoms are their effort to preserve their unity. May (1979) reversed the belief of neurosis as a failure to adjust by stating that “An adjustment is exactly what a neurosis is... It is a necessary adjustment by which centeredness can be preserved; a way of accepting non-being in order that some little being may be preserved” (p. 110). The resistance points to a client’s

uniqueness in which they refuse to actualize, and it is precisely this resistance that holds the possibility of discovering again this uniqueness within the unfolding relationship between client and counselor.

Resistance, like transference, exists at two levels. The dialogical level of resistance is the refusal to open one's self up to a real meeting in which potentialities are capable of being actualized. On a dialectical level, the protective relational patterns learned early in life manifest themselves in recognizable ways within the present meetings between person and person. Thus, the dialogical level is the ontological refusal to meet, while the dialectical level entails the perceived phenomenon that emerge between client and counselor from this refusal to meet.

Martin Buber termed the ontological refusal to be called to meet another as "reflexion". Buber defined reflexion in this context as follows:

...when a man withdraws from accepting with his essential being another person in his particularity – a particularity which is by no means to be circumscribed by the circle of his own self, and though it substantially touches and moves his soul is in no way immanent in it – and lets others exist only as his experience, only as a 'part of myself'. For then dialogue becomes a fiction, the mysterious intercourse between two human worlds only a game, and in the rejection of the real life confronting him the essence of all reality begins to disintegrate (as cited in Cowan, 1995, p. 111).

Thus, reflexion, in this definition, represents an example of therapeutic resistance at the ontological level of dialogue.

Resistance in the dialectical level refers to the ways in which one engages with their world. This level of resistance contains the meanings, themes, and descriptions of what is happening between counselor and client as they fail to meet one another during their ongoing participation in dialogue. As has been pointed out in the case of transference, the particular ways in which one engages can provide an important understanding of one's experience, but until one embodies a "reflexive" orientation, no real meeting between persons is possible.

The Healing Dialogue in Psychotherapy

One of the key foci of dialogical therapy is the "wholeness" of the person in relation. This wholeness is a part of the fundamental dimension of "being" in which the dialogical counselor hopes to engage in therapy. It equates to the ability of the living person's freedom to continually create their his or her own reality. Cowan (1995) writes, "One can, despite the categories formed in one's relational experiences, and despite the wounds one has received, turn in relation to another with some level of receptivity and potential for experiencing something new. If one cannot, then no healing is possible" (p. 115). In dialogical theory, the personal agency of the client is centralized, for it is the client that will inevitably choose whether or not to accept the invitation to participate in a genuine dialogue with the counselor.

When a person is open to the possibility of dialogue, they also open themselves up to a dynamic process of personal development that rests on each decision they choose to make. Friedman addressed this dynamic decision making process when he wrote,

Real values, the values that are operative in our lives, are brought into being through our decisions made in response to the specific situations that we meet.

These values become touchstones of reality for us. We carry them forward not as abstract principles but as basic attitudes, as life stances that we embody and reveal in ever-new and unexpected ways (as cited in Cowan, 1995, p. 117-118).

These “touchstones of reality” remain dormant at the deepest levels of being within each person, and are always ready to be summoned by the situations that call one to be.

According to Friedman, they are the “images of the human” that connect the streams of dialogue through time, as persons bring their unique touchstones from their past experiences into their current unfolding relationships with others (as cited in Cowan, 1995, p. 118). It is with these touchstones that we continue to grow and develop as human beings, just as long as we remain open to the real meeting between person and person. Friedman (1985) gave a warning to counselors when he wrote, “...every client fears that in entering into therapy he will have to subordinate himself to external authority and join in invalidating his own touchstones as ‘sick’” (p. 216).

Thus, dialogical therapy brings a great deal of responsibility for both the counselor and client. The counselor must be able to honor and come to know another’s touchstones of reality without losing their own sense of reality. The client must come to trust the counselor to find the true healing that can only take place in the realm of the between in which they share. Friedman (1985) asserted this concept when he said:

If the patient fears to expose himself for fear that the counselor or his family or his friends will invalidate what he has to contribute as worthless, then he will not be able to enter into the venture of the dialogue of touchstones. The goal of healing through meeting, of confirmation, and of the dialogue of touchstones is, therefore, the same – to establish a dialogue on the basis of trust. There is

something the patient brings that no one else in the world can – his uniqueness (p. 218).

This uniqueness, found in the dialogical meeting between person and person, is resting dormant in every person that makes the decision to come to therapy. As long as there is a counselor that has the capacity to authentically confirm and wholly understand the person that sits across from them in the therapy room, this uniqueness can find illumination and integration, and the process of true healing can begin.

