2012

The Wounded Healer: Finding Meaning in Suffering

Garret B. Wyner
Antioch University - Santa Barbara

THE WOUNDED HEALER:

FINDING MEANING IN SUFFERING

A dissertation submitted

by

GARRET B. WYNER, PH.D.

to

ANTIOCH UNIVERSITY SANTA BARBARA

In partial fulfillment of
the requirements for
the degree of

DOCTOR OF PSYCHOLOGY
in
CLINICAL PSYCHOLOGY

_____
Juliet Rohde–Brown, Ph.D., Chair

_____
Sharleen O'Brian Dolan, Psy.D., Second Faculty

_____
Donna M. Orange, Ph.D., Psy.D., External Expert

_____
Kimberly D. Robbins, Psy.D., Student Reader

ABSTRACT

In modern history, no event has more profoundly symbolized suffering than the Holocaust. This novel "Husserlian-realist" phenomenological dissertation elucidates the meaning of existential trauma through an interdisciplinary and psychologically integrative vantage point. I use the testimony of a select group of Holocaust witnesses who committed suicide decades after that event as a lens to examine what their despair may reveal about an unprecedented existential, moral, and spiritual crisis of humanity that threatens to undermine our faith in human history and reality itself. By distinguishing what they actually *saw* about our condition from what they merely *believed* about reality, I show there is a reliable hope that can fulfill the highest reaches of human nature in the worst conditions. This I call a Psychotherapy of Hope. To this end, I provide a broad overview of the four main forces of psychotherapy to evaluate the role each plays in healing this crisis. I then provide an elucidation of empathic understanding within an "I/Thou" altruistic relationship having power to transform human personality. The primary barrier to personal transformation is shown to be no mere value-neutral indifference, but "cold" indifference or opposition to an objective good. No one can avoid a faith commitment, and the only solution to this crisis is our love or reliance on a self-transcendent good or benevolent super-ego worthy of our trust. By means of this love we can find meaning in our suffering to become more than

we are, better than we are, and even transform human life as we know it. By love we may heal our wounds.

Keywords: wounded healer, suffering, meaning in suffering, existential trauma, physical trauma, psychological trauma, moral trauma, spiritual trauma, Holocaust, collective moral crisis, collective existential crisis, collective spiritual crisis, blind faith, bad faith, good faith, moral power, empathy, empathic love, psychopathic empathy, altruism, law of love, I and Thou, four forces of psychotherapy, psychotherapy of hope, Husserlian realism, empiricism, idealism, transcendence.

ACKNOWLEDGMENTS

To my committee members: Juliet Rohde-Brown, Ph.D., Sharleen O'Brien, Psy.D., Donna Orange, Ph.D., Psy.D., and Kimberly D. Robbins, Psy.D., thank you all for your encouragement. To Barbara Lipinski, Ph.D., J.D., and Steve Kadin, Ph.D. along with many other of the faculty at Antioch University, Santa Barbara, thank you for an especially intimate educational experience. Brianna Shepard, thank you for helping me put the manuscript into APA format.

Thank you, Peggy, for always being by my side and for our two sons, Josh and Gabriel who, together with you have been my sanctuary in this world. I owe a special debt of gratitude to you, Josh, for inspiring me to get into this field, for your endless patience in helping your technically challenged father in general and with his presentations in particular, and for your editorial help with this dissertation.

Thank you, Primo Levi, Jean Amery and all those in every age–great wounded healers–who dared to stand up for the truth and what is truly good at the cost of their lives and reputations in a coldly indifferent world. You are not forgotten.

TABLE OF CONTENTS

CHAPTER I: INTRODUCTION

What is it about the power of altruistic love or goodness that arguably moves even the most ruthless individuals to speak in its name (Plato, 1875b; Rogers, 1961; Wyner, 1988)? Adolf Hitler (1943) said, "I can fight only for something that I love" (p. 34), and repeatedly referred to the need for meaningful purpose, social justice, and a strong philosophical and moral foundation. He spoke in the name of Christian faith, and of his unique role in its providential spiritual awakening or renaissance. He explicitly said that he was acting in accordance with God's will, driven by an inner voice "to carry on the work of true Christianity" (p. 307). Like Maslow's (1971) appeal to the *Farther Reaches of Human Nature*, Hitler speaks of the inherent nobility of his people. He is convinced that he is chosen to lead them as "the Prometheus of mankind from whose bright forehead the divine spark of genius has sprung up at all times, forever kindling anew that fire of knowledge which illumined the night of silent mysteries and thus caused man to climb the path to mastery . . ." (p. 290). What's the difference between the genuine article and the counterfeits?

Psychologists, too, speak in the name of altruistic love or goodness. Freud, the founder of psychoanalysis, declared in a letter to Jung that psychotherapy is a

cure “effected by love” (Freud & Jung, 1974). Sandor Ferenczi referred to the sense in which patients only respond to love, compassion, or “real sincere sympathy” (Ferenczi, 1955, p. 161; 1995). D. W. Winnicott (1994) referred to our common recognition of the reality and power of a mother’s love. Donna Orange (2011) refers to these and other leading analysts in terms of the patient’s need for a “hermeneutics of compassion and trust” (p. 147). R. D. Laing (1960) concluded, “The main agent in uniting the patient . . . is the physician’s love, a love that recognizes the patient’s total being, and accepts it, with no strings attached” (p. 178). Viktor Frankl (1992), the founder of Logotherapy, said, “A thought transfixed me: for the first time in my life I saw the truth as it is set into song by so many poets, proclaimed as the final wisdom by so many thinkers. The truth–that love is the ultimate and the highest goal to which man can aspire” (pp. 48–49). The list is practically endless and not limited to psychotherapy. For example, Pitirim Sorokin (1954), the founder of modern Sociology, says, “Love is the most powerful antidote against criminal, morbid, and suicidal tendencies; against hate, fear, and psychoneuroses” (p. viii). Sorokin quotes Abraham Maslow, one of the founders of Humanistic-Existential Psychotherapy, as saying, “It is amazing how little the empirical sciences have to offer on the subject of love . . . Particularly strange is the silence of the psychologists” (p. viii). Even stranger is how we simultaneously acknowledge love as the core need of human life while conceding

its relative absence. It is as if the child's cry for love falls on deaf ears and something other than fidelity to one's heart matters more to us.

In a world where over 75 million genocides and democides have been committed in the last century alone and traumatic suffering is almost exclusively due to human abuse and neglect, rather than natural causes, what kind of love can avail? How do we gain access to it? How might it be nourished or how may it evolve? How can we meaningfully understand the assertions of the psychologists above? For example, what precisely does Frankl (1966) mean when he speaks of fulfilling meaning in even the most hopeless situations? What does he mean when he says, "It is self-evident that belief in a super-meaning–whether as a metaphysical concept or in the religious sense of Providence–is of the foremost psychotherapeutic and psychohygienic importance" (p. 33)?

Such a seemingly religious position may seem naïve to avowed atheists. It seemed so to atheist survivors of the Holocaust like Primo Levi, Jean Amery, and Paul Celan, who committed suicide decades after their suffering in the camps (Amery, 1980; Langer, 1995; Levi, 1986a). But, survivors who were believers also echoed a similar cry that something was wrong with humanity–ordinary, average, normal humanity–atheists no less than the religious; Jews as well as Christians. As Elie Wiesel, the survivor and Nobel Laureate put it, "If in those years it was possible for six million Jews to be killed in the twentieth

century, that means something was wrong with the world . . . The violence from there and then is still here. The hatred from there and then is still here" (as cited in Wiesel & O'Connor, 1990, p. 69). As Jean Amery (1980) put it: "It is not Being that oppresses me, or Nothingness, or God, or the Absence of God, only society. For it and only it caused the disturbance in my existential balance . . . It and only it robbed me of my trust in the world" (p. 100). Perhaps myopic fixation on Jewish victims, Nazi perpetrators, Germans, or even the history of Christian anti-Semitism cannot solve such a problem. From the innermost depths of the hearts of such witnesses, they cry out as if the whole human project has proven itself a complete failure. The commonly heard lament, "how can anyone believe in a God after the Holocaust?" is not just a cry of atheists. In response to a fellow inmate asking, "Where is God now?" Wiesel (1958), the believer, responds, "I heard a voice within me answer him: "Where is He? Here He is–He is hanging here on the gallows . . ." (p. 76).

Let us assume for the moment there is a God. Why does Wiesel blame God? How does he know God is culpable, whether in the form of a sin of omission or commission? Is it based on direct experience of God's behavior? Or is it based on inherited assumptions or prejudices about what God can and cannot do? It may be commonplace to direct attention to human freedom, responsibility, and culpability, but the deeper problem is the unjust suffering of the innocent and

the righteous. In other words, it mirrors the problem of the biblical prophet Job to whom so many Holocaust survivors appeal as their role model. One of my aims in this dissertation, therefore, will be to try to amplify and make sense of this form of suffering. In the process I will explore the possibility that the power of deception–the chameleon-like ability to profess a goodness or love one does not possess–is grounded in the power of truth. There is a reason why scientists and philosophers, psychologists and priests, no less than political leaders and car salesman, must speak in the name of truth: they must claim to be in a position of knowledge and authority, or we would not allow ourselves to be led by them.

Evil is a form of deception. It is not necessary, but rather the product of an abuse of human moral freedom and our capacity to love or embrace what is good. And it has social–even systemic–consequences that can profoundly affect the innocent and the just. But, I will argue that suffering from evil through no fault of one's own is not the same thing as suffering for evil that one has personally committed. The former implies no moral consequences; no indelible stain on one's heart or conscience or life. And even the latter does not imply there is no possibility of reformation of character and life.

In both cases I will argue that there is a Therapy of Hope, not only in spite of the unprecedented crisis we face, but because of it. For, just as deceit necessarily depends on the truth it distorts, and just as evil necessarily depends on

the good from which it turns, so too in back of a collective moral de-evolution lies the power and possibility of a renaissance of hope unlike any hope humanity could ever realize until now. In other words, I would have us consider the possibility that although there is good reason to indict humanity for the creation, maintenance, and evolution of an unprecedented collective existential, moral, or spiritual crisis, this does not imply any indictment of reality or existence itself. It does not imply any indictment of human nature, nor any indictment of a perfectly good God.

Given the limits of this psychological dissertation, my aim is merely to provide a sketch of this problem with an emphasis on a Therapy of Hope. Specifically, similar to Buber's I and Thou (his appeal to a form of interpersonal intimacy in contrast to an I/It relationship to a thing), I want to elucidate a form of authentic relational empathy that includes *both* feeling or compassion *and* experiential insight or understanding, despite tendencies to separate them and fix attention on one or the other.

To this end, in Chapter Two I will explore in greater depth what I mean by existential trauma and a collective existential crisis by looking through the lens of a select group of Holocaust witnesses. Within the context of that discussion we shall see why I define a "witness" in terms of both sincerity and a fullness of experiential insight. I will briefly describe in what sense this appeals to a form of

rational *and* experiential good faith that transcends the current boundary separating atheists and believers. That is, even many professed atheists speak in the name of good faith or faith in goodness without feeling any necessity of identifying goodness with a particular type of god. And insofar as professed believers acknowledge such a faith in truth and goodness as a necessary (if not sufficient) condition for faith in a God of truth and goodness, this faith will be shared by them both. In keeping with a realist phenomenological method, my aim will be to elucidate not merely the psychic reality of these witnesses, in a sense separated from what they may rightly be said to know, but also distinguish what they claim to know and bear witness to from that which they merely believe. I realize that this appeal to "extra-psychic reality" may to some readers seem to be crossing over from psychology into the domains of philosophy and religion (or spirituality), but I argue that this is as unavoidable as the presupposition of a philosophical foundation for any psychology. In this case, I hope to show that although these Holocaust witnesses *testify*, like the scriptural prophets of old, to a contingent moral problem with humanity or "the world" in its present condition, they are merely tempted to *believe* there is something inherently wrong with humanity, reality, and any possible God at its core.

In Chapter Three, I will turn to my critical review of the psychological literature. This will include three main stages. First, I will discuss the distinction

between physical, psychological, and spiritual trauma, with an emphasis on the primacy of spiritual trauma, by examining Freud's definition of trauma. Second, I will briefly and broadly summarize the orientations of the four main forces of modern Western psychology: Psychoanalysis, Behaviorism, Humanistic/Existential Therapy, and Transpersonal Psychotherapy, and show how they aid in a comprehensive understanding of this existential problem. Third, I will focus attention on psychoanalytic empathy to help explain how an integrated approach can provide a framework for healing existential trauma, in particular by emphasizing the core therapeutic values of authenticity, empathy, and compassion. I will rely primarily on intersubjectivity theory (Brandchaft, 2002; Orange, 1995; Stolorow & Atwood, 1992) as a form of integrative position that includes humanistic and existential psychological approaches, as well as the need for a broader philosophical foundation for psychology as we explore the main barriers in the way of healing. Throughout this literature review I will attempt to rely on a solution to this problem by appeal to a realist epistemology (Willard, 1984; Wyner, 1988) oriented around "experience near" interpersonal relationships in a manner similar to Buber's (1970) "I and Thou."

In Chapter Four, my methods section, I argue from my literature review that there is a different way of understanding trauma than has generally been acknowledged. First, we can appeal to a type of realist phenomenological

epistemological method that is consistent with the experiences of ordinary people. This is in contrast to "experience distant" theoretical appeals that are inherently skeptical with respect to our ability to know anything at all–especially a non-sensuously apprehended moral reality–despite the fact that moral values are generally regarded as just as real to us as anything else we may be said to know. By appealing to concrete examples we shall see that experiential knowledge of such values brings with it a form of power over action and life in a way mere thought, belief, or logical reasoning cannot.

In the process of providing this elucidation I intend to point out just how pervasive the epistemological and moral skepticism is that now dominates psychology and our broader philosophical and educational context today, and how profound this influence is on our clinical practice. Toward helping to resolve this conflict, I shall try to form a bridge between moderate postmodernist positions that claim (to know) we cannot know anything, and modernist positions that claim knowledge in cases where we have good reason to doubt such knowledge. I shall try to show that the assumption of objective knowledge in general and moral knowledge in particular is necessary, and that without it we cannot consistently claim to know the nature of one's own psychic reality, much less presume to empathically understand the psychic reality of our patients. Specifically, I use case(s) to illustrate what it might look like for this existential need to be met on an

individual, group, and collective scale. I will also outline a hypothetical process by which we may become more and better than we are.

In Chapter Five, my discussion section, I summarize what empathic understanding is in its application to those suffering from existential trauma. In the process I emphasize the sense in which we are all wounded and all in need of what Stolorow calls a "relational home" (2011). I discuss the sense in which the solution to this existential problem or the cure of this malady is both complex and simple. It is complex in that I appeal Husserl's (1970) rigorous epistemological elucidation of the experiential process of fulfillment involved in coming to know anything. It is simple in its appeal to a what I call a "law of love" by which I mean we become one with whom or what we most love or entrust ourselves to as we invite that which is other than ourselves into the core of our being. We integrate it, assimilate it, and allow it to reform our hearts and lives. It calls to mind what Hufeland (1811) called sympathy: "Just as the sick make healthy subjects into sick ones by means of sympathy . . . so we see . . . the way weak, old men living in the midst of strong young ones, by the same laws . . . become healthier and stronger" (as cited in Bolognini, 2004, pp. 28–29). As we embrace that which reveals itself to us as truly good, goodness itself brings power to integrate our lives, overcome our manifold psychological and substance addictions, and even cure most of what we call mental and personality disorders. A spiritual

community or "relational home" defined by goodness works to reconcile all of our broken interpersonal relationships by tangibly revealing a Good–possible even a God or "Inner Voice"–who cannot think or do evil and who can model for us how the mere suffering of evil has no power over us in that it cannot wound our conscience. The willingness to endure unjust suffering for the sake of goodness can make us more than we are, better than we are, and even transform human life as we know it.

We are all called or all invited to become "wounded healers"–no matter what our natural talents and no matter what circumstances we find ourselves in. We can all take part in a noble reformation of humanity and our world. And in back of what some call "death anxiety" may be less a fear of physical death, psychical death, or even spiritual death than a fear of not having truly lived a life of love or goodness (Bugental, 1965; Frankl, 1969; May, 1953; Yalom, 2008). As Cicely Saunders (2006), one of the founders of the modern Hospice movement, put it, "We have seen many who were finally so stripped of all they counted as theirs that they seemed to be nothing more than a lamp for God to burn in. But they were not less but more themselves, with an intensity of love and a capacity for union that we can salute but only share in fitful moments as yet. In this we see glimpses of a way in which darkness is comprehended by light and death is swallowed up in victory" (p. 39).

CHAPTER II: EXISTENTIAL TRAUMA AND THE HOLOCAUST

In this chapter, one of my primary aims is to examine the possibility of a form of moral or spiritual death that contrasts with the physical and psychical death typically appealed to by psychoanalysts and existential psychologists when addressing death anxiety (Wolson, 2005). Luciana Nissim (1996), a physician inmate in Auschwitz, refers to the peculiar guilt of the Nazi Jewish genocide as moral guilt aimed at the degradation of one's humanity that was far more insidious than the numbers of those exterminated (as cited in Anissimov, 1996, p. 149). In a similar vein, Primo Levi (1996), among the most authentic and insightful of Holocaust survivors, offers an empathic reflection on the inner thoughts of the Nazis aimed at degrading Jews in their own eyes (as cited in Anissimov, 1996). It is easily generalizable. We see it again and again in large–scale atrocities, among gang members and rival members of racial, ethnic, and religious groups – even among opposing members of psychological orientations. In each case a hive mind influences its members to degrade the other to elevate one's own impoverished sense of self. In other words, one must rely on moral distinctions to cast one's self and/or one's own group in the role of the good while

casting the other in the role of evil. The perpetrator blames the victim to ease one's own conscience (Hilberg, 1961; Peck, 1983; Staub, 1989; Zimbardo, Haney, Banks, & Jaffe, 1974).