Case Studies

I have included two case studies at the end of this paper to further exemplify Martin Buber's philosophical concepts regarding the importance of the meeting between person and person and its associated ramifications to the way personality development is conceived within the realm of counseling and psychotherapy. Both of the cases detailed below are based on actual clients whom I saw during the course of my clinical practice as a counseling intern. I have altered some of the identifying information in these cases in order to protect the identity of both clients, but the information and discussion presented hereafter are an equivalent representation of their situations.

Case One

Casey is a 14-year-old, able-bodied, heterosexual, Caucasian female from Baltimore, Maryland, currently enrolled in the 8th grade. She requested to be seen by a counselor a few weeks after an altercation between her and her father's girlfriend in which her father's girlfriend reportedly left Casey bruised and unconscious after Casey refused to clean her room. Among the negative consequences given to the father's girlfriend by the court system following the altercation was a two-year restraining order to ensure Casey's safety, and Casey being required to move out of her father's home and into her mother's house a few blocks away.

Casey's parents divorced when she was 7 years old. Her mother tended to fluctuate between being present in Casey's childhood upbringing to leaving her for months on end with her father so she could visit her boyfriend in another state. Her mother reportedly struggled with anxiety and depression, and expressed regret in not having been a strong presence for Casey during her younger years. Her father was a more

consistent presence throughout Casey's upbringing, but he reportedly struggled with drug abuse and suicidality to the point of multiple hospitalizations. Her father expressed difficulties in his capacity to raise Casey on his own. Casey also has a younger brother that lives with her father. Casey reported having a "good relationship with both my father and brother, but never being able to trust my mother in any way."

In the initial counseling session, Casey reported experiencing depressive symptomology, including feelings of isolation from friends and family, low mood, and little motivation. Casey also reported symptoms of anxiety, including nervousness, overthinking, stomach pain, difficulty focusing, and panic-like symptoms. Additionally, Casey reported struggling with anger multiple times every day. She reported being unable to control the anger and irritability that she felt towards others around her, and how her anger frustrated her more than any of the other difficulties she faced.

In the second counseling session, Casey continued to discuss her anger, and how it showed up in her current romantic relationship. Casey reported that her boyfriend had forgotten to call her after he had finished at the gym the previous day, and she expressed how she wanted so badly to "take a machete and chop his head off." Casey continued to express similar actions during the session against others in her life. After a progression of similar anecdotes from Casey, a sense of compassion was noted to her in the angry remarks she expressed towards her loved ones. In response, Casey was seized by a five-minute period of uncontrollable laughter. After the event, Casey was invited to process her laughter spell. Casey denied that anything significant happened, expressed how funny she found the remark about her caring nature to be, and then continued on to discuss how angry she felt towards her father's girlfriend.

In the third counseling session, Casey began by discussing how everyone in her middle school respected her because they knew that she was tough. She then detailed the importance of not showing weakness in her middle school, because if you show weakness, you open yourself up to the possibility of being attacked. Casey was then asked to process the difficulty in having to act tough all the time, and her compassionate nature was again communicated to her. This time, Casey decided to share a past narrative about how she used to cut her arms to relieve the tension she felt from her persistent irritations. She noted how her brother had walked into the bathroom during the last time she chose to cut her arms. When she began to discuss how it felt to see her brother's reaction to her cutting behavior, Casey began weeping. She cried for several minutes, and allowed herself to let out all of the tension that she had formerly held. That caring part of her was then validated, along with the courage it took for her to reveal such a vulnerable facet of her experience.

Casey came into the next counseling session with a changed disposition. She reported a dramatic decrease in her depressive symptomology. She also reported feeling angry at times, but not feeling the continuous irritability and anger she had experienced beforehand. Although Casey's difficulties persisted, her symptoms became malleable, and her willingness to grow began to find formation. In future sessions, Casey would continue to discuss her anger and anxiety with a newfound desire to open herself up to learning to trust others in her life.

Case One Commentary

Casey's unpredictable familial upbringing showed up in our time together as a tendency to experience relationships at a distance with a strong mistrust of other's

intentions. She learned to act tough around her family and friends as a means to distance herself from others for her own protection and emotional survival. Others could not have the opportunity to invalidate her emotional pain if she never showed that pain to them. Although Casey's strategy of seeming tough on the outside protected her in the moment, the pain she continued to hold did not go away. In fact, that pain showed itself as a heightened level of anger and aggression towards her external world. Unfortunately, nobody in her life had a chance to confirm her in her pain or for who she truly was, namely, compassionate and caring, because nobody was granted access to that aspect of her. This illustrates Martin Buber's concept of being and seeming, and the difficulties that arise from seeming to be someone that one fundamentally is not. Although Casey's attempts to seem like a tough person in the presence of others helped her avoid the possibility of invalidation, her seeming orientation to the world also removed the possibility of validation, which was her underlying aim. Casey's symptoms then became the unconscious means to call attention to the parts of herself that she was incapable of consciously expressing to others.

In our second session together, I called her to meet me by communicating to her the compassion that resided within the anger that she expressed to me. Although a part of Casey wanted to meet me in that moment and be confirmed, the risk of invalidation was so strong for her that her body was seized by uncontrollable laughter as to protect her. However, after we talked some more, and Casey began to trust me as a human being, she was able to accept my call to meet in the third session. She chose to share something with me that she knew would leave her vulnerable, namely, her cutting behavior and her brother witnessing the event. After her sharing, and with my confirmation of her struggle

and her emotional state in that moment, she was finally able to release the vulnerability she had previously kept hidden. This exemplifies the meeting between I and Thou that Buber saw as fundamental to successful psychotherapy. I could have treated Casey as a collection of symptoms, or an It, and respond to her with a progression of strategies aimed at decreasing her presenting symptoms, but I decided to experience her as a Thou, and call her to meet me. Although Casey was unable to respond to my call in the second session, she found the courage to accept my call to meet her in the third session, and a true meeting was able to take place between us. The encounter was so profound that her orientation towards the world became noticeably altered after our meeting, and Casey was able to gain the capacity to be the person she always knew herself to be.

Although her anger and anxiety were still present during our future sessions, her depressive symptomology and persistent irritability were dramatically reduced. She finally found the confirmation that she desired, and in our future time together, was able to use me as a base in which to go out into the world and ask for the same confirmation from others. She started to form and sustain friendships, and she even established a romantic relationship that still lasts to this day. When she opened herself up to meet me, she also opened herself up to the world with a newfound possibility for finding the connection and contentment that she deeply desired. In Casey's case, the dialogue between client and counselor played a pivotal role in opening up the possibility of connection and authenticity between Casey and her broader relational world.

Case Two

Eli is a 34-year-old, able-bodied, heterosexual, Caucasian male from Charleston, South Carolina, currently employed as a registrar at the manuscript museum downtown.

His girlfriend encouraged him to see a counselor due to his inability to complete everyday tasks and responsibilities at home and in his job. Eli reported his inability to perform as a consequence of his current PTSD symptomology given to him from his past life experiences. Eli requested that his girlfriend be present for the initial intake to serve as a witness to the authenticity of his past life experiences for he was afraid the counselor would think he was schizophrenic due to his seemingly unbelievable life history.

Eli's father left him before he was born, and his mother was forced to raise him and his four older brothers on her own. His mother reportedly struggled with severe bouts of anxiety and depression during Eli's upbringing to the point of being admitted into inpatient care on multiple occasions due to suicide attempts. Eli reported feeling that he "could never seem to make my mother happy, no matter how hard I tried." During Eli's childhood, he found himself heavily involved in the church, as his mother was deeply religious. He attended a parochial high school through his adolescence, and decided to continue with his religious education by achieving a B.A. in biblical languages.

However, leading up to graduation, Eli's faith began to waver after having found what he called "hypocrisy in the Bible" during the course of his undergraduate biblical studies. After graduation, the course of Eli's life took a dramatic shift when he decided to leave the church to start a porn business that went on to be monumentally successful. Those years of Eli's life yielded many noteworthy stories, but the story that would later bring him into a counseling room with complaints of PTSD symptomology was the decision to marry and impregnate one of the actors in his porn business.

After just a couple weeks of married life, Eli's wife decided to file for divorce. She utilized her ability to sexual manipulate men by sleeping with counselors and

attorneys involved in the case to win custody of their child and a substantial share of Eli's wealth following the court proceedings. She even decided to call the IRS on Eli claiming that he had millions of dollars stored in offshore accounts. After the failed court battle and a long two-year process with the IRS auditing his former porn business which had since collapsed, Eli retreated into the backwoods of the blue ridge mountains with the little he had left of his savings to live in isolation. He found himself incapable of participating in society due to his learned fear of potential impending reparations. Luckily, after a few months, his soon-to-be girlfriend found him there while she was on a vacation retreat, and with her motivating force, he decided he would follow her back to the city and try to reintegrate himself back into the world by finding a job and a home to hold him.

In the initial counseling session, Eli reported experiencing PTSD symptomology, namely nightmares and flashbacks related to the IRS and the court system, physical and emotional reactivity to any event that reminded him of his past experiences with the IRS and the court system, and a strong avoidance pattern towards anything comparable to his past experiences with the IRS and the court system. Eli reported symptoms of anxiety related to his past events, including difficulty breathing, hypervigilance, heightened startle response, difficulty concentrating, nervousness, and panic-like symptoms. Eli also reported depressive symptomology related to his past events, including negative assumptions about oneself and the world, self-blame related to past experiences, decreased interest in activities, feelings of isolation, and a difficulty in falling asleep at night.