In describing this moral or spiritual decay or death, I also intend to focus attention on one of the marks or characteristics associated with it, vis á vis, two distinct forms of loneliness or estrangement from an objective moral reality. The first form of loneliness or estrangement is more suffered than willed and implies no moral complicity, culpability, or loss of conscientiousness. Indeed, it lies on the most sensitive end of a moral continuum. One may think in general of the suffering of the innocent and the righteous, or more specifically of the suffering of innocent children, the suffering of the prophet Job in the Jewish scriptures, or the suffering of Jesus on the Cross. One yearns for a good that one feels unwillingly separated from. The second type of loneliness is a form of isolation or turning inward that is more complicit and culpable. It lies on the opposite end of a moral continuum where one's conscience increasingly becomes insensitive, hard, cold, or indifferent. One distances one's self from a good that exposes the evil of one's own life.

My primary aim in this chapter is to focus on the former type of condition and the sense in which the cry of this select group of Holocaust witnesses – their moral hunger and thirst for a truly good world – seems to fall on deaf ears. They

are like abused children who feel constrained to blame themselves in a context where their parents refuse to acknowledge their own culpability. Yet, in this case, they are like children who cannot find what Robert Stolorow (2011) calls a "relational home" or what the authors of various scriptures refer to as places of sanctuary. The world appears to them like a prison in which one feels constrained to either choose a side (where no side is good) or to be victimized by all. Regardless of where they turn, these witnesses feel no one genuinely and empathically hears and understands them. As Jean Amery (1980), another Holocaust witness, points out, this includes psychotherapy.

For example, Amery refers to distortions of his and other witness testimonies by appeal to medically oriented concepts like "concentration camp syndrome" in a book entitled Delayed Psychic Effects After Political Persecution, which claims:

> All of us are not only physically but also *mentally damaged*. The character traits that make up our personality are *distorted.* It is said that we are "warped." That causes me to recall fleetingly the way my arms were twisted behind my back when they tortured me. But it also sets me the task of defining anew our warped state, namely as a form of the human condition that morally as well as historically is of a higher order than that of healthy straightness (Amery, 1980, p. 68).

Unfortunately, even those one might think are in a position to empathically understand them may fall short. For example, Levi's biographer, Anissimov (1996), responded to Levi's claim that "the best were the first to die, and the worst went free and prospered," by stating he was *deluded*:

> Finding no answer to explain why he had survived when others had died, he arrived at *the deluded conclusion* (to disprove it one has only to examine his own case, which is far from unique) that: "The worst survived–that is, the fittest; the best all died" (pp. 163–164).

Regardless of Anissimov's interpretation of Levi's expression, "the best all died," there is good reason to believe Levi did not intend it to be taken literally. Even in the very passage from which Anissimov (1996) takes her citation, Levi says:

> The "saved" of the lager were not the best, those predestined to do good, the bearers of a message: what I had seen and lived through proved the exact contrary. *Preferably* the worst survived, the selfish, the violent, the insensitive, the collaborators of the "gray zone," the spies. *It was not a certain rule* (there were none, nor are there certain rules in human matters), but it was nevertheless *a rule*. *I felt innocent,* yes, but enrolled among the saved and therefore in permanent search of a justification in my own eyes and those of others. The worst survived, that is, the fittest; the best all died (*Italics mine*, (as cited in Anissimov, 1996, p. 149).

Levi is not blind to his own relative innocence. He is not blind to a host of other exceptions to this *rule*. He is not contradicting himself. Indeed, Levi's (1986b) *Moments of Reprieve* is dedicated to honoring such extreme good cases. And yet it is precisely because these good cases are exceptions to a pervasive morally compromised world that the problem of a collective moral de-evolution actively working to quench the last remnant of good in the human heart remains.

Why did Primo Levi, Jean Amery, Paul Celan, and others like them fall into despair decades *after* they were liberated from the camps (Levi, 1986a, p. 82)? In Levi's case one might claim that his optimism crumbled not merely because of what he suffered 40 years earlier, but in conjunction with a confluence of other highly subjective events like the infirmity of his mother and mother-in-law, his own physical illnesses and age, and the depression associated with translating Kafka (Langer, 1995). I suggest, however, that we might at least consider that his optimism crumbled because he, like Amery and others, *observed* our world becoming progressively worse decades *after* that event. I suggest that Anissimov did not recognize the connection between what Levi *observed* in the death camp and what he *observed* taking place in the world *after* that event.

Their problem is not limited to isolated traumatic episodes. Nor is it merely a problem of what psychotherapists like Thomas Greening (1997) refer to as *retraumatization*. Nor is it to be accounted for by what Stolorow (2007) and

some other existential philosophers call "existential anxiety" bound up with "the absolutisms of everyday life" that "cover up the finitude, contingency, and embeddedness of our existence and the indefiniteness of its certain extinction" (p. 41), which Stolorow hopes to resolve by appeal to a "relational home" or interpersonal context within which we may find "existential kinship-in-the-same-darkness" (p. 49). It goes far beyond Lear's (2006) "collective trauma on a *cultural* scale" and current psychological fixation on the abuse of power by majority cultures, in a way that blinds us to the sense in which we may *all* be complicit in abusing in some measure the form of power we have.

I think that Stolorow (2007) recognizes the social, if not broader systemic nature of the problem and, therefore, the radical insufficiency of psychotherapeutic appeals to "resilience" grounded in one's genetics in his appeal to Heidegger's "resoluteness" as a "call of conscience" that may open the doorway to hope (p. 43). Some of us, at least, gain a new perspective from our wounds: "Traumatized people sometimes feel they have gained "perspective," a sense of what "really matters" . . . [there remains] "the possibility of forming bonds of deep emotional attunement within which devastating emotional pain can be held, rendered more tolerable, and, hopefully, eventually integrated" (p. 49). But to truly, empathically, and deeply understand the nature and magnitude of the

existential problem we all face and to which our Holocaust witnesses succumbed, we may need to go deeper still.

Let us assume that a child who suffers *an episode* of extreme abuse at his father's hands may still retain hope. He may still transcend his suffering in the growing realization that there is, after all, something worth living for. Even the most extreme experience of degradation may be diminished in its *relative* influence on one's life as a whole *over the course of time*. This, I believe, is Frankl's main point in perhaps all his works (Frankl, 1964, 1966, 1967, 1969, 1992; Tweedie, 1961). But, it is *not* an issue of any mere passing of time–as if time in and of itself could heal anything–much less "heal all wounds." Healing is not a matter of erasing those wounds as if the truth or reality of what one has suffered ever could be erased. As Stolorow (2011) puts it, '"Trauma recovery is an oxymoron'" (p. 61). As anyone who has suffered extreme trauma knows, the original traumatic experience indelibly stamps itself on one's life and leaves with it a kind of pre-disposition for re-actualization or re-traumatization that was not present before.

Stolorow (2003), refers to Harry Potter's experiences with "Portkeys" that instantaneously transport him from one place to another to illustrate the sense in which new traumatic events can make the past episode(s) come alive with all the intensity of one's original suffering. But this is all the more true of positive, life–

or meaning–affirming, experiences that have the power to lift us above existential trauma. As we shall see in a moment, time plays a key role in healing. But it can also be used to cause even greater pain. Perpetrators, for example, may use the passage of time as a means to place greater distance between *their* crimes and their awareness of them–both their own awareness and that of their victims. They may rely on what Bettelheim (1979) refers to as generalized denial or avoidance of anxiety-provoking situations especially if they involve our own complicity. Indeed, to avoid a convicted conscience the perpetrator *must* bend every effort to influence the victim to forgive and forget by using any form of deceit or rationalization possible.

For the victim, time only plays a positive role when it is part of a broader moral context that allows her to find meaning in suffering *from* the sins of others rather than *for* her own crimes. This includes a context in which the victim can only be reconciled with the perpetrator on condition of the perpetrator undergoing a process involving sincere confession which opens the door to, but does not necessitate, the victim's acceptance which may then lead to a form of reconciliation. It is this that underlies any genuine plea to "forgive and forget." But this is only possible in direct proportion to the perpetrator's willingness to empathically see the truth of what he has done as if it was done to him. Only then does the perpetrator see himself through the victim's eyes. As Amery (1980) put

it, “The moral person demands annulment of time . . . by nailing the criminal to his deed. Thereby, and through a moral turning-back of the clock, the latter can join his victim as a fellow human being” (p.72).

Controversial as this may be, I suggest that not even a moral God can grant forgiveness on any other terms, and only those seeking to justify themselves by appeal to cheap grace would condemn a victim for being unwilling to “forgive and forget.” As Amery says, “I am not inclined to forgive. I never forgave our enemies of that time . . . because I know no human act that can erase a crime” (as cited in Anissimov, 1996, pp. 354–355). How can they forgive if they see no evidence of real confession or acknowledgement by their perpetrators of their crimes? How can they forgive if they see no acknowledgement of *our* complicity? For, we demand of these victims not “to judge” the perpetrators so that we can be relieved of our own guilt. And, the victim’s refusal forces *us* into the dilemma of condemning them or ourselves. We then aggravate their wounds by treating them as if they are cold-hearted, full of resentment, stubbornly rebellious against mercy. We place them on trial instead of their perpetrators or ourselves. And it is our failure to respond to their cry–to wake up and heed their compassionate warning–that finally rips from their heart their last remnant of hope.

In Levi’s last book (Levi, 1986a) before his real or alleged suicide (Anissimov, 1996, pp. 354-355) he closes his discussion in seemingly value-

neutral if not hopeful terms. In response to the question whether Auschwitz will return, he refers to a "skeptical generation . . . distrustful of the grand revealed truth: disposed instead to accept the small truths" (p. 199). He refers to the difficulty of speaking to the young; of the distance they imagine lies between them and what they conceive of as an isolated event in world history, remote from their own experience. Although he continues to bear witness to a problem far more pervasive than a Jewish genocide, he makes no explicit prophetic claims about it, and seems to keep a door of hope open. And yet, in that book he speaks of a vaster shame: "the shame of the world" (p. 85), not merely the world of the death camps, but our world as it has evolved up to the present day. A world that Levi believes has been undergoing a process of assimilation that is similar to the assimilation he experienced in the Auschwitz. A world in the process of losing its conscience, compassion, and heart. A world that drove him to despair as it does many of the most sensitive children among us. In a nutshell, Levi and his fellow witnesses bear witness to an unprecedented human crisis of and for human history itself. A threat far deeper than our mere physical survival. Since their testimony seems to fall on deaf ears, they see no hope that we can change in time to save ourselves.

On the Difference Between Moral and Social Power

Our Holocaust witnesses repeatedly refer to the tendency of nonbelievers to remain nonbelievers after their traumatic suffering, just as professed believers did. If we concede the possibility of a class of atheist witnesses of good faith, one reasonable implication we might draw from this is that there was nothing about the character of the religious faith they saw in the lives of believers around them that stood out in a specifically moral sense. They saw nothing that seemed likely to provide any more insight about reality and with it a greater infusion of moral power and hope. And yet the most influential religious witnesses in our history claim that the object of *their* faith provides just this light and power, and they call us to come and see this reality for ourselves rather than blindly taking their word for it. The whole spirit or tenor of the Judeo-Christian scriptures, for example, revolves around the concept of a true "believer" as one called out of darkness into light (1Pe.2:9; Ex.19:5) or to become an exception to a morally compromised, selfishly cold-indifferent world. It is precisely such a world as this that our Holocaust witnesses describe in the microcosm of the death camps and the macrocosm of a world that seemed indifferent to their plight. If we translate the mission of these religious witnesses into the vocation of the psychotherapist, both may appear as "ministers of souls." And just as the goal of these religious

witnesses is to encourage us to turn or convert toward tangible incarnations or role-models of the most authentic and compassionate form of life, so too we might conceive of the deeper function of the positive transference to an authentic, empathic, compassionate analyst as providing an "auxiliary superego" (Strachey, 1934) to help patients replace negative or self-degrading introjects, object-relations, self-objects, or inner voices with more positive ones.

But to appreciate the depth and pervasiveness of this existential problem we might consider the sense in which relatively isolated cases of good therapists might seem grossly inadequate to diagnose and treat this pervasive problem. Consider, for example, Levi's and Amery's claims about the difference between moral and social power in Auschwitz and by extension our world today. They concede that as a group, religious prisoners, like political prisoners, demonstrated a greater range of freedom and power to act in accordance with conventional moral standards of behavior than relatively isolated or unaffiliated individuals. But does this imply *qualitative* evidence of a group's moral character, or merely a greater *quantity* of strength than one can typically exercise alone? After all, religious terrorists also manifest a façade of courage to endure a false form of martyrdom for their cause or in view of the prospect of a better life beyond the grave. Yet, this is hardly due to *any* connection, much less an intimate and inseparable connection, to a self-transcendent truth or goodness. But insofar as

religious prisoners manifested no greater moral power than non-religious political prisoners, and insofar as this is true of atheists and believers in our world today, what empirical evidence do modern-day believers provide to show that religion provides more intimate access to a moral reality bringing with it greater moral power to act in accordance with it than one can attain without religion? One might argue that there is such empirical evidence in the lives of an outcast Jesus or solitary Jewish prophet, as well as on a group level in the life of a relatively small and isolated "chosen" people or early Church. The point here is not whether Levi acknowledges moral differences between us. For example, he describes exemplary good cases in *Moments of Reprieve* (Gambetta, 1999; Sodi, 1987; Stille, 1987). Rather, the question revolves around whether religion provides progressively greater moral power that may, at least in principle, increasingly overcome the evil cold-indifference we see in human life. The question revolves around religious claims about a providential process of human redemption. But what if one cannot see this wheat, or the energy source that nourishes it, because of the sheer vastness and growing field of weeds? The collective existential problem our Holocaust witnesses bear witness to, therefore, is not just a moral problem that includes atheists and believers alike. It is more deeply a religious problem insofar as religion alone appeals to such a providential process of redemption or a progressive victory of good over evil. Indeed, although we cannot

take the time to argue for this controversial claim here, the problem is a Jewish and Christian problem insofar as these religions lay claim to a unique revelation providing precisely a form and measure of moral power to transform humanity at its core. One thing, at least, is clear: these witnesses are not critiquing religion as a means of justifying a secular or atheistic hope. The question for psychotherapy, then, is what kind of hope can we offer to meet this need?

CHAPTER III: LITERATURE REVIEW

Freud and Existential Trauma

Existential trauma involves a moral or ethical dimension over and above the physical or psychological. Such a perspective is not only reflected in humanistic, existential, and transpersonal psychological approaches, but across orientations that are increasingly integrative. Donna Orange's (2011) intersubjective psychoanalytic approach, for example, emphasizes the relevance of Levinasian ethics for clinical psychotherapy. Orange distinguishes what she calls a hermeneutics of trust from a hermeneutics of suspicion. The former emphasizes interpersonal factors while the latter emphasizes the intrapsychic. The former is exemplified by humanist oriented therapists and by analysts like Ferenczi, Winnicott, Fromm-Reichmann, Kohut, Brandchaft and others, while the latter permeates classical Freudian and Kleinian drive theory.

Physical, psychological, and moral/existential trauma.

In order to emphasize a type of causation, we distinguish different kinds of trauma, though they are not typically separate. For example, Traumatic Brain Injury (TBI) provides a good example of physically-caused trauma that has profound psychological effects. Freud's experiments with hypnotically induced somatic symptoms illustrates psychologically-caused trauma. Parental neglect, even with the best intentions, is a form of social or interpersonal trauma that can result in a child's unmet psychological need for attachment or a "good-enough maternal object" (Ainsworth & Bowlby, 1965; Bowlby, 1969; Winnicott, 1965). As we have seen in our discussion of the Holocaust, moral and spiritual trauma influences how we conceive of human life itself and, more deeply, of any spiritual reality or God at the core of reality. By collective existential trauma, then, I mean a form of moral and spiritual trauma that extends beyond the individual and forms of group complicity as in cases of gender prejudice and racism to include a collective violation of trust. Like Brandchaft's (2010) "pathological accommodation" on a global scale, it tempts us to question the value of human life, reality, and any possible God at its core. In a word, it is a form of prejudice about existence itself that we all experience as we awaken to "the real world" and which is especially well illustrated by, but not limited to, the suffering of our

Holocaust witnesses. For example, Jones Very (1883) in his poem, *The Dead*, conveys an image of a world populated by zombies, while Kafka (1971) points to the feeling of being degraded to the level of a bug in *Metamorphosis*. They evoke images of a world in which children are tempted to believe they are worthless as a result of being treated *as if* they are worthless by a coldly indifferent world to the point that this belief becomes internalized as an inner voice or "superego" that remains with them even when they are alone.

By existential trauma, then, I mean a form of suffering that includes a specifically ethical, moral, or spiritual dimension that is infused in our beliefs about existence and especially human existence. This suffering permeates our thoughts, feelings and behavior at our core, and affects us not only intrapsychically, but extends outward to infect all our interpersonal relationships and our relationship to our world. This is of the highest therapeutic significance. For, insofar as this root of suffering is moral, it is not unavoidable, but amenable to change. *Hope for real, lasting, substantial personality and collective change is really possible*. It is not genetically, socially or environmentally determined. It is not even morally *determined* in the sense of some religious orientations that claim "sin" may be necessary or pre-determined or "original" as opposed to acquired. It is a problem that speaks to each and every one of us in all the particularity of the unique situation in which we find ourselves and which calls each of us to respond

to our ethical obligation to love one another. It appeals to our responsibility to use our freedom aright.

This notion of existential or moral trauma is generally subsumed under psychological trauma, if it is discussed at all. But there are those who draw out the distinction. For example, Cicely Saunders (2006) refers to "total pain" that is "composed not only of physical elements but also psychological, social and spiritual factors" (p. 226). She speaks of spirit as that which most defines what life is and, above all, human life in view of "higher moral qualities" (p. 217) that can infuse in us a sense of genuine meaning via a sense of belonging "to something greater than our insecure and vulnerable selves" (p. 218). She quotes Seneca's plea in Ancient Rome:

> Who is there in all the world who listens to us? Here I am–this is me in my nakedness, with my wounds, my secret grief, my despair, my betrayal, my pain which I can't express, my terror, my abandonment. Oh, listen to me for a day, an hour, a moment, lest I expire in my terrible wilderness, my lonely silence. Oh God, is there no one to listen? (p. xx)

By existential trauma, then, I am referring primarily to the spiritual element in such total pain that was once commonplace before the modern separation of all things moral or spiritual from the rational. Suffering or trauma didn't suddenly spring into being 100 plus years ago in the West with Freud and

his collaborators. The meaning of specifically human trauma or suffering has arguably been the *primary* concern of humanity and all its philosophical and spiritual traditions since the beginning of recorded time. It is the focus of the teaching of Gautama Buddha; of the Jewish-Christian-Islamic accounts of original sin and the need for a providential process of human redemption; and of the Socratic-Platonic-Aristotlean ethical focus on wisdom in relationship to a "Good" that can provide fulfillment for human life.

And although we today may be prejudicially disinclined to use terms like "sin" or "evil," preferring terms like abuse, violence, racism and so forth, the thing itself remains. And the same holds true for our preference for speaking of authenticity, true empathy, and compassion in relationship to a healthy superego, good object relations, a good enough maternal object rather than a God or Platonic "Good." Even in Behavioral Therapy (BT) in its more evolved Cognitive Behavioral (CBT) and Mindfulness-based Cognitive Therapy (MBCT) forms, therapists seem increasingly constrained to adopt integrated therapies that include these moral qualities even if they do not provide any empirical elucidation of what they really are or consist in nor do they explain how we distinguish their genuine vs. counterfeit forms (Beck, 1967; Crane, 2009; Skinner, 1957). For example, in one randomized trial, Jeffrey Young's (2003) Schema Therapy–a form of integrated cognitive therapy–was shown to be the most effective

treatment for patients diagnosed with Borderline Personality Disorder (BPD). Its distinguishing feature is the use of limiting re-parenting, or the patient's need to develop a deep bond of trust with the therapist. But what else is this trust based on but the validation or confirmation of the patient's sense of worth by the therapist? What else motivates or inspires positive change but the therapist's function as a benevolent rather than harsh superego?

Crane (2009) in her book on Mindfulness-based Cognitive Therapy (MBCT), for example, seems to assume some form of good faith orientation as the foundation of her appeal to a process of good or healthy spiritual development–a process oriented toward increasing discovery of what it is to be human as something truly good and worth striving for (p. 156). Her appeal is not value neutral. Rather, she, along with the entire field of "acceptance-based behavioral therapies" (Giesen-Bloo et al., 2006), describes this attitude as "warm acceptance" (p. 156), "spiritual acceptance" (p. 54), a stance marked by tenderness, gentleness, kindness, compassion, respect toward ourselves and our experience (p. 19). She refers especially to "present acceptance" (p. 42) as the foundation from which we choose how best to respond to our condition in contrast to being unconsciously driven by automatic, habitually negative, prejudicial, or dysfunctional ways of thinking, feeling, and behaving. By acceptance, therefore, she appears to mean primarily *acknowledging* rather than

denying what we are actually thinking, feeling and doing; *not* accepting in the sense of *approving* any willful intention, feeling, or behavior that is manifestly ill-intended or contrary to our genuine best interests. One might acknowledge, for instance, sadistic thoughts and desires–even sadistic behaviors–without approving of or condoning them. She seems to implicitly concede the difference between having a judgmental attitude (which a therapist should never have) and the mere having of moral judgments (distinguishing between what is truly healthy/unhealthy, good/bad, or right/wrong, which everyone has, should have, and cannot avoid). Putting aside those on the most passive end of the spectrum concerning Freud's rules on neutrality (Freud, 1958), patients often seek from their therapists a form of love that is willing not only to confirm (Buber, 1965) what is best in them, but to stand with their true self (Winnicott, 1960) against those critical inner voices or false selves that lack the ability for self empathy as well as compassionate empathy toward others.

In their discussion of Dialectical Behavior Therapy (DBT) for Borderline Personality Disorder (BPD), Linehan and Dexter-Mazza (2008) refer to the centrality of mindfulness skills in DBT as the "ability to experience and observe one's thoughts, emotions and behaviors *without evaluation*, and without attempt to change or control them" (Italics mine, p. 383). Perhaps, therefore, Linehan and Dexter-Mazza are only referring to what Crane (2009) calls the initial shift in

orientation or perspective in our relationship to our thoughts (p. 12) that essentially involves a more intimate and consciously aware engagement with them rather than an automatic or habitual morally pre-judicial and self-condemning reaction to them. Crane also distinguishes between mere pain from suffering (p. 37) describing suffering (in keeping with Buddhist psychology) as including "possessiveness"–a form of relationship described by both eastern and western mystics as a need to be in control rather than a non-possessive acceptance of and actively-passive response to grace. Suffering, Crane seems to claim, has to do with a contraction of the mind to avoid pain–a form of denial or avoidance of the reality of pain. What Crane (2009) seems to be recommending therapeutically, therefore, is a response to suffering that does not deny the pain we suffer, or its cause, but instead, a way to transcend both. Rather than deny an innocent victim's suffering (such as our Holocaust witnesses suffering real evil at the hands of real perpetrators), we show the victim that to deal with this suffering effectively we must first acknowledge it. The aim, in other words, is to *respond* consciously rather than *react* unconsciously (p. 40). All of this, of course, is consistent with humanistic/existential and transpersonal orientations like Maslow's, Frankl's, and Assagioli's appeals to finding meaning in even the worst conditions. But it is one thing to say it or even experience it. It is another to be able to elucidate a comprehensive vision of reality that provides this meaning in a way that can

speak to a Levi or Amery. It is not enough to say you either see it or you don't. We need to elucidate the process or the road that leads to such a vision.

Three primary forms of psychological trauma.

Hysteria.

Freud defined hysteria as an unbearable emotional reaction to traumatic events (Goenjian, Stillwell, Fairbands, Galvin, & Karayan, 1999; Herman, 1992; Melhem, Moritz, Walker, Shear, & Brent, 2007). Freud and his collaborators, along with James, Janet and others of that time, documented somatic symptoms resembling neurological damage like motor paralysis, sensory losses, amnesias and so forth, which could be artificially induced and relieved through hypnosis, suggesting psychological rather than merely physical causes of hysteria as Charcot believed. According to the Freudian view (Strachey, 1934), "the function of the neurotic symptom was to defend the patient's personality against an unconscious trend of thought that was unacceptable to it, while at the same time gratifying the trend up to a certain point" (p. 129). They discovered too that these symptoms could be alleviated when the relatively unconscious traumatic memories, and the intense feelings or emotional states associated with them, were

recovered and expressed. This then became the basis of modern psychotherapy, which Breuer and Freud initially referred to by abreaction, catharsis, psychoanalysis, or the talking cure. In a nutshell, analysis cures by making the unconscious conscious: "The whole *raison d'etre* of the symptom would cease and it must automatically disappear" (p. 129).

Among the factors involved in the movement toward cure seem to include: a) some awareness of traumatization typically originating from the outside (e.g., abuse or neglect by primary caregivers); b) some role of the patient's will motivating the patient to seek recovery; c) a constructive asymmetrical therapeutic relationship involving a positive transference with a therapist who functions as an auxiliary superego that is increasingly internalized so as to replace a harsh or tyrannical superego via the power of a "love" (p. 131) sufficient "to induce his [the patient's] ego to give up its resistances" and increase the patient's ability to see the truth for himself with increasingly clarity via the mediation of "mutative interpretations" (p. 142); and d) a process, evolution, or development over time that cannot be rushed, and which increasingly leads to a more comprehensive vision, understanding, or experiential awareness of reality and one's self.

As we shall see later, the emphasis by some therapists on feeling, affect, or sentiment and others on reason, knowledge, or insight may blind both sides to the

classical philosophical appeal to experiential knowledge or "emotional understanding" (Breuer, Freud, & Strachey, 2000) that emphasizes the inseparability of thought, feeling, and the objects our experiences are directed on. For example, there is a type of real joy one can only experience in the contemplation of transcendent beauty or value. The core therapeutic aim, therefore, is to "effect the patient's super-ego," which results in "integral change in the nature of the patient's super-ego itself" (Orange, 1995). Insofar as "a profound qualitative modification of the patient's superego" can be achieved– insofar as that core "inner voice" guiding all one thinks, feels, and does can be transformed from a harsh superego to a genuinely caring, loving, guiding one–the symptoms maintained by this relationship will be affected as well (Strachey, 1934).

The influence of Freud's social context on his view of psychoanalysis.

In the course of Freud's clinical work, he was shocked to discover a pervasively exploitive social context characterized by sexual assault, abuse and incest perpetrated by men within a patriarchal society toward women and children. Publishing his results he was severely ostracized by the general public and academic community alike, which motivated him to recant (Strachey, 1934,

p. 135). One might argue, therefore, that psychoanalysis was founded on the denial of women and children's experience of objective reality. It was dissociated from the reality of experience in favor of internal fantasy and desire. Like the Cartesian inward turn in philosophy, the fundamental problem for psychology became, and continues to be, how to unite thought or experience or the so-called internal world with reality in all its forms. I suggest that this patriarchal tendency to deny the experience of women and children may be generalized in view of the Holocaust's indictment of us all.

In contrast to Freud's view of trauma, Ferenczi insisted that abreaction is not enough (as cited in Orange, 1995, p. 161). Putting aside, for the moment, the philosophical controversies around "psychologism"–the attempt to derive conclusions about extra-psychical reality on the basis of psychological laws–and Freud's legitimate concern to place psychoanalysis on an objective scientific foundation, his "rules" reflecting a reserved or neutral attitude may not only be inappropriate or insufficient to heal most traumatized patients, but may actually add salt to their wounds. Such an attitude may re-traumatize the patient by denying the reality and legitimacy of their original suffering. It may lack a form of empathy marked by authenticity, compassion and genuine understanding of what these patients suffer and need to be healed. For Ferenczi, the genuine emotional quality of the therapeutic relationship is what heals. Abreaction

necessitates re-collection, re-experience, and re-living of the original trauma within the safe, loving or compassionate environment provided by the positive transference with a truly caring therapist. The truly healing analyst, then, provides something profoundly different from what the patient has experienced in the past. The analyst provides goodness or genuine compassion. As Ferenczi put it, "no analysis can succeed if we do not succeed in really loving the patient" (as cited in Orange, 1995, p. 161).

Combat neurosis or "Shell Shock".

During WWI and WWII, researchers discovered that soldiers manifested similar symptoms to hysteria in shocking numbers in direct proportion to their prolonged exposure to human violence and death. They screamed and wept uncontrollably. They froze and became mute and unresponsive. They suffered memory impairments and lost their general capacity to feel. One of these studies estimated 40% of British battle casualties were the result of such mental breakdowns (Masson, 1984; Salter, 2003). In response, the military suppressed such reports because of the potentially demoralizing effect on the public. Attempts were made to attribute a physical cause for these symptoms, as if literally due to exploding shells–a kind of brain trauma resulting from "shell

shock." The absurdity of this claim was immediately apparent to some, at least, in view of the fact that the symptoms in question were present in cases where soldiers were not exposed to shells or any other manifest form of physical trauma.

Note the similarity in evaluation with respect to combat neurosis and hysteria. Note too the distinction between the cause of the trauma and the responses to it. It is not just physical pain that the soldiers suffered from but *human* violence, the arguably immoral quality of which was suppressed because of its demoralizing effect on the general population. The other side of the equation is the moral/immoral response to this suffering. And, in this case, the evaluation of a moral response might be just as unfounded. For example, Lewis Yealland (1918) claimed the suffering of these soldiers or their symptoms were primarily explained as a moral defect. Like the way some view suicide in general, including the suicide of Levi, Amery, and Celan, soldiers suffering these symptoms (like many soldiers suffering Post Traumatic Stress Disorder (PTSD) today) were thought to be cowards, moral invalids, or effeminate in a pejorative sense. To "treat" this condition he advocated shaming, threats, and even punishment in the form of electric shock treatments. By contrast, W.H.R. Rivers (LaGreca & Silverman, 2009; Zurbriggen, 2010) and others like him claimed that such symptoms were consistent with moral heroism.

The refusal to "block out" one's conscience (to allow one's conscience to become cold, hard, insensitive) whether this involves killing others with the conviction that this may be required in some cases, or the refusal to kill others with the conviction that it is wrong, is just as arguably heroic as it was for a genuine conscientious objector like Gandhi, King, or entire groups like the early Friends or Quakers. Rivers' "treatment," then, included empathy, love, friendship, and guidance. He treated these soldiers with respect and dignity and encouraged them to talk freely about the terrors of war. In doing so he adopted two main principles: first, that individuals of unquestionable bravery could succumb to overwhelming fear; and second, that the most effective motivation to overcome fear is something stronger than patriotism or nationalism, abstract principles, or hatred of one's enemy–namely–the love of soldiers for one another.

One therapeutic implication resulting from these studies is that merely unburdening traumatic memories (catharsis) is generally insufficient to affect a lasting cure. Memories retrieved must be re-integrated into one's conscious and personal life as a whole. Healing trauma is not like erasing words on a blackboard. As discussed earlier, severe trauma leaves a lasting and possibly indelible imprint, which may not only be re-activated by associated events in our future, but reinforced by other forms of existential trauma.

Sexual and domestic violence.

As mentioned above, Freud's initial courage in publishing "The Aetiology of Hysteria" in 1896 was met with professional silence and an increasing threat to his reputation. This motivated him to recant his claim of real abuse in favor of merely imagined abuse. Bearing in mind the context in which he worked, Freud's "seduction hypothesis" went underground and it was not until the women's movement in the 1970's that real violence as a routine part of women's sexual and domestic lives became more publicly acknowledged. Countless studies now show just how pervasive sexual and non-sexual abuse or violence is, and as clinicians we know how debilitating this history of trauma may be. Nor is it limited to, or even primarily prevalent in, Western culture: it is more akin to a pandemic or collective plague. It is not limited to male gender prejudice and abuse. For example, in cases of intimate partner violence (IPV), we may recognize the sense in which women may be as abusive or violent as men although the form in which this violence is manifested and its effects differ (Rivers, 1918).

But if we restrict our attention for the moment to male gender prejudice, we may appreciate the impact such prejudices have on all of us. Both men's and women's sense of personal identity, and gender identity, may be profoundly influenced by male gender prejudices, which may then extend to a prejudicial

conception of a tyrannical male god (Straus, 2009). We might easily appreciate the sense in which one's conception of God may powerfully influence one's conception of reality and what it means to be a person–as well as a man and a woman. Both atheists and believers acknowledge the unique power of religion over human life even if the former claims the power is rooted in blind, if not bad faith, while the latter claims the power is for good. In both cases, one may ask, "what kind of power is this and where does it come from?" As indicated earlier, it is at least therapeutically significant for a clinician to ask what motivates the despairing cry of our Holocaust witnesses, along with so many of the rest of us, "How can anyone believe in a God after the Holocaust or in view of so much innocent human suffering?" If the God of the great spiritual witnesses is, as they arguably claim, a God incapable of thinking, much less doing evil, where did this conception of a tyrannical unjust God come from?

Summary

Numerous studies show that man-made traumas constitute more than 90% of the trauma we suffer as opposed to natural traumas (natural disasters, accidents, medically related diseases, many of which include human contributing factors). Understanding this trauma is highly complex and includes and goes far beyond

distinctions like: the quality or type of trauma at issue (e.g., physical, psycho-social, moral, and spiritual); the severity or intensity of the trauma(s); single or multiple trauma(s), and whether they are of the same or different types, (e.g., multiple rapes by the same or different individuals); and the duration or extent of trauma(s) suffered over time. These considerations also must take into account the unique situation of the unique individual(s) we are called to help, rather than yielding to the temptation of categorizing one's own suffering as we shall see in more detail in our discussion of empathy. The experience of a 20-something Jewish-American or Black-American in this country today, or the experience of this particular person who identifies as a Jewish and/or black man, raised in a safe and highly supportive and nurturing environment, may be vastly different from the experience of a German-Jew living in Germany during the Nazi era, or a Black-American or South African subjected to government sanctioned racism 100 years ago. Few, if any, Jewish or Black Americans today can fathom the experience of a Jewish Sonderkommando (a Jewish inmate forced to work in the creamatoria) like Filip Muller (1979), or the slavery of Harriet Ann Jacobs (1987) in 1861.

I recall one of my adolescent patients who identified as a white supremacist. Raised in a predominantly lower class Hispanic minority neighborhood, he may have had some justification for his claim that he was

abused by Hispanics all his life. One might at least argue that with respect to his "psychic reality" or limited life experience his suffering was not limited to isolated traumatic episodes within a broader social environment that was safe or nurturing. Rather, he suffered repeated traumas on a daily basis within an unsafe and non-nurturing social context that included not only the racism of his parents toward Hispanics and Blacks, but also racial abuse/hatred toward him as a minority white by an Hispanic and Black majority where he lives.

Review of Four Main Forces in Psychology in Response to Existential Need

First force: psychoanalysis and psychodynamic psychotherapy.