In the first session, and for subsequent sessions, Eli would begin with an expressed desire to learn techniques and strategies to aid him in reducing the blocks that kept him from performing the responsibilities at his job in the museum. He also wanted to use these strategies to help him create seminars in which to share his passion towards what he saw as the truth of the Bible to the broader community. After a few minutes of dialogue on those subject matters though, each session would quickly transition into Eli providing a narration of his life story. Every single session that Eli attended then became a specific sharing of an important section of his life story, and throughout the progress of his life story, he was responded to with a deep sense of curiosity and validation.

While his narrative process was unfolding in the counseling room, Eli found the strength to excel and find meaning in his job at the museum. He even found the courage to create and share a series of eight seminars on the topic of biblical truth to the greater Charleston community. His seminars were a big success, and he found himself attending multiple dinner parties with others that were interested in similar topics of discussion. During one of the final sessions in which Eli finished telling the story of his life, he wondered aloud, “When are we going to start the actual therapy? Weren’t we supposed to talk about techniques I can use to help me with my blocks?” After processing this thought until the session came to a close, Eli came to the realization that the therapy had been happening all along, and he had changed dramatically since the first intake session that he had attended with his girlfriend serving as his source of confirmation. Eli continued to work on his difficulty in initiating contact with attorneys and similar professionals in future sessions, but he found himself a part of the world once again, surrounded by people that wanted to accompany him on his journey towards actualizing his dreams.

Case Two Commentary

Eli's lack of confidence in himself and his abilities mirrored by his upbringing and past life experiences showed up in our initial intake session by his need to have his girlfriend present in order to validate his experience. Eli knew that he wanted to find a way to reintegrate into the society in which he was once a part of, but he was unsure of where to start. Although he wasn't seeming to be someone else, he couldn't figure out how to be himself in a world that appeared so menacingly opposed to him. Although we did discuss topics such as prolonged exposure and diaphragmatic breathing techniques for a few minutes at the beginning of a couple sessions, what Eli truly wanted was to have his story heard by an other. Eli was invalidated in his experience of reality for much of his life, and he revealed himself to me in hopes of being confirmed in his uniqueness. This illustrates Martin Buber's concept of inclusion and mutuality, and the importance of stepping into another's shoes. For most of Eli's life, he experienced persons and institutions that tended to view him through a certain lens and relate to him in a disingenuous way. Eli longed for someone to stand with him in authenticity, and actually understand how he experienced the world. As a counselor, I could have seen his PTSD symptomology and solely utilized the techniques shown empirically to suite Eli's struggle, but I chose to stand with him as a human being, to understand his experience as he related it to me, and to provide the sense of genuine reality testing in which Eli needed to find his footing in this world.

Eli's confidence in himself and his own sanity grew with the continual telling of his life story. As I began to bear witness to the events of his life and validate his experience in the world, Eli began to process those occurrences and incorporate them into

his own self-image. As Eli began to find this newfound integration and confidence, he was able to turn towards the areas of his life that he had previously avoided. He began to find meaning in his job, and was able to do tasks like answering unknown phone calls and meeting with other museum representatives in which he was never able to do beforehand. Also, as we continued to discuss his interest in biblical studies, he was then able to create and present an in-depth analysis of his research to others in the community. After a few months of him sharing his story in session, Eli found himself a part of the community once again. This demonstrates Buber's concept of confirmation, and how life changing the process of being seen in one's uniqueness can be. Eli had defined his life by the recurring lack of confirmation that he had received from others, but as I began to witness Eli's story and to affirm him as the unique person I saw him to be, he began to assert himself in the presence of those that had previously lacked the ability to confirm him. Eli was finally able to find a solid footing in a world that once seemed chaotic and hostile by demanding the confirmation that he deserved from others, and simultaneously, create a life that mirrored his own uniqueness.

I could have simply stuck with the techniques and strategies that matched well with Eli's presenting concerns, but he called me out to meet him, and I decided to answer. I gave Eli the Yes that he had been searching for since the world bombarded him with a resounding No. With my confirmation of him in his uniqueness, Eli gained the confidence to ask others for confirmation. Although the road was not an easy one for him to take, he was finally able to find the resounding Yes from the world that he desperately needed. If Eli's case shows anything, it is a testament to the power of confirmation. Although techniques and evidence-based strategies did help Eli with some of his initial

symptom management, the most essential factor to the overall successful outcome of our time together was the meeting between client and counselor.

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