Psychoanalysis is founded on the conviction that psychopathology is rooted in traumatic early parent-child relationships and that these influences tend to be repressed (Muller, 1979). Insofar as these causes are acknowledged and their underlying meaning becomes transparent, they tend to lose their power (Strachey, 1934). Analytic meaning is not just rational recognition, but a working through and a process of bringing unconscious content (including feelings) into consciousness (Rohde-Brown, personal correspondence). But what about pervasive social, systemic–even global–causes of pathology such as Freud's own

discovery of a pervasively exploitive social context marked by sexual assault, abuse, and incest perpetrated by men on women and children? What if the repression and resistance in question has more to do with the therapist's unwillingness or inability to acknowledge disturbing truths conveyed by their patients, as in Freud's experience?

Psychoanalysis assumes that there are two forms of human neurosis (anxiety/fear). One form of neurosis is allegedly primary, normal, inherent or essential and in this sense, existential. The other form is posited to be secondary, abnormal or pathological and circumstantial (Wilber, 1982, p. 77). The former is allegedly not susceptible to treatment whereas the latter is, although the prospects for real or substantial personality change in cases of so-called "borderlines, psychotics, extreme narcissists, psychopaths, and other broad classes of so-called resistant patients may be regarded as untreatable by the methods of classical psychoanalysis" (Wilber, 1982, p. 62).

There is some evidence that one's adult personality is formed and fixed in early development at about the age of 5 and, as such, it may suggest that adults are incapable of substantial change (Fromm-Reichmann, 1990; May, Angel, & Ellenberger, 1959; Pao, 1983). Although current research (Davidson & Begley, 2012) points to plasticity within the context of psychotherapeutic attunement as well as broader interpersonal relationships, it remains highly controversial what

precisely one means by "personality." For example, the mere fact that personality disorders (as opposed to personality traits) are typically not diagnosed until 18 years of age shows that our understanding of what personality is and when personality is fully developed is far from clear. This is of the highest clinical significance (Carver & Scheier, 2004). One need only imagine the implications for a teenager or young adult who is led to believe he cannot really or substantially change–especially if he is diagnosed from the outset with any one of several allegedly incurable Axis I mental disorders or Axis II personality disorders. It quite literally may drive such a person to suicidal despair.

To claim that most of our patients have suffered from poor parent-child attachments is probably not especially controversial. And the same is true of broader systemic influences on both parents and children. This paper emphasizes, however, the sense in which these negatively prejudicial influences on how we conceive of ourselves, our self-worth and our prospects for real, substantial, higher-order development may extend beyond one's immediate family, nation, culture, and religion, to include prejudices in how we conceive of reality and humanity itself. In much the same way a child may feel constrained to sacrifice his or her own true self for the sake of "pathological accommodation" to parental authority, so too one may feel this all the more so in relation to an entire world demanding compliance.

Second force: behaviorism (BT), cognitive behavioral therapy (CBT), and mindfulness-based cognitive therapy (MBCT).

Given the highly subjective interpretations of behavior in general and the tendency in Freud's time to reduce all knowledge–even mathematical and logical laws–to psychological laws (what Husserl called, "psychologism"), it may not seem surprising that behaviorists initially rejected psychoanalytic introspection and focused instead on the mind as a mysterious "black box" and focused instead on predicting output by empirically measureable inputs and measuring outputs so that one can build a mathematical model to predict outcomes more generally. Nor is it surprising that they were tempted to evaluate human behavior via models of animal conditioning. Habits certainly play a part in human life, just as they do in animal life. Aristotle, for example, appealed to spontaneous, non-reflective habits of thought, feeling, and action formed by repetitive *behavior* as the foundation for virtuous and vicious action, traits, and states that constitute moral personality development. But, for Aristotle, virtue and vice were distinctly human attributes inseparably connected to a moral principle. For example, normal virtue was construed as a mean between extremes in much the same way as Eastern psychology talks about "the middle path" (Caspi & Roberts, 1999).

It is far from clear, however, what principle or criterion underlies the formation and reformation of "good" and "bad" habits according to Behavioral Therapy (BT), since moral qualities are not empirically knowable in their sense of "empirical." Even in BT's more evolved forms of Cognitive Behavioral Therapy (CBT) and Mindfulness-Based Cognitive Therapy (MBCT), it is unclear how we allegedly know what is "bad" and needs to be replaced by what is "good" in behavioral transformation (Linehan & Dexter–Mazza, 2008, p. 390). No mere symptom amelioration, behavioral reprogramming, or mere modification of ideas, or core schema transformation is sufficient to radically alter one's vision or perception of reality itself as "good" or "bad." Yet, without this there is no substantial change of life (Crane, 2009).

Third force: humanistic and existential.

Instead of treating persons as things or animals, humanistic psychotherapy fixes attention on human freedom and responsibility in relationship to core *values* which some clinicians such as Carl Rogers (1982) believed are inherent in human nature, while others like Rollo May (Wilber, 1995, p. 110) conceived of such in more dispositional terms. Study after study has demonstrated that the humanist therapeutic appeal to core therapeutic values such as authenticity, empathy, and

compassion are the primary vehicles for healthy personality change, independent of therapeutic orientation. One of the key controversies, however, revolves around the character of such values (May, 1982). Carl Rogers' warm and non-judgmental style especially provided a sanctuary in which clients felt safe, accepted and not judged in a way which freed them to acknowledge what they truly thought and felt (Koenig, McCullough, & Larson, 2001; Oman & Thoreson, 2005) (p.65). Some founders of the movement, like Abraham Maslow (Maslow, 1971) and Roberto Assagioli (Assagioli, 2007), went further still in pointing to the higher reaches or potentials of human nature.

Yet, to some of those associated with the general orientation, the humanistic appeal to inherent human goodness seemed naïve (Wilber, 1982, p. 65); and among existentialists there was a sharp and ever widening gulf forming between those like Sartre, speaking in the name of a being-for-self which seemed to exalt human selfishness, and more spiritual-minded existentialists who directed attention to being-for-others as the only possible foundation of a therapy of hope (Orange, 2011). As Viktor Frankl understood, and subsequently convinced Maslow, there can be no self-actualization without self-transcendence (May, 1982). The cure for our pervasively ingrained but hardly necessary or essential selfishness requires a relationship to something greater than us. Because of this, insofar as Maslow's hierarchy of needs treats spirituality as a luxury, addendum

to life, or even higher form of consciousness, it lacks the self-transcendent *foundation* upon which any and all positive human development subsists.

Many existential psychotherapists like Irv Yalom (Yalom, 1980, 2008) along with integrative, intersubjective analysts like Bob Stolorow (2007), assume with Heidegger not only a form of normal angst bound up with the actual and precarious nature of human existence, but interpret this as inherent to human nature itself, rather than merely contingent or acquired. The former implies it is incapable of change while the latter leaves this door open. Indeed, their conception appears to extend to the very nature of reality itself and any possible God at its core. Good faith, according to this subset of existentialists, amounts to the willingness to acknowledge vs. deny this reality and to make the best one can of it. As Rollo May (1981) said, "God needs the devil" (p.66). Evil is defined as necessary; not contingent, and the reality and proximity of death alone enables us to appreciate life (Daniels, 1982; Frankl, 1964; Maslow, 1966; Pytell, 2006). One might paraphrase Sartre as saying, "good faith may result in a form and measure of unhappiness as one sees the selfishness, injustice and suffering in the world, but at least in living authentically we will be capable of authentic pleasures as opposed to the shallow pleasures of those living an inauthentic life like believers who cleave to a fictitious God."

Religious/spiritually-oriented existentialist therapists, however, that good faith is hardly limited to atheists, as evidenced by the testimony of the most sincere and insightful religious witnesses in our history (May, Rogers, & Maslow, 1986, p. 88), many of whom were themselves considered outsiders, outcasts, or heretics by the mainstream religious believers of their day. The problem is not with faith per se, (i.e., faith in real goodness) but with the way both atheists and believers may imitate the outward form of the real thing without its spirit. Like a psychopath, for example, one may mimic the words, actions, and emotions of the truly good person while being motivated by a spirit, heart, or character on the opposite end of the moral continuum. Indeed, it is because a truly good life constrains us to act in accordance with it that the only way to subvert that power is either to distort the way it appears or to mimic its outward form. But there are also distinctions to be drawn between those of good and bad faith in terms of the relative fullness of one's relationship to the good object. Where else in human history do we see the greatest moral heroes but within religion? Remember that the despair of our Holocaust witnesses revolved around the lack of both a secular and religious hope, but what makes this collective moral problem more deeply a religious problem is that the only viable hope lies in distinguishing a true religion of the heart from its counterfeits (Vaughan, 1993; Wilber, 1993a, 1993d).

Not all religious claims are forms of dogmatism and one's reaction to religious dogmatism may be equally dogmatic. For example, attempts to treat morality as if it were merely a matter of subjective opinion or culturally relative preference are merely the mirror-images of religious moral dogmatism. Recall that the testimony of our Holocaust witnesses is of no mere value–neutral world, but of a selfish cold indifferent world. That is, a world in which we are already immersed in negative values even if this is initially more suffered than willed. Even so, once thrown into a raging sea, we must still choose whether to sink or swim in search of a beacon of light. None of us can be indifferent to a faith commitment: such that our only choice is not whether we believe in a god, but what kind of god we will choose to place our faith in. Good faith or faith in goodness, therefore, whether in its atheistic or religious form, involves a volitional component in response to the form and measure of good or grace revealed to us and which we have chosen to receive.

Fourth force: transpersonal psychotherapy.

Transpersonal Psychotherapy (TP) appeals to what William James (James, 1967) called "radical empiricism," which Gardner Murphy (Murphy & Ballou, 1960) in his compilation of James' writings on psychical research calls, "the habit

of thrusting oneself forward into the world of experience, to make the richest possible contact with the concrete, the immediate, the real" in view of James' growing realization that the "abstractions which characterized German idealistic philosophy and British idealistic philosophy . . . could make no real contact with the tough, vital, throbbing, everyday realities with which our immediate life is concerned. Always give us realities, give us facts, give us concreteness" (p.13). This is what James said his pragmatism was about: the practical and the concrete. And, for James, this concept extended to religion and psychical research in general as well. For James, Gardner says, "religion is to be judged not in terms of the abstract representation of an invisible world, but in terms of the living fiber of its substance as we feel it moving through us: and even the mystic is to be understood in terms of the kinds of reality with which he makes contact," or in the words of R.B. Perry, whom Gardner cites, James always "knew there was more" (p. 13).

What is significant here is less how one elucidates this experience (including the possibility of direct experience of universals, which James would deny), and more the openness to a broader range of experiences that had been excluded by the narrow empiricism in James' day. As I see it, the Transpersonalists took seriously the experiential testimony or the bearing witness of the most sincere and insightful mystics in our history in their appeal to a vision

of a self-transcendent good having power to resolve most of our psychological problems, including addictions (Wilber, 1989a, p. 467; Wyner, 2007b). Assagioli and Wilber, for example, claim this vision defines the testimony of all the great spiritual witnesses of all religious traditions (Grof & Grof, 1993a; Grof & Grof, 1993b; Walsh & Vaughan, 1993c). Patients suffering from existential, spiritual, or transpersonal crises, therefore, are not regarded as pathological (Assagioli, 1965, 1973, 2007; Wilber, 1989c) and the therapist plays a crucial role, like a teacher or guru, in not just supporting a patient's self-reflection, but by providing options for discovery that the patient may never have even conceived of before. The comprehensiveness of the therapist's own vision of reality, then, plays a significant role in helping the patient expand his vision (Grof & Grof, 1993b; Walsh & Vaughan, 1993c).

The breadth of this appeal may help us appreciate why a Transpersonalist like Ken Wilber would conceive of this orientation as not only a uniquely integrative discipline within psychology but also across all disciplines, in view of its adoption of multi-culturalism, religious pluralism, and epistemological postmodernism which, Wilber claims, contrasts primarily, (although not exclusively), with Western Christian ethnocentrism. In keeping with my view about a collective existential, moral, and religious/spiritual crisis, Wilber (1993a) says that all the great religious traditions, insofar as they are governed by

patriarchy, underlie the root of our contemporary global crisis. In the face of criticism of Transpersonal Psychology's other-worldliness by secular humanist/existentialists (Wittine, 1993), Transpersonalists like Wilber (1989a) claim it is highly relevant for ordinary people as "the very mechanism of evolution, of growth and development in this world now" (p. 467).

But, despite this appeal to a form of integration including the best of all four forces of psychotherapy, TP also has several limitations: First, although TP appeals to direct experience, its idealist phenomenology or epistemological theory seems to force experience into a subjectivist and culturally relative mold. For example, references to immediacy seem to ignore the requisite temporal processes involved in experiencing reality (Schneider, 1987, 1989). A patient doesn't simply see that her therapist is trustworthy, but rather engages in a process of experiential discovery as she comes to know her therapist. At the same time, her therapist is discovering this patient's unique "psychic reality." Empathic understanding of the patient's thoughts, feelings, beliefs, and knowledge are all objective facts that we (and the patient) come to know over the course of treatment in order to understand that patient. Along with intersubjective psychoanalysts like Stolorow and Orange (2011) I would argue that no therapist can empathically understand a patient immediately, but only within the context of an evolving therapeutic relationship.

Second, although at least some Transpersonalists acknowledge a form of systemic and even global problems bound up with an unhealthy "normal" world (Wyner, 1988), their diagnosis of the nature and origin of this problem–especially as a moral problem–seems as problematic for this orientation as for any other. Ken Wilber (1993c), for example, refers to a "pre-trans fallacy" or tendency to conflate a child's pre-personal or pre-egoic state of ignorance with a supra or trans-personal state of enlightenment. Granted, but a state of innocent ignorance is also not a state of willful ignorance bound up with intentional wrong–doing or sin; and a re-turn to and re-conciliation with Truth and true goodness–that is, a return to a state of innocence or purity of intent defined by a wholehearted fidelity or devotion to the truth–shares something in common with a child's innocence. In other words, a pre-egoic state, a state of childlike innocence, and a state of enlightenment, are not the same as a state in which one has inherited prejudices, accepted in blind and/or bad faith. The reality of sin, evil, and bad faith – regardless of how such terms are understood–is anathema in psychology. It is because of major distortion and misunderstanding of such core concepts within Judeo-Christianity that TPs like Wilber seem to contrast a mere cultural or relatively unsophisticated image of Judeo-Christian spirituality/psychology with a more sophisticated and spiritually elevated image of Eastern psychology, as if the latter manifested a higher vision and hope for humanity (as discussed in Walsh &

Vaughan, 1993e, p. 112). The Christian theologian, Tillich, states that "Eastern mysticism is not the solution to Western problems" (as cited in Schneider, 1987, p. 205); whereas the Christian mystic, William Law (1893), appeals to a transcultural as well as transpersonal solution: "There is but one Salvation for all Mankind, and that is the *Life of God* in the Soul . . . there is but *one possible* Way for Man to attain this Life of God, not one for a *Jew*, another for a *Christian*, and a third for a *Heathen*. No, God is one, and the Way to it is one, and that is, the *Desire* of the Soul turned to God" (p. 133).

Third, the Transpersonalist position in general does not appear to provide a clear or consistent description of an ideal state of health. In Wilber's case, for example, the stress seems to be on a state defined more in terms of an absorption of self in something else, rather than on the realization of the most intimate union or relationship while retaining that which most uniquely defines the partners in the relationship. Self-realization, or the fulfillment of one's truest and highest self-interest, is not a selfishness or ego-centrality that subordinates one's knowledge of the good, but the ability to empathically see one's self, as well as others, through the lens of goodness or the eyes of a good and loving God. It implies no loss or diminishment of self (Mack, 1993; Tart, 1993; Walsh & Vaughan, 1993a, 1993b, 1993e; Wilber, 1993b). It is unclear, for example, how the self is initially fragmented and subsequently in need of integration as a

necessary step toward a state in which "one" allegedly never had a self to begin with (Wilber, 1982, 1988, 1989b). As mentioned above, the primary root of the problem may be the lack of an adequate epistemological foundation for their discipline (Engler, 1993; Epstein, 1993; Feuerstein, 1993; Walsh & Vaughan, 1993d; Wilber, 1993d). But even if the problem is less conceptual difference of opinion than misunderstanding associated with the meaning of terms, we may be unable to adequately help our patients distinguish healthy from unhealthy forms of religiosity and spirituality–especially hybrid cases having elements of both (Walsh & Vaughan, 1993a, 1993b).

What may especially be missing in view of widespread and growing antagonism toward dogmatic mainstream forms of Christianity, is a clear elucidation of Jesus' revelation of a wholeheartedly trusting *relationship* to a God incapable of evil, who is willing and able to suffer with us, in us, and for us, and who can enable us, thereby, to find meaning in our own suffering for others. Like a faithful marriage in which the partners don't even desire to be unfaithful, it is only as we feel safe enough to let down our defensive barriers that we can truly be present to, and in, and for one another. Such a relationship may actually bear witness to a form of *moral or spiritual perfection* attainable in this life, which is nonetheless susceptible to epistemic imperfection or a potentially endless conscious development. In other words, one's responsibility is relative to the form

and measure of knowledge one has (Grof & Grof, 1993a; Grof & Grof, 1993b; Walsh & Vaughan, 1993c).

Psychoanalytic Empathy: A More In-Depth Look at the Role of Empathic Love in Healing Existential Trauma

In the next section of my literature review I intend to explore the meaning of empathy as a way to better understand *what* heals in psychotherapy and *how* such healing can or does occur. As a complete analysis of empathy is well beyond the scope of this dissertation, we will limit our attention to psychoanalytic empathy, in particular studies associated with Kohut's positive psychology in the context of Self Psychology and intersubjectivity analysts like Stolorow, Orange, et.al.. The primary aim will be to bring to the surface some of the key qualities of an empathic loving understanding as it bears on healing existential trauma.

Empathy and Buber's I and Thou: A general statement.

Martin Buber (2002) refers to a conversion experience, which redirected the focus of his work toward genuine meeting or dialogue as the essence of any

true religion or spirituality. A man came to him in need and Buber was not truly present to him in a way psychotherapists refer to being experience "far" instead of experience "near." Harry Stack Sullivan (1940) had a similar type of experience, as did Heinz Kohut (1984) when he said he had not seen "that the patient had felt additionally traumatized by feeling that all these explanations on my part came only from the outside; that I did not fully feel what he felt, that I gave him words but not real understanding, and that I thereby repeated the essential trauma of his early life" (p. 182). My general aim in what follows is to try to paint a clearer picture of this I/Thou or heart to heart relationship and its practical bearing on clinical work.

Part of the problem revolves around the general meaning of empathy as, according to Kohut, the distinctive and primary tool or instrument of knowing or perceiving in psychotherapeutic work. As discussed in my methodological section and in great detail in my Philosophy dissertation (Wyner, 1988) empathic perception seems quite similar to the classical philosophical distinction between experiential knowledge and descriptive or ratiocinative knowledge (the result of a process of logical reasoning). For example, we commonly recognize a difference between the kind of (descriptive or factual) knowledge Obama's biographer may have of Obama's life (possibly in far more detail than Obama himself may know

or remember) and the experiential knowledge his wife and children have of him given the intimacy of their relationships.

We know, too, that this experience of near or empathic knowledge is a lot more powerful than mere descriptive or "experience far" knowledge. If one is close to one's parents, spouse, children, or even a dear pet, their suffering typically affects us more powerfully than news of the suffering of a stranger. The same is true of real versus merely imagined suffering. We have all thought about our own death and the death of those we love, but the reality affects us in a way the mere thought does not. And the same is true of the therapeutic relationship. We may concede the value of Freud's appeal to therapeutic neutrality if we think of neutrality as being objective as opposed to subjectively biased, but not if we think of neutrality as subordinating a real and intimately personal encounter to cult-like conformity to a theoretical position, or a blind application of technique, or a facile empathic posture. The later is akin to Buber's (1970) warning of subordinating an I/Thou relationship to an I/It one. His point is not that there is anything inherently wrong with I/It relationships per se, just as there is nothing inherently wrong with relating to ourselves or others at times in "experientially far" or distant ways. When the cashier at the grocery store asks us how we are today, we are not likely to hold up the line to engage in an in-depth discussion of how we really feel. We interpret the cashier's question as just a socially

conventional way to say hello. But when a therapist asks one's patient how she feels in this moment, we rightly sense to reply as we do to the cashier is out of place.

Among the clinical implications of this distinction include the sense in which the power of therapeutic cure is primarily rooted an intimate interpersonal encounter that underlies any legitimate meaning we ascribe to a professional therapeutic relationship. For example, at least beginning therapists often find themselves in conflict with respect to responding to a patient in need according to this or that professional orientation versus as a human being. The therapist may ask oneself: Am I being too active, too passive, or too neutral? Am I providing an interpretation too soon or too late? What does my gut tell me? Ideally, however, reliance on one's gut is not reliance on mere subjective impressions; nor on blind conformity to any psychological orientation, but on an increasingly fine–tuned ability of empathic perception and understanding. As Kohut (1984) puts it, "we must never confuse the deep human response called forth in us vis-à-vis another human being's thoughts and emotions with sentimentality and companionship. Parents and analysts, respectively, will insist on the child's and the analysand's confronting unpleasant realities, including the limits that all of us have to recognize, but they will do so while simultaneously acknowledging the facts that all of us rightfully feel special and unique and that we cannot exist unless we feel

that we are affirmed by others, including, and especially, by our parents and those who later come to have a parent self-object significance for us" (p. 190).

That is, in contrast to the claim by some analysts like Strachey (1934) "that nothing except the process of psychoanalysis can alter [the super-ego or core of one's personality]" (p. 136), numerous studies show that non-neutral, "experience near" attitudinal values like authenticity, empathy, and compassion are the primary agents for change within *any* interpersonal relationship and within *all* therapeutic orientations. As I pointed out in my introduction, authentic, empathic, insightful love (properly understood) is arguably the primary vehicle for change in relationships between parents and children, teachers and students, spiritual leaders or role models and those searching for answers to the enduring philosophical questions of life, no less than in the therapeutic relationship. Indeed, as I have been attempting to show, the living words of role-models–both at a distance or from our collective past–may exert the most profound and life-changing influence even without Stolorow's relational home insofar as this is understood as an immediately present therapeutic or cultural context. For example, our Holocaust witnesses recognized in the suffering of the prophet, Job, a shared experience of the suffering of the innocent and the righteous, just as others have recognized a common darkness and search for light in Plato's

Allegory of the Cave. In other words, Stolorow's relational home either must allow for or be extended to include a far broader social context.

Empathy and neutrality.

Kohut (1984) states:

> Empathy . . . defines the field of psychoanalysis . . . it is a value-neutral tool of observation which . . . can be used in the service of either compassionate, inimical, or dispassionate-neutral purposes, and . . . can be employed rapidly and outside awareness or slowly and deliberately, with focused conscious attention. We define it as "vicarious introspection" or, more simply, as one person's (attempt to) experience the inner life of another while simultaneously retaining the stance of an objective observer (pp. 174-175).

Kohut's characterization of empathy as "value-neutral" is a convenient starting point for our discussion of some of the key features of empathy and its role in the therapeutic relationship. The features discussed, however, are by no means intended to be comprehensive, nor to provide a rigorous elucidation of what empathy is. The relevant points include: a) whether or to what extent one can be empathic in the sense of experientially knowing another person's mind; b)

the difference between unconscious (pre-conscious or peripherally conscious) and conscious empathy; c) the nature of true and false empathy (including authentic/inauthentic empathy and empathy as an attitude, orientation, posture, skill or tool; d) the difference between psychopathic empathy and benevolent empathy.

To what extent one can experientially know another person's mind.

As noted above, Kohut defined empathy as "vicarious introspection." But what precisely does this mean? Michael Basch (1983) interprets it as a form of objective perception or understanding of the patient's psychic reality (p. 114) that includes affective resonance. He wants to stress a process of rational understanding while de-emphasizing love, compassion, and sympathy: "[Empathy involves] complex cognitive processes by which we form certain hypotheses about another person's inner experience . . . that are then open to further study so that the judgments that were made about that other person's state of mind can be confirmed or proven false" (p. 111). He refers to Louis Agosta's (1977, unpublished) conclusion, "that empathy can be viewed as a hermeneutic circle in which resonance, interpretation, and evaluation all play an essential part" (p. 111). He is especially concerned with rejecting the notion of empathy as "feeling with"

in a way that "emphasizes affective resonance to the exclusion of inference, judgment, and other aspects of reasoning thought which are equally important to the concept of *Einfühlung* (empathy)" (p. 110). He prefers the notion of empathy as "feeling into," that is, "'finding' or 'searching' one's way into the experience of another" (p. 111).

Basch's intent is to "demonstrate that we come to know our and others' mental life in the same way we come to know concrete reality. The seeming immediacy of self-knowledge or the knowledge of others' mental states is an illusion" (p. 109). He says that empathy is not intuitive in the sense of being "immediate, unstudied, or effortless" but rather an "understanding…built up, amended, corrected, and otherwise refined in the process of immersing himself in the patient's material hour after hour." It is "never a matter of somehow getting a direct look at what goes on in another mind." In support of his position he quotes Agosta (1977, unpublished dissertation) as saying, "vicarious feelings [are] part of being receptive toward another's self-expression. But it is myself, not the other, who is the object of introspection . . . . In vicarious introspection one is *not* introspecting the feelings, sensations, or experiences of the other at all. Rather, one is introspecting a vicarious feeling, sensation, or experience aroused by the other's expression of feeling, etc." (as cited in Basch, 1983, p. 114).

In describing the process in question, Basch (1983) says, that "empathic *thinking* (italics mine), like syllogistic reasoning or mathematical computing, is a function that the human brain at a certain level of development is potentially capable of performing, no more and no less" (p. 119). He explicitly refers to empathy as a form of judgment acquired through a process of coming to know that, unlike logical reasoning, takes into account one's affective responses (p. 120). He says that "empathy leads to knowledge" (p. 123) or insight, but that this empathic knowledge or "understanding is not curative in the psychoanalytic sense; *cure is the function of interpretation*" (p. 123). Presumably, Basch means that empathic understanding is a necessary but insufficient condition for interpretation, which is the real cure in analysis. As Basch puts it, empathy is a tool used by therapists to realize "the goal of psychoanalytic treatment, i.e., the development, interpretation, and working through of the patient's transferences" (p. 123).

First, although my empathic perception of my patient may involve introspection and especially reflection on my countertransference reactions to my patient, the object of my empathy is not my own psychological states, ideas, feelings, processes of reasoning and so forth (unless I was feeling empathic toward myself). Rather, the object of my empathy is precisely the states, ideas, feelings, and so forth of my patient whom I'm trying to empathically understand.

This confusion regarding the object of one's thoughts shows up again and again in psychological discussions and does so because of the lack of a clearly elucidated epistemology. Second, although empathic feeling is essential to empathy, it is so precisely because empathic feeling is not mere sensation, nor association, even if these constitute parts of the unity that constitutes empathy. In other words, empathic feeling is inseparably connected to or dependent upon the experiential knowledge I have of my patient's state of mind. I empathize with the specific nature of this patient's *suffering from his parents' emotional abuse*–not any patient's suffering; nor their suffering from mere pain or suffering in general. So, "feeling and emotion are of necessity and by definition always conscious" (p. 118). Third, despite Basch's recognition of some form of developmental process of empathic understanding that allegedly distinguishes it from mere logical reasoning, he nevertheless seems to regard this process as little more than logical reasoning plus affect. If so, what reason do we have to believe that the acquisition of empathic perception, knowledge, or understanding is a logical one?

Consider the case of "Ben," a patient grieving over the loss of his pet Maltese dog, "Madigan." When Madigan died, Ben felt a greater loss than he did after the death of his own father. The loss felt even more acute due to the general lack of empathy for what he was experiencing. However, his wife, "Margaret," *did* empathically understand, due to their shared, highly specific, and unique

relationship with Madigan. For example, they had both endured a history of caring for a dog sick from birth due to liver problems. Even so, their respective relationships to Madigan had qualities unique to each of them. Madigan slept on Ben's pillow every night. She waited for him every morning outside the bathroom door. She sat on his lap while he worked at his computer during the day or watched TV at night. For both Ben and Margaret, but all the more for Ben, Madigan was a gift of endless hours of laughter and joy.

Basch says, "The identification that takes place in an empathic encounter is not with the other person per se, but with what he is experiencing. It is a matter of *concluding* that one's own affective state duplicates that of the other . . ." (p. 105). In Fliess's (1942) words he refers to the "ability to put himself in the latter's place, to step into his shoes, and to obtain in this way an inside knowledge that is almost firsthand" (p. 105)–a process Fliess calls "trial identification" (as cited in Basch, p. 105). But despite Fliess's appeal to inside knowledge, Basch's association or description of the empathic process as a logical one does not to my mind even remotely describe the empathic process of experiential fulfillment as I have elucidated in my methodological section and elsewhere. Margaret did not empathize with Ben by drawing logical inferences and conclusions. She empathized by reliance on both experiences and qualities unique to Ben's experience–through awareness of the actual and specific content, character, and

set of qualities applicable to each of these specific relationships taken as a *whole*. The development of empathy, then, is a process of increasing fullness of experiential knowledge that includes increasingly coming to see the actual and specific qualities applicable to this object or this specific relationship. This is not the same as the more common act of merely assuming or attributing characteristics to persons, relationships, and situations that may not apply in that particular case (the typical way we tend to ignore the unique qualities in order to classify or categorize precisely to avoid being overwhelmed by attending to the details of particular cases). As we shall see later on, what is often called objective knowledge in science and psychology is precisely such a tendency to classify, but properly speaking, inherently there is no reason to believe we cannot really or objectively know–and know intimately or empathically–the unique psychic reality of another person or our own.

Finally, Basch claims that "cure is the function of interpretation" (p. 123) rather than (as if separable from) empathy. Is Basch claiming that interpretation is the conclusion of a process of logical reasoning–abstract or descriptive knowledge–dispensed by the analyst from on high to the patient? Or is he claiming, insofar as empathy is merely construed as partial identification or sharing of some aspect of the other person's psychic reality, that it may lack the necessary fullness or comprehensiveness that can provide a basis for real change?

If the latter, he may be closer to what Buber (1965) called "confirmation," an essential element in the I/Thou relationship. In perhaps a similar vein, Strachey (1934) and Orange (1995) refer to a transformative or mutative interpretation at the root of therapeutic cure, which seems to me a lot like the universal religious, spiritual, and philosophical appeal to a comprehensive vision–a form of experiential knowledge, perception, awareness, or understanding–of who or what one really is, or one's own true self. Indeed, *this* form of knowledge has been universally appealed to as the power of truth, light, enlightenment, or wisdom (Wyner, 1988).

In more philosophical terms, it is referred to as "the thesis of the practicality or power of reason" where reason is to be understood as experiential knowledge (Wyner, 1988). It is an appeal to a comprehensive vision of the essential character of reality as good and manifested in various spiritual communities or what Stolorow (Stolorow, 2007) calls a "relational home"(p. 382)–an interpersonal context in which one can find safety and understanding. In Strachey's sense of a benign superego, it implies an interpersonal context of understanding that enables us, individually and collectively, to let go of the myriad forms of harsh superegos we have suffered under or inherited from a coldly indifferent world. In the language of the early Friends or Quakers, as we embrace or cleave to the light of truth revealed to our consciences, we are–

whether we yet realize it or not–embracing or cleaving to an inner voice that is transcendent to but immanently speaking in and to us all. In their words, they appealed to an eternal Word that existed before any words of a scripture were ever written (Burroughs, 1672; Dewsbery, 1689; Fox, 1831; Nayler, 1829; Whitehead, 1725).

Insofar as this vision or interpretation is incarnated in or mediated by the therapist (or anyone else for the matter, alive or dead) it is the power for core personality change and can speak to the existential trauma of our Holocaust witnesses and the rest of us. But it is nonetheless inseparable from the authenticity, empathy, and compassionate understanding that constitutes it. It reveals there is hope for humanity in spite of a suffering world or human context in which we find ourselves in today.

Unconscious and conscious empathy.

With respect to "unconscious" empathy, I want to briefly explore the question of whether infants, dogs and other animals are capable of empathy without ignoring the fact that empathy has been, and has been increasingly, ascribed to a far broader population including rodents and insects. Even as early as 1959, Russell Church (1959) wrote a paper on the *Emotional Reactions of Rats*

to the Pain of Others. On one end of this spectrum of belief, it is fair to say that infants and animals at least appear to "sense" feeling states of both people and other animals.

A Veterinarian Assistant named Lloyd, with whom I worked for several years, was certainly an "Animal Whisperer." Whereas the rest of the assistants put on thick, heavy gloves to prevent us from being clawed by a frightened, angry cat, Lloyd simply opened the cage, reached in and grabbed the cat without gloves, and without hesitation. Animals seemed to sense his lack of fear of them. Similarly, parents and child psychologists observe the way infants and toddlers respond to the different feeling states of their various caregivers. As Basch (1983) seems to recognize, "Affective communication between child and parent is not a one-way street . . . . infants and children are unerringly attuned to the affective state of the mother, and are not deceived by the parent's conscious or unconscious attempts at disguise or dissimulation of her true feelings" (p. 109).

And yet Basch cites Burlingham (1967) in claiming that "infants and children who either have no sense of self as yet or cannot take distance from it, cannot be empathic; they are, nevertheless, clearly sensitive to the affect of others and guide their behavior accordingly. To be empathic an individual must be able to separate himself sufficiently from his feelings and emotions so that instead of simply reacting to them he can establish their genesis and the *significance* they

have in the context in which they are experienced"(p. 119). Basch seems to hold the view that merely sensing the feeling states of other people or animals is a necessary but insufficient condition for the development of an empathic capacity into an actualized ability that requires consciousness. As he puts it, animals and small children may be "pre-rationally" (p. 111) affected by the states of others without being consciously aware of the other's psychological state. As recent research suggests, it is because infants have an inborn capacity for empathy that it can be increasingly actualized (Hamlin, Wynn, & Bloom, 2007; Sloane, Baillargeon, & Premack, 2012). Looking into the eyes of many of my dogs that have passed away in my arms, I am convinced that they can in some sense fear death, but when I've looked into the eyes of people I have known in the process of their own dying I experience something more as they see their own dying through the eyes of those around them and they ask themselves questions like, "what was the meaning, purpose, and value of my life?"

If we look at empathy in terms of such a continuum of developmental abilities that include characteristics we share with animals but involve a certain surplus, we may also appreciate Bolognini's (2004) discussion of Greenson's (1960) view of empathy as "essentially a preconscious phenomenon" involving "emotional knowledge [or] the sharing and experience of the feelings of another"

. . . "The analyst allows part of himself to enter the patient and undergo his experiences as if he were the patient" (Bolognini, 2004, p. 46).

A therapist may be so empathically attuned to one's patient that one may not be explicitly aware of the elements in his experience that are his own and the elements that are his patient's. That is, presumably, the point of therapists learning how to distinguish their own material from that of their patients in working through one's own countertransference. For example, as I empathically listen to my patient tell me about the emotional abuse he suffered at the hands of his father it immediately calls to my mind my own suffering of abuse by my father. But the fact is that I have hardly even begun to penetrate the surface so as to be able to truly, deeply, and comprehensively see his world through his eyes. And if I impulsively act on my initial empathic feelings experienced in the countertransference by offering an "interpretation" based primarily on my own experience (assuming that it's the same as his) then he will rightly feel I don't understand him at all. My empathy will be shallow.

To be clinically effective, therefore, our goal as therapists is to learn to make our unconscious or pre-conscious empathy increasingly more conscious in much the same way as we do with dreams. I am typically not conscious or unconscious of my dream states, but this does not make them any less states of consciousness, which I can, at least in many cases, make objective by fixing my

attention on them. Similarly, the mind of my patients, in much the same way as my own mind, can be an object of thought or consciousness and by more intimately engaging with it, can become more or less experientially present or known as it really is. This is controversial–that psychologists often speak as if each person's psychic reality or the state of mind of a person–what one actually believes, feels, wills and so forth–is not objectively accessible to others. But if so, how is it that therapists often have a clearer understanding of their patients' thoughts than their patients may be capable of in the present moment? Is it not the point of psychotherapy precisely to facilitate the patient's own capacity and increasing ability to become more conscious of themselves or more empathically attuned to their own subjective states? Is it not part of what we do to help them distinguish appearance from reality? How else can we collaboratively stand with them to figure out where they are now and what stands in the way of what they truly can become?

True and false empathy and related distinctions.

The distinctly complex human and rational or intentional quality of empathy is evident not only by the fact that our empathic perceptions or understandings can be true or false, but also that it is subject to various degrees of

fittingness or rectitude (rightness/wrongness; goodness/badness) for this or that individual in the specific context they are in. Primo Levi, we may recall, described the sense in which the death camp context profoundly impacted the individuals' moral capacities. Therapists almost universally refer to some distinction between "authentic and inauthentic empathy" and between "accurate and inaccurate empathy." As Stephen Mitchell (1997) says, "There is an enormous difference between false empathy, facile and postured, and authentic empathy, struggled toward through miscues, misunderstanding, and deeply personal work on the part of both analyst and patient" (p. 52). It seems especially important, however, to distinguish inaccurate empathy from inauthentic or false empathy in view of the fact that the former implies no ill intent whereas the latter does. As in legal proceedings, proving fraud or ill-intent may be very difficult in particular cases, but it assumes the very distinction in question.

In way of illustration, a clinical psychology supervisor instructed her trainees to use empathy as a tool, means, or method to "help" patients and illustrated this by appeal to one of her cases of a female patient who had lost her brother. The supervisor "empathized" with the patient by saying she too had lost a brother and so could empathically understand how the patient felt. But the supervisor didn't even have a brother. The lesson the supervisees were to take with them, presumably, was that empathy was a skill or tool to use to make the

patient feel better or to help the patient deal with the immediate symptoms of their depression or despair. Bolognini (2004) refers to a "posture towards empathy involving intention or will; an empathic 'attitude,' 'empathizing,' listening, 'use' of empathy as an 'instrument' and so on" and sums by saying "true empathy is not a gear that can be engaged at will" (p. 126). Ferenczi (1955) says:

> I may remind you that patients do not react to theatrical phrases, but only to real sincere sympathy. Whether they recognize the truth by the intonation or colour of our voice or by the words we use or in some other way, I cannot tell. In any case, they show a remarkable, almost clairvoyant knowledge about the thoughts and emotions that go on in their analyst's mind. To deceive a patient in this respect seems to be hardly possible and if one tries to do so, it leads only to bad consequences (p. 161).

As I see it, the type of empathy role modeled by the supervisor above was false empathy, or "lying therapy," as a colleague put it. Of course, one might argue she was merely governed by a utilitarian ethic that justifies the use of any means for an allegedly good end. It reminds me of a quote by Himmler to his SS and police generals in October, 1943: "Most of you know what it means when 100 corpses lie there, or 500 lie there, or 1000 lie there. To have gone through this and–apart from exceptions caused by human weakness–to have remained decent, that has hardened us. That is a page of glory in our history never written and

never to be written" (as cited in Hilberg, 1971, preface). Well-intended or not, one need only imagine how the patients in question may have felt if they had discovered the lie.

Empathy may be neutral as Kohut (1984) claims, but as empathic understanding aimed at therapeutic cure it most certainly is not. Authentic empathy is essential. And so is accurate empathy. Authenticity, sincerity, or good intentions are clearly insufficient to provide the kind and degree of understanding or fullness of vision required to enable our patients to overcome the deep-rooted prejudices they have inherited about reality, human life, and the core sense of self that underlies normal as well as pathological anxiety, depression, and despair. The most sincere or well-meaning surgeon in the world may kill our child if he or she lacks the requisite knowledge and skill. Just so, a therapist's ability to truly and profoundly help another has a lot to do with the extent to which he or she has come to understand *both* these core issues *and* the unique psychic reality of this patient.

Psychopathic empathy and benevolent empathy.

Although empathy is most commonly associated with benevolence or altruism, selfish or even psychopathic empathy is consistent with these terms

(Basch, 1983, p. 119). For example, Basch (1983) claims, “much of the time we are empathically attuned to the affective state of others primarily to fulfill our own needs and to spare ourselves pain.” He calls this “healthy adaptation” and says that we ordinarily don’t call it empathy because it is “selfish” . . . “in the non-pejorative sense of that term” (p. 119). He says, “the world’s greatest scoundrels have been exquisitely and unerringly attuned to . . . the affective communications of others and have used that knowledge to achieve base aims” (pp. 119–120). Predators are often highly sensitive to the weakest, the least confident, the most vulnerable, in much the same way as animals often are. A sadistic psychopathic serial killer like Ted Bundy, for example, could hardly derive a form of pathological self-satisfaction or power from the degradation and suffering of his victims if he wasn’t acutely aware of their suffering. But to avoid the temptation of limiting our attention to extreme cases, we might think of the way so many of us compare ourselves with those worse off than us in some respect in order to elevate our sense of self-esteem. An emotionally abusive parent, for example, may justify his or her parenthood by insisting, “I didn’t sexually molest you. I wasn’t an alcoholic. I did the best I could.” Why do we tend to compare ourselves with the worst rather than the best? What are the clinical or practical implications of this? Can comparing ourselves to the worst motivate us to become better than we are?

Toward better understanding such cases one might well argue, with Plato (1875a), that all vice implies some form of ignorance. But this by no means prevents the most intellectually gifted among us from being psychopaths. Bundy, for example, was not only good-looking, charming and charismatic, he was also brilliant: he had a degree in psychology and was studying to be an attorney. His "gifts" all the more enabled him to be a master manipulator or chameleon. Murdering anywhere between 30+ and 130+ young women (Basch, 1983; Kohut, 1984; Post, 1980), Bundy even had a fan club of young women who wanted to marry him, one of whom he did marry and had a daughter with.

Once again, the character of the knowledge or ignorance is what it is at issue here. As indicated in the scriptures of every religious tradition, even angels can fall from grace, and no matter what our gifts–indeed, all the more so if our gifts are great–we are faced, as the Spider-man was faced, with the fact that with great power comes great responsibility. In the conflict between what one knows is right and what one most desires–even if it is only the self-exaltation that comes from spiritual pride–one is compelled to experientially distance oneself from the former in order to bring the latter more experientially near. For example, President Clinton would have found it a lot more difficult to have an affair with Monica Lewinsky if he thought his wife and children were aware of his behavior.

Indeed, if just the thought of them entered into the forefront of his mind it would work against the fulfillment of his illicit desire.

In Bundy's case, therefore, we may reasonably conjecture that he was necessarily and *willfully* ignorant of the humanity and welfare of both his victims and himself, for empathic attunement with these qualities would have evoked compassion and/or self-loathing. Instead, Bundy refers to the sense in which he conceived of his victims like ants whose life and death then appeared to him as holding little value or significance. But despite the value of extreme cases to make a point, we must bring such distinctions closer to home. Putting aside atrocities committed in a genocide or democide, or even gang warfare in and out of a prison, consider how we are all influenced by the desire for social acceptance to *think* of others in less generous ways than the way we think of ourselves and those on our own side. In the former, we cast others in the worst light; in the latter we cast ourselves and the groups we identify with in the best light. Indeed, we *must* do this because the power of truth insofar as it is seen would work to elevate the other and diminish our own grandiosity (Rule, 2000).

This moral or ethical dimension of human life brings into focus not just a fundamental problem in psychology and clinical work in general, but arguably the core problem of human life–the sense of worthlessness–that underlies the vast array of symptoms therapists deal with day by day. It is manifested, for example,

in Freud's rejection of real evil and real guilt, and in Jung's view of an inherent moral dualism which acknowledges real evil but treats it as necessary, rather than contingent, and thus unavoidable (Jung, 1963). This has nothing to do with Jung's acknowledgement of real evil as opposed to certain Christian views of evil as a mere *privatio boni* or absence of good. It has to do with his conception of evil as rooted in reality itself or any God at its core as opposed to a mere Aristotlean moral capacity that may or may not be actualized. As Jung put it, "Who is responsible for these sins? In the final analysis it is God who created the world and its sins . . . In *Aion* there are references to the bright and dark side of the divine image. . . God's tragic contradictoriness . . . was the main theme of *Answer to Job* (p.216)." In *Answer to Job,* Jung (1954) refers to the central question of our time–the existential crisis that is the focal point of his book–" We have experienced things so unheard of and so staggering that the question of whether such things are in any way reconcilable with the idea of a good God has become burningly topical (p.150)." But his answer here and elsewhere is to attribute evil to God and/or reality itself and to deny our initial innocence or capacity for a form of both initial moral perfection and a return to a sinless state where one can sin no more (p.120). For Jung, "to believe God is the Summum Bonum is impossible for a reflecting consciousness (p.93)."

Regardless of Jung's position on the matter, such a view of God and/or reality as responsible for evil has considerable practical and clinical significance. It underlies the common belief echoed repeatedly in cases like the Holocaust that there is no real justice in reality or the universe. We see it, for example, in Wiesel's crying out, as a child in Auschwitz, to a God he seems to think is capable of evil as well as good. But we do well to ask, where does this idea come from? It manifests itself in a form of systems theory that does not merely acknowledge circular as well as linear causality, but denies the latter altogether. In doing so, it goes beyond a mere concession to Aristotle's claim that in most disputes both sides tend to contribute to the resulting problems to insist this is always true–even to the point of denying any real difference between perpetrators and innocent victims. As one patient put it, "Is there some rule in family therapy that you can't point the finger at anybody? . . . Because sometimes . . . I think that therapist forgets who is the fucker and who is the fuckee" (Salter, 2003, p. 57).

Such a therapeutic vantage point is not going to appear empathic to our Holocaust survivors; nor to an innocent child who has been sexually molested. As Salter puts in, "The history of psychology in the past one hundred years has been filled with theories that deny sexual abuse occurs, that discount the responsibility of the offender, that blame the mother and/or child when it does occur, and that minimize the impact" (Salter, 2003, p. 57). As per the discussion above, and as

we have seen in the accounts of our Holocaust survivors, it is not merely the innocence of the victims, but the extent of their real goodness that may move some perpetrators all the more to degrade or destroy them, precisely because the presence or existence of such goodness makes the perpetrator feel his own self-degradation all the more intensely.

These moral and ethical data are psychological facts that must be studied just like any other to empathically understand our patients and help them. And this is true despite the therapeutic tendency to deny the reality of evil given the felt mandate to be "non-judgmental." In most therapeutic settings outside of mandatory therapy, the patients who come to us for help are not usually sadists, destructive narcissists, or "malignant aggressors" as Erich Fromm describes Hitler and Himmler (Salter, 2003, p. 57). But it might help somewhat alleviate this temptation if we consider that the aim here is not to convict or pass judgment. It is not to use the real or imagined "sins" of others to shift attention from one's own sins or wrongdoing. Rather, the aim is to understand the source of our patients' suffering, which often includes true as well as false guilt, and to help them come to terms with it in spite of their wounds.

In the process of understanding such cases, understanding the particular context is crucial. Levi, as we observed earlier, claimed that the moral *capacity* for the realization of sadism and psychopathy is in all of us. But to claim a

capacity implies a necessity is akin to claiming that just because I can jump out of a plane without a parachute, I must. And even when our patients do bad things that harm themselves and others–whether ignorantly or intentionally–how are we to help them reconcile with such realities if we deny there are any realities or distinctions to be drawn in the first place?

As we shall see shortly in our discussion of "pathological accommodation," what makes this problem so difficult is both its form and magnitude. That is, the sense in which evil and wrongdoing are practically unlimited in the forms they may take; they may also become so pervasive, like smog, that we may have no experience of clean air to compare with what we breathe in day by day. The prejudices we suffer may not be limited to the most obvious ones, but hidden under the veil of the very modes of thinking and acting we consider best. This includes what we call "good education"–the philosophical, scientific, psychological prejudices–that affect and infect every one of us as children of our modern day world. As Babiak & Hare (2006) illustrate in their book, *Snakes in Suits* and Hare (1993) in his chapter on "White-Collar Psychopaths" in *Without Conscience*, psychopaths are all around us. The psychopathic "gift for camouflage, this chameleon-like ability to take on whatever form would best suit his purposes" is as familiar to us as the art of brown-nosing is to children (Fromm, 1973). Indeed, the seriousness of this moral problem may

be especially well-illustrated by the case of Alcibiades, "the first recorded example of treatment failure of a psychopath" (Salter, 2003). Its significance revolves around the fact that as Socrates's lover and arguably his favorite pupil, he was able to deceive the founder of western philosophy and one of the wisest among us.

What about benevolent empathy? Bolognini (2004) refers to "the analyst's deep availability, whereby he can achieve an effective empathic understanding, . . . which depends on how capable he happens to be of making internal contact with himself, with his memories and affects and with mankind in general" (p. 128). He refers to how "an analyst who is intensely distressed, wounded or at any rate suffering without excessive defenses . . . has excellent prospects of entering into empathic resonance with the patient" (p. 129).

This raises an especially significant clinical question: What kind of wounds are at issue here? For example, is it necessary for a clinician to have been an alcoholic, drug or sex addict, to "achieve an effective empathic understanding" with those who are? I don't believe so. Of course, I am not suggesting one cannot use such experiences to facilitate empathic understanding. Rather, I am suggesting that what is most needed is our experiential or empathic connection to that truth and goodness that can alone fill the inner void that underlies all such surrogate forms of gratification. I am referring to the wounds one necessarily feels by one's

connection to a world in which such goodness is so lacking. I am referring to the wounds of the pilgrim in Plato's Cave who feels compelled to walk alone in his search for light and alone as he returns to help his brothers and sisters in darkness (Plato, 1875a). Putting aside Christian debates over the divinity of Jesus, even a Jew like Buber or a Hindu like Gandhi would concede the quality of a life marked by an exceptional, and possibly unique, capacity for empathic love which nonetheless was not based on experiences of having "sinned." Similarly, in *The Suffering Stranger*, Donna Orange (2011) refers to non-conforming psychologists rejected by their colleagues for daring to be faithful to their consciences; for placing the needs of their patients above acceptance by their groups.

But whether we are immersed in our sins or relatively free from them, how do we become more authentically and empathically loving? Shubert says, "an internal and loving interest in the suffering of one's fellow man speeds up the healing process (as cited in Bolognini, 2004, p. 27), and Hufeland appeals to what I have been calling "the law of love." In Hufeland's words, "Just as the sick make healthy subjects into sick ones by means of sympathy and change their form of life into pathology, so we see, on the contrary, the way weak, old men living in the midst of strong young ones, by the same laws of the world described above, become healthier and stronger" (as cited in Bolognini, 2004, pp. 27–28).

It is here that we come face-to-face with the power for real and substantial personality change on a group, individual, or even collective scale. For, controversial as it is, there is some distinction to be drawn between a truly healthy superego and an unhealthy or pathological one. Insofar as we can help our patients replace a "bad internal mother or father"–a cruel or tyrannical, critical, judgmental or fault-finding "inner-voice"–with a truly honest, caring, encouraging, insightfully guiding "inner-voice"–all the symptoms that flow out of the former will proportionally fade away. Consider, for example, Ping-Nie Pao's (1983) comment that "I was told by an inner voice not to step beyond a certain threshold, and I obeyed" (p. 165). There's *some* meaning in back of what we call this "inner voice" that speaks in and to and through a truly healthy or sensitively receptive conscience. There is some meaning we ascribe to a healthy superego that is worthy of our trust–not only a voice speaking to us through individuals and members of various cultures in our world today, but one reaching backward and forward in time with the authority of a voice that transcends time and all culture. Doesn't such a voice have clinical relevance for what we call psychotherapy?

Empathy as a relational quality.

I wish now to draw our attention not only to the growing acceptance across therapeutic orientations of the central role of the therapeutic relationship in core personality change, but also the extent to which cultural and even global relationships influence our perception of who or what we are and our unique worth as persons. Philip Bromberg (2003) says that, "Even among clinicians who treat posttraumatic stress disorder from more behaviorally oriented models, the therapeutic emphasis is shifting away from the simple elicitation and deconditioning of a recallable traumatic event toward making more clinical use in the patient-therapist relationship of the enacted reliving and reprocessing of unsymbolized interpersonal patterns that originated early in life" (p. 692). He refers to Schecter's (1973) observation that the patient whose trust has been profoundly violated has been affected at the very core of her being or selfhood and as such "frequently experiences the analyst as "an unfathomable stranger whom he dare not trust" (p. 27). Bromberg (2003) refers to the sense in which the patient tends to dissociate what is "too shockingly strange to be held as "me" [so that it] becomes what Sullivan (1953) called "not-me" . . . a ghost that not only evokes fear; it also generates shame when it emerges in the patient-therapist relationship" (pp. 692–693). He refers to Donald Nathanson's (1996) remark that:

"the entire system of psychotherapy . . . [has] overlooked the shame that we produced . . . in our therapeutic work . . . [the sense in which] post-Freudian society had been treated for almost everything but shame, and that the degree and severity of undiagnosed and untreated shame problems far exceeded anything we had ever imagined" (p. 693). In his case study of Dolores, he describes the lengthy relational process required to rebuild a sense of trust and a higher sense of self on a new foundation. He says, "she could feel another part that was louder, and that part could tell from how I was talking that I did care about her, and that part was real also" . . . [Dolores responds], "Maybe you do care about me and not simply about your analysis of me" (p. 702).

This case illustrates the sense in which the power for therapeutic change is an emergent property that flows out of the increasingly intimate or loving interpersonal *relationship* between therapist and patient. It is not as if this power is a private possession of therapist or patient. It is not as if we, as therapists, can just be authentic, empathic, or loving toward our patients from the get-go, without discrimination and without regard to the role our patients play. Nor is it a matter of our patients just trusting us, or entrusting themselves to us, without regard to whether and to what extent they feel safe enough to trust us. There is a necessary and evolving process of co-working between therapist and patient–a collaborative coming to know the psychic world of the patient and working through of the

obstacles in the way of the patient's true and highest welfare. And it is my contention that this occurs within the context of a truly spiritual "relational home," or what Frankl and Maslow understood as the need for a self-transcendent good for any possible individual and collective self-actualization.

To help further elucidate empathy as a relational quality it will be helpful to recall the "law of love" and explore the sense in which intimate personal relationships may work to form, malform, reform, and transform us. In this way we may appreciate the sense in which even if one is thrown into a raging sea through no fault of one's own we *can* chose–indeed, we *cannot avoid choosing*–what we will do in response to the situation in which we find ourselves. We may choose to sink or hold on to others drowning with us; or we may search for a beacon of light. Another way of putting this is that we learn to become autonomous or independent, and we learn how to express our freedom in a manner consistent with our own true and highest self-interest, in contrast to selfish narcissism, in and by our interpersonal relationships.

Toward a healthy superego.

Bolognini (2004) refers to the sense in which we all know that "the child who turns out right is the one who–having grown up–leaves his parents and goes

beyond them, while recognizing a great deal of them in himself . . . he is also able to dialogue with them . . . he knows how to interrelate as a separate being. He is not a devotee, an initiate, a replicant, a uniformed tin soldier, an alter boy" (p.19). Later Bolognini says, "The analyst's encounters are . . . above all with the masters of psychoanalytic thought, interlocutors who are constantly present somewhere deep in their inner world, albeit with alternating degrees of intensity and frequent rotations. In psychoanalytic thought, we always dialogue with someone" (p. 20). Bolognini's description, then, varies according to relational context, and does not appeal to independence as an inherent virtue or dependence as a vice. For example, when we speak of independence or autonomy as a virtue we commonly mean one's ability to rely or depend on one's best light rather than blindly conforming to group prejudices. Personal or psychological independence, therefore, implies in its relationship to the good a form of moral/spiritual dependence, whereas in relationship to all other relationships, a form of moral/spiritual independence.

The same dynamic is evident in religious appeals to universal disciplines for the realization of a spiritual life. These disciplines are of two main types: disciplines of disengagement (independence) and disciplines of engagement (dependence) (Bernoulli et al., 1960; Foster, 1978; Willard, 1988). Examples of the former include solitude, silence, fasting (not just abstaining from food, but

from sex and other activities in which we may habitually engage) while examples of the latter include meditation and prayer. They are not separable from one another: one disengages from certain types of objects/behaviors on which one may be overly dependent in order to engage more fully with objects/behaviors that are more conducive to spiritual growth. And so, in the Judeo-Christian tradition Abraham is called to leave the social context in which he was raised–not forever–but in order to venture forth into a new way of living. In Ge: 2:24, we are called to leave our parents in order to cleave to a new life partner with whom we are to establish a new union of one flesh. This relationship, in turn, is to be subordinate to a still higher relationship–the call to love or be faithful to the good or, in religious language, the One God of truth and goodness who has revealed Herself to every person's conscience since the foundation of the world. This is the one command underlying all Ten Commandments.

The notion of a command to love might seem paradoxical if not an oxymoron, but we may more fully appreciate its significance if we consider: first, the sense in which this relationship provides the foundation for all other "good" or healthy relationships; and second, the sense in which this relationship can never be compelled although it can be constrained by the influence of what we see to be right or good. It is, therefore, unlike the child-parent relationship in which one's

faith in one's parents is initially grounded in blind faith rather in good or bad faith.

Such cases may also illustrate in what sense the moral independence described involves a form of presence in absence–a form of interpersonal intimacy or connection with the good even when we are alone or do not sense the presence of such a good. For example, in Bolognini's description above the nature or character of a good parent may be internalized, assimilated, or incarnated into the being of the child just as the masters of psychoanalysis may be internalized by the analyst. The individuals with whom one chooses to more intimately relate to or to have as role models, or the characteristics with which we most identify, are incorporated into our flesh or being so as to constitute who or what we are or become. Like Wittgenstein's (1953) family resemblances, we easily recognize how adopted children or members of practically any group often look like each other as they assimilate common ways of thinking and acting which cannot be reduced to a single simple quality or attribute. Rather, the quality is far more complex–a "consequential attribute"–like a sum that is greater than its parts (Wyner, 1988). Similarly, the conscientious person is not defined by relatively isolated good intentions or actions but by one's general orientation to the good that is manifested in all that one thinks and does on a level that is even deeper than one's conscious awareness. People of conscience, then, share such a family

resemblance or consequential attribute in common just as unconscientious people do. One might even argue that atheists of good faith, a Hindu like Gandhi, a Jew like Buber, and a Christian like William Law may share more in common with one another than they do with the many or most of the members of the groups with which they also identify, insofar as these members are governed by blind and/or bad faith.

So, what exactly does the ideal of "independence" or "autonomy" mean? What kind of independence is at issue here? Is it physical/financial, psychological, social, moral/spiritual independence? Does leaving our parents mean the same thing as "cutting off" or severing all ties? If so, how is this consistent with the scriptural command to honor one's parents (Exod. 2:12)? How is it consistent with our clinical observation of the vital need for a strong social support network?

From a clinical point of view, it seems relatively clear that psychological independence and physical independence are quite different. The psychological life of a patient may be so identified, fused, enmeshed, or inseparably connected to her parents that she cannot discern her own "inner voice" or true self. A psychologically healthy child, by contrast, may be born, raised, and live out his entire life in or near the home of his parents–with our without a marriage partner–while realizing the most mature and "independent" existence. For example, most

would regard Jesus as an independent thinker though he did not physically separate from his family.

It may be more difficult, however, to draw a clear line between psychological and moral or spiritual independence, especially in view of the sense in which these may be distinct but inseparable. In the chapter on our Holocaust witnesses I attempted to describe this distinction. Putting aside the psychoanalytic ideal of "normal" vs. "pathological" neurosis, one might at least argue for a form of ethical, moral, or spiritual independence constituted by a healthy superego or inner voice that guides us to become "free to empathically love" by appeal to an intimately incarnated self-transcendent voice of compassion and truth rather than a harsh inner voice or superego that tyrannizes one's conscience and life.

The stress on an "inner voice," is subject to perhaps a multiplicity of meanings. For example, there's a sense in which the parent, the parent's character, or the parent's "voice" may be physically or empirically present to the child. It may also retain a kind of inner presence even when the parent is at a distance or even if the parent has died. In a similar way, even if one concedes the possibility of not just believing in a God or that there is a God, but actually experiencing the presence of God–by ordinary conscientious people as well as by prophets who described their experiences in various scriptures–we might equally distinguish the inner voice of God in the form of both presence and absence. For example, those

familiar with the history of Christian mysticism are familiar with appeals to "practicing the presence of God" as an attempt to be as intimately connected to God as with any other person in one's life. But even in the case of Jesus, the Christian role model, his recorded life does not illustrate the constantly felt presence of God. For example, in order to hear God's voice more clearly he refers to the need, time and time again, to go off by himself into solitude and silence in order to listen more attentively to that voice. And in his final days, he calls out to God in an experience of felt abandonment, "Father, why have you abandoned me?" followed by complete surrender to a God he whole-heartedly trusts and loves, "nevertheless, your will not mine be done."

The goal of therapy is to provide a place of safety and trust–an interpersonal sanctuary, spiritual community, or "relational home"–which fosters a voice that at one and the same time provides a foundation of truth and goodness consistent with the utmost freedom or diversity or uniqueness of each and all of us. Such a context–especially the parent-child bond that therapists recognize so initially and powerfully affects us all–is not independent of or separable from the broader social contexts within which we are raised. The prejudices of the social world in which we live permeate our world. In more traumatic cases, patients may find themselves in prison–like "worlds" where no side truly accepts them as they are. For example, a boy raised by parents governed by male gender prejudices

concerning what it means to be a man and a person may discover that such prejudices permeate every culture the boy encounters. And it may even distort his conception of a "male" God, which then distorts his conception of reality and humanity or personality itself (Salter, 2003; Wyner, 2007a).

In more psychological terms, relational psychotherapists like Ping-Nie Pao (Pao, 1983) insist that empathy "is not a solo activity. It is a process in which the two participants–the one who wishes to understand and the other who desires to be understood–must both participate actively (pp.52–53). As Mitchell (1997) described earlier, empathy may best be understood as a task, an achievement, a goal to realize within an evolving interpersonal relationship based on trust. It might be compared to a struggle like climbing a mountain or finding one's way out of Plato's Cave (1875a) And one of the quintessential defining marks of the trust inherent in this empathic process is respect for the patient's freedom or autonomy–as Modell claimed, the sense in which empathy includes a volitional component (as cited in Bolognini, 2004, p. 126). The therapist must never intrude on the patient's boundaries. The patient must choose to what extent she will invite the therapist into the deeper recesses of her mind and heart. To intrude on the patient's inner life is rightly felt to be suffocating (p. 127), which means the therapist must tolerate a patient's refusal to allow the therapist to empathically relate to or help her.

Empathy as identification, fusion, enmeshment, incorporation.

Although clinicians treat many patients who have histories of manifest parental abuse, we also have to deal with more subtle cases of "loving" parents who see themselves as supportive, encouraging, and wanting the best for their children; yet are so psychically and emotionally tied to them that the children lack a sense of autonomy. Their parents seem to live through them as extensions of themselves. An 18-year-old female patient felt the influence of her parents to become a physician so intensely that she believed if she did not become a physician she would be worthless. She even believed this was true of people in general. And yet she was manifestly unsuited by disposition and educational ability for this kind of work. Another patient, "Samantha," is a 19-year-old diagnosed with Bulimia. In a family session she cries out to her mother to simply love her or care for her as a unique person *above* her mother's obsession with her daughter's weight. Her mother is mystified. "I don't know what you want me to do. I've been anorexic and I know how dangerous being overweight is and how much people judge you for being overweight. Honey, you simply must fix *your* weight problem." The possibility that Samantha's symptomatology is related to, or the manifestation of, a deeper void or sense of invalidation *by her mother* is not something her mother can even fathom.

Christine Olden (1958) refers to such examples of mothers who do not understand their daughters because they identify their daughters with themselves as manifesting a form of "incorporation" or "fusion." Olden says this fusion "enabled them [the parents] vicariously to gratify their own frustrated instinctual needs by virtue of projecting themselves into the child" (p. 512). This fusion necessarily precludes true empathy. By contrast, true empathy is "a fruitful identification of oneself with the person who is growing, so as to better understand *their* evolving needs, but it is made possible only at the price of suffering a loss: that caused by the first, physiological phase of fusion. Without this renunciation, and without sublimation, there can be no real empathy"(Bolognini, 2004, p. 51).

In more complex cases it may be extremely difficult to tease out the genuine article from a vast array of counterfeits. This is especially so of individuals whose primary value is the admiration of their social group. A father may invent a career he never had; a mother may falsely claim she's the daughter of royalty. But even in cases where one has attained success in some endeavor the cost of this success may be the sacrifice of higher values like the genuine nourishment of the souls of their children. They may insist they have provided for the physical needs of their family while remaining oblivious to their neglect of their children's psychological, moral, and spiritual needs. If their children

manifest this neglect in failing to attain the same social reputation, the parents may insist it is solely the child's fault. The child becomes the sacrificial lamb, the scapegoat, or as therapists call it, the identified patient.

Unlike Tolstoy (1904), who introspectively awakened in middle age to the sense in which all his social attainments and possessions were neither necessary nor sufficient to bring genuine fulfillment, many would prefer to have their misery in Beverly Hills rather than in Watts. They may be oblivious, as Tolstoy apparently was before his conversion, to the possibility of a life of inner peace or true happiness regardless of where one lives and/or what possessions one may have attained. We may fail to see what Viktor Frankl (1992) called the "wisdom in the words of Nietzsche: 'He who has a *why* to live for can bear almost any *how*"–"a motto which holds true for any psychotherapy"(p.109). In sum, our parents who initially function as role models, inner voices, or "Superegos"–dictating a set of primary values–may be initially assimilated or incorporated into our lives so deeply that we may not yet have seriously questioned the validity of these values for our lives. As the philosopher Bertrand Russell (1927) pejoratively said of Immanuel Kant, we may simply imbibe them on our parental knees. The significance of this for our understanding of existential trauma lies not merely in the extent to which these inherited prejudices may initially enslave us on a level deeper than we are conscious of and, therefore, can change. It lies more deeply in

the extent to which the prejudices we inherit about reality and what defines us as persons and individuals determine the character of our hope.

On the meaning of a non-judgmental therapeutic attitude.

To what extent do we, as therapists, collude in cases like this? Although we talk as if we can avoid moral judgments, how is this any different from the attempt of many professed postmodernists to claim to know no one knows anything? For example, again and again psychology interns are told not to be judgmental toward their patients. But what exactly does that mean? Carl Rogers, for example, repeatedly appealed to self-acceptance, and that notion has considerably influenced the field, but what exactly does "acceptance" mean? One patient says that it seemed to him naïve: "Accept myself? This selfishness? The real harm I've caused others? This filth that I am?" Maslow's appeal to becoming more than he was and better than he was spoke to him and encouraged him in a way Rogers' acceptance did not, precisely because it took for granted a certain truth or fact about his current condition. Being "positive" or "non-judgmental" in the sense of denying real impediments to growth or "blowing smoke" like Stuart Smalley's daily affirmations on the old Saturday Night Live, may not promote a sense of trust.

Bolognini (2004) refers to R. Schafer's observation that "sentimentality may limit our understanding of empathy solely to emotional experiences which we consider 'good'. . . In this way, we avoid empathizing . . . with our patients' boundless pride, sociopathic tendencies, sadism, parasitical attitudes, etc." (p. 111). I thought of "Isaac," a former male patient of mine in his mid-30's, who was suffering from depression and despair after his wife left him for another man. Although she insisted the affair was over and that it was a "trial separation," he was all the more overwhelmed when he discovered she was still having the affair.

Fixated as he was on his wife's infidelity, he seemed almost oblivious to his own history of sexual liaisons and affairs during his marriage, as well as at least four affairs occurring simultaneously during the separation. He insisted he was "honest" with each of these lovers in that he told them he was going through a separation initiated by his wife who had cheated on him, which resulted in him being separated from his young children through no fault of his own. The impression Isaac intended to convey and the impression each partner was clearly convinced of, was that Isaac was a bright, sensitive, caring, faithful or trustworthy potential mate who could not yet commit to this new partner because of the depth of his pain. In describing these relationships he would periodically look at me and smile, as one man might share his stories of conquests to other men in a locker room. I found myself in a difficult position. If I smile, I collude with him. If I

react negatively, disapprovingly, or "judgmentally," I will probably lose him as a patient. If I ignore his response or say nothing, will he interpret it as if it had no significance whatsoever? But even if I ask him to say more about his smile and about his feelings and thoughts associated with it–if I attempt to understand the roots of that smile and the seeming discrepancy or conflict between it and his stated desire to reconcile with his wife–there seems to be no escaping moral judgments on some level.

In Bolognini's (2004) discussion of Winnicott's (1994) *Hate in the Countertransference*, he refers to the sense in which it is "essential for the analyst to be aware of his internal reactions" (p. 109). Presumably, the emphasis here is not on empathy, whether construed as an intellectual or emotional process (Bolognini, 2004, p. 43), but on countertransference as " a necessary [but insufficient] condition for [empathy] entering the patient's inner world" (Pigman, 1995, p. 248). Countertransference, then, is an essential therapeutic tool, which we may use (insofar as we are aware of it) to evaluate whether or to what extent our own feelings and correlated thoughts are the product of our own history and/or the history and mental life of our patients. Instead of just impulsively or spontaneously reacting or responding to our patients' material, we learn to sift out *our* material from our patient's in pursuit of what is in our patient's best interest in the present moment. In other words, we rely on our countertransference

reactions as an instrument to facilitate our developing capacity for empathy and understanding of our patient which facilitates our patient's understanding of herself and reality as a whole. In common-sense therapeutic terms we rely on our increasingly developed therapeutic gut, or as Aristotle put it, on our practical wisdom or insight. In time the developing bond of trust enables our patient to receive "constructive criticism" or as Bolognini (2004) interprets Winnicott, "in certain cases the patient actually insists on the analyst's hatred: if the patient seeks hatred which is objective and justified, he must be able to obtain it. Otherwise, he will not feel able to receive an objective expression of love" (pp. 109–110).

Winnicott's use of the word, 'hate,' seems to me at odds with the common meaning of the term in much the same way as the analytic use of a word like 'narcissism.' In any case, I will assume that Winnicott is referring to some form of value judgment and essentially claiming that no one –including therapists–can or should avoid moral judgments. How else can we help our patients distinguish what is truly in their best interests or in accordance with their "true self" versus "false self?" How else could we help them distinguish a harsh or tyrannical superego from a loving and guiding or reliable inner voice? Without such a distinction, how could we distinguish a positive from a negative transference, or help our patients to distinguish true guilt from false guilt or true shame from false shame?

Having judgments is not the same thing as being judgmental or having a judgmental attitude in the sense of finding fault, or looking for fault. Rather, as wounded healers acutely aware of our own suffering and compassionately oriented toward helping our patients, our empathic perception is not limited to our patient's overt behavior. We can look at destructive behaviors as symptoms of deeper unmet needs and thereby help our patients experientially understand their origin. Our aim is not to save the symptoms at the loss of our patient. What we can and should accept is the seed of our patient's real capacity for growth in goodness even when they do not yet see it for themselves. Our aim is to nourish that seed in the measure we can.

If all goes well, as in Bromberg's case of Dolores mentioned earlier, there comes a point in the evolution of this therapeutic relationship when our patient is more receptive to "constructive criticism" precisely because it emerges out of an increasingly evolving context of genuine trust and love. As Bolognini (2004) points out, "It is one thing to have faith in a person's possibility to evolve on the basis of psychoanalytic experience and insights to postulate the existence of a warm, relational and germinative nucleus in every human being beneath his protective armour and callused skin, and to trust in the possibility of developing a fruitful analysis. It as another matter entirely for an analyst to be armed with

good–natured optimism and perceive one's patients as nothing but abandoned kittens in search of a long-lost mother" (p.112).

Main barriers to empathic love and psychotherapeutic cure.

Having provided a general overview of how the four main orientations of psychotherapy may conceptualize and respond to existential trauma, and having provided a more in-depth look at the role of empathic love in healing this form of suffering, my intention will now be to focus on the literature from intersubjectivity theory in hope of providing both a clearer conception of the problem and the way to a cure.

Brandchaft's pathological accommodation.

In Donna Orange's (2011), *The Suffering Stranger*, she includes Bernard Brandchaft with other psychoanalytic "dissidents" and wounded healers like Ferenczi, Fromm-Reichmann, Winnicott, and Kohut. The experience of being an "outsider" may not be completely foreign to any of us: nearly every one of us has experienced the social compulsion or demand to blindly conform to the beliefs, dogmas, rules, or laws of those in power *even in cases when conforming to these*

rules may violate one's own conscience. Brandchaft calls this "pathological accommodation." Winnicott refers to a social demand, which if yielded to results in the formation of a "false self" (as cited in Orange, 2011, p. 222). Leonard Shengold (1989) refers to "soul murder." Existential philosophers and psychotherapists refer to "bad faith." Orange (2011) refers to the sense in which Ferenczi, Groddeck, Fromm-Reichmann and others have been treated as heretics and become exiles from the psychoanalytic establishment for "placing the care of the patient before loyalty to any dogma" (p. 116).

Brandchaft refers to his own clinical experience of this phenomenon: "I encountered whole families of dispossessed and solitary souls all lost in a culture in which alienation had become institutionalized . . . a culture increasingly torn apart by a succession of traumatic events . . . [in a] society . . . in which no one was answerable" (as cited in Orange, 2011, p. 208). For Brandchaft, pathological accommodation means, in Orange's words, "that, at the deepest levels of our being, we may have been co-opted into a choice between the bond we need or needed to the parent or parental system and our own personal existence. We then live, or half-live, reactively but not creatively, caged in patterns of rebellion or compliance" (Orange, 2011, p. 219). In Brandchaft's (2002) words:

> "Pre-emptory adhesion" to the dictates of caretakers gets internalized in a set of pathological accommodative principles that continue to operate

> automatically outside awareness to maintain archaic bonds. That is the route by which so many individuals in our culture have become isolated from an innermost essence of their own. Their subjective world is substantially constituted by a reality originally imposed from without. Awareness of inner experience does not occupy, and is not allowed to occupy, a central role in defining and consolidating the sense of self and in generating behavior. Alien constructs define and appraise the self, their origins buried in antiquity and impervious to new information. What emerges is an automatic, invariant, unexamined and unquestioned patterning which constitutes a major impediment to learning from experience and source of resistance to change in analysis (p. 729).

Psychoanalytic and psychotherapeutic systems, for Brandchaft, are included in what he calls "structures of pathological accommodation." "The young analyst must comply without question with whatever standard of analysis the institute requires or be branded defensive and "resistant" (as cited in Orange, 2011, p. 211). He refers to Freud's interpretation of "resistance" as a form of cowardice or evasion "and cover up of base motivations and crimes" and of "the patient's refusal to accept the analyst's perception of [the patient's] reality . . . as the most tenacious of resistances" (as cited in Orange, 2011, p. 210). In contrast, Brandchaft and Orange see their patients as "fighting for their own psychological

survival yet repeatedly collapsing when we analysts seemed to require that they comply and collude with us in their own destruction or imprisonment . . . No wonder the discouraged and defeated patient, feeling relentlessly misunderstood, finally wandered away from analysis" (as cited in Orange, 2011, p. 210). It calls to mind Amery's response to the psychological diagnoses of him and others like him as being "warped" by their traumatic experiences. It calls to mind the response of so many parents to their children's feelings of spiritual or emotional neglect or abuse: "We provided our children with a home, shelter, food. We didn't sexually or physically abuse them. What more do they want?" It calls to mind Kafka's (1971) cry, in his Metamorphosis, for a kind of food that could feed his soul that his caregivers seemed oblivious to.

Branchaft's emancipatory psychoanalysis & Stolorow's relational home.

What is needed to meet this need, Brandchaft claims, is an "emancipatory psychoanalysis" (Bolognini, 2004, p. 84)–a phrase Orange (2011) attributes to Robert Stolorow (p. 215). One might wonder at this juncture how far Brandchaft, Stolorow, Orange, Atwood and others who identify with the intersubjective and broader humanistic and existential orientation in psychotherapy, would extend their views of pathological accommodation to diagnose a collective moral

problem. When Stolorow (2007), for example, focuses his attention on Heidegger's view of death anxiety as if this lay at the core of the human existential condition, or when Freud and Jung, Fromm and Frankl (to name just a few), appeal to a form of necessary or inherent moral dualism, my impression is that they do not fully appreciate what Levi refers to by a moral de-evolution. *How, then, can they empathically understand, much less treat, the radical character of this type of despair?* It seems clear to me such a diagnosis would have a major impact on the nature of the "relational home" or "emancipatory psychoanalysis" that can alone meet this need.

On the relationship between a moral evolution and de-evolution.

Although this paper does not discuss in detail the relationship between a moral evolution and moral de-evolution, it's at least worth drawing attention to universal images of salvation like Plato's (Plato, 1875a) Allegory of the Cave. These images reveal a form of collective prejudice about reality and human life at the core of existential trauma which, insofar as it is a form of ignorance, may be overcome by simply opening our eyes. What makes this problem so difficult and complex revolves around the sheer pervasiveness of the social/collective influence to keep our eyes shut.

What is needed is an increasingly evolving experiential awakening leading to a more comprehensive vision of reality and the value of life that brings with it a form of power that can overcome this darkness. It is an experiential appeal to the power of a form of knowledge: what Gautama Buddha had in mind by enlightenment, what Saint John of the Gospels meant by a relationship to a Light of truth that can alone set us free, what Socrates had in mind by his daemon or voice of conscience, and, one might hope, what therapists mean by a healthy superego. As I have repeatedly pointed out in this paper this is not an appeal to abstract, descriptive, or theoretical knowledge, but to knowledge in the sense of experiential insight or, perhaps, what Donna Orange (1995) means by "emotional understanding."

Toward realizing such a vision, therapists from all four forces of psychotherapy seem to be increasingly acknowledging the role of the core therapeutic values of authenticity, empathy, and compassion within the therapeutic relationship. Orange refers to psychotherapists governed more by a "hermeneutics of trust" than by a "hermeneutics of suspicion." She refers to Ferenczi as one of the first analysts to emphasize this attitude of love, which seems also to mark what Stolorow calls a "relational home." As Brandchaft (2002) says, "*It is mandatory . . . that a relational bond of security be established*

as the primary goal and essential foundation for continuing therapeutic interaction and transformation" (p.735).

It is crucial, however, for us to appreciate that the power for therapeutic change includes but is more than the patient, the therapist, and the highly unique and evolving relationship between them. For example, healing is not simply an appeal to mere good dispositions on the part of the therapist toward the patient. It has a lot to do with where the therapist and patient are within a continuum of experiential awareness of reality and the real possibilities for human life in general and this patient's life in particular. It has a lot to do with the wounds we have suffered and the extent to which we have been able to discover what they can teach us. In this sense, the solution is by no means simple. As Orange (2011) puts it:

> There is no . . . simple or solitary exit from the prison . . . of pathological accommodation. Only with the help of another who seeks to understand the terms of the incarceration, and probably another who has known this prison from the inside, can it come unlocked. But the analyst too may become tangled up in the accommodative prison, not even recognizing that she or he may be keeping the patient inside (p. 222).

What type of wounds or suffering? What precisely lies at the root of this existential trauma? What kind of empathy or, rather, empathic love and

understanding has the potential to meet this core need? How can such a love be realized on an individual and collective scale? Can it be realized in time or have we fallen so far from grace that hope really is unrealizable, as Levi, Amery, Celan and so many others seem to believe? These are some of the questions we may keep in back of our minds in the following pages.

Empathy, Existential Trauma and Loneliness.

One of the primary distinguishing features of the radical despair of our Holocaust witnesses was their profound loneliness. Frieda Fromm-Reichmann (1990) discusses a form of loneliness that although intended to elucidate psychotic loneliness may help us understand existential loneliness as well. Psychotic loneliness, Fromm-Reichmann, claims, is non-constructive, disintegrative, and ultimately leads to psychotic states. It renders those suffering from it emotionally paralyzed and helpless. In many, if not most cases, it implies a form of desolation: a state beyond feeling sorry for oneself in which "the fact that there were people in one's past life is more or less forgotten, and the possibility that there may be interpersonal relationships in one's future life is out of the realm of expectation or imagination. This loneliness, in its quintessential

form, is of such a nature that it is incommunicable by one who suffers it . . . it cannot even be shared empathically" (p. 312).

Fromm-Reichmann says that philosophers like Nietzche, Kierkegaard, and Buber say more about loneliness than psychiatrists to date, and that the books of the Old Testament, like the Book of Job and the sermon of Ecclesiastes, "provide the most final and profound literature of human loneliness that the world has ever known" (p. 317). This is especially significant in view of the way Holocaust survivors repeatedly refer to the suffering of Job as exemplifying their own experiences of loneliness. She refers to Binswanger's description of the naked horror of real loneliness and says that people are more frightened of being lonely than of being hungry, deprived of sleep, and not having their sexual needs fulfilled. It is characterized by paralyzing hopelessness and unutterable futility; a naked horror that is beyond anxiety and tension, where defense and remedy seem out of reach.

Like Brandchaft's description of healthy resistance, Fromm-Reichmann says that those suffering from this form of loneliness are not cowards. At least some of those undergoing this suffering are marked by a sensitivity, perception, or power of observation far more acute than those who have adapted to a pathological norm that has denied the significance of events like the Holocaust for this generation. As Bettelheim (1979) puts it, "we have used various distancing

devices, false analogies, and forms of outright denial, so as not to have to come to terms with a grim reality" (p. 84). Fromm-Reichmann refers to the way these perceptive individuals tend to be shunned by their fellows reminiscent of Maslow (1999): "There are certainly good . . . men in the world. . . . But it also remains true that there are so few of them even though there *could* be many more, and that they are often treated badly by their fellows" (p. xl). I believe this is Donna Orange's point in focusing on these wounded healers in the history of psychotherapy: that there is something about innocent and unjust suffering, and perhaps even the lessons we may learn from the consequences of our own willful wrong-doing, that may make us better than we are. I think it is the lesson that lies behind Jung's appeal to the Wounded Healer and to Rollo May's paper by the same name. I think it's what draws so many to the suffering of the prophet Job, the suffering of Jesus, or the mark in the flesh of Paul the Apostle that allegedly kept him humble. And, as I have discussed in detail elsewhere (Wyner, 1988), the suicidal despair of our Holocaust witnesses may be less (if at all) an indictment of them and more an indictment of a humanity running from its own inward call to become better than we are. Perhaps our Holocaust witnesses believed that physical death was preferable to the loss of that moral and spiritual integrity that had come to define them.

Perhaps the great danger of pathological accommodation, then, revolves around this fear of loneliness as we dare to leave the Cave behind to venture down the road leading to authenticity and love with a pure conscience. Perhaps the ability to empathically love is not as easy as it first appears. Perhaps that is what Fromm-Reichmann was alluding to when she refers to Thomas Wolf's claim that the movement from Judaism to Christianity is a movement from loneliness to love. That is, if we assume with Buber, that Jesus plays a vital role in the history of Judaism independent of any commitment to the Christian Trinity, perhaps the cry of loneliness or abandonment of Jesus on the Cross may refer simultaneously to the nature of our existential suffering and the way free of it. Perhaps the kind of knowledge we, or Adam and Eve, were forbidden to eat was merely "the fruit" of intentional wrongdoing–a distancing of ourselves from the light guiding our own conscience–resulting in the most profound loneliness any human being is capable of. And perhaps the only way to reconcile and be restored to a pure conscience is a love willing to endure this loneliness in the faith that we are not alone. "Father/Mother, why have you abandoned me? [nevertheless] into your hands I commit my spirit."

Beyond empathy: Buber's inclusion and confirmation.

In *Thinking for Clinicians*, Donna Orange (2010) discusses the significance of Martin Buber's "Dialogic We" or "I and Thou" for clinicians. She mentions that Buber's work has gone largely unnoticed by psychoanalysts but is embraced by Humanist psychologists like Carl Rogers. She refers to Buber's criticism of Carl Jung who claimed that all statements about God have their origin in the psyche (Buber, 1999). Buber points out that given Jung's limited expertise (and, far more importantly, his profound lack of spiritual knowledge and experience), this is a presumptuous claim in that Jung is hardly in a position to make pronouncements about extra-psychical reality. She refers to Buber's critique of Freud's reductionism, especially with regard to his wholesale dismissal of religious experience. He cannot, therefore, distinguish between veridical and non-veridical religious experience. The same is true with respect to moral or ethical values. Here too, Freud reduces all guilt to neurosis, which effectively renders psychoanalysis impotent with respect to helping patients distinguish true from false guilt. This applies all the more so to core therapeutic values like Buber's appeal to love or compassion as bearing witness to and affirming the unique and genuine worth of our patients (pp. 15–16).

In providing a brief elucidation of Buber's "I and Thou" for clinical work, Orange (2010) distinguishes the I/Thou relationship from the I/It relationship as a distinction involving an intimate I/Thou encounter that acknowledges the real worth of a person/object versus a more distant, object-centered, I/It way of relating to a person/object. To treat a person as a thing is a way of devaluing her. Buber is not saying, however, that the I/It relationship implies devaluation. Like Kohut's view of empathy, Buber is claiming that the I/It relationship is neutral, but can be used in a way to avoid the sense of responsibility to another (and even one's responsibility toward one's self) that is inseparably connected to the I/Thou relationship. Orange quotes Buber's view of the therapist's true task in the light of "I and Thou:"

> The regeneration of a stunted personal center . . . can be brought off only by a man who grasps with the profound eye of a physician the buried, latent unity of the suffering soul, which can be done only if he enters as a partner in a person-to-person relationship, but never through the observation and investigation of an object . . . the therapist, like the educator, must stand not only at his own pole of the bipolar relationship but also at the other pole, experiencing the effects of his own actions" (p. 22).

Orange goes on to point out the sense in which Buber's "I and Thou" goes beyond traditional psychotherapeutic views of empathy. She focuses attention on Buber's view of "inclusion" and "confirmation" as the two primary qualities that define the I/Thou relationship. We will briefly take a look at these in turn.

Inclusion.

According to Orange (2010), Buber thought of empathy as a form of empathic immersion or absorption in the other. Buber apparently conceived of empathy as a form of fusion, enmeshment, or mystical pantheism–the felt loss of one's self, autonomy, and individuality as one merges with someone or something other than one's self (Buber, 2002, pp. 114–115).

Buber's (2002) own sense of inclusion, by contrast, appears to him as the opposite of empathy. It emphasizes both the clinician's and the patient's independence or autonomy while allowing for the most intimate relationship between them that allows the members of the dyad to be "with" or share common events and experiences–even a form of sharing of "one another's lives in very fact, not psychically, but ontically" (p. 170). For Buber, "things neither exist in rigid separation nor melt into one another, but reciprocally condition one another" (as cited in Friedman, 1988, p. 78). In the asymmetric therapeutic relationship, the

experience of the therapist comes to include the unique standpoint or psychic reality of the patient in a way that is not true of the patient's experience in relationship to the therapist. The therapist experiences "the specific pain of another in such a way that I feel what is specific in it, not, therefore, a general discomfort or state of suffering, but this particular pain as the pain of the other"(Wyner, 2007b). Orange (2010) compares Buber's view to the intersubjective position in general and to her own perspectival realism in particular as an understanding that is more than what would be possible from a single perspective, but does not involve abandoning one's own situated point of view.

In the previously discussed case of Ben and Margaret's loss of their dog, Madigan, Ben experienced Margaret's specific pain as she did his in such a way that each felt what was specific as well as shared in their experiences with Madigan. It was not just a general state of "empathic" suffering one might feel, for example, for another person who has lost "a" pet (or parent, or sibling, or job) without regard to the specific meaning applicable to this individual in this case. Ben felt Margaret's particular pain as included in his own with all the distinctive qualities that marked the uniqueness of her relationship, as she did his. Madigan was not replaceable by another dog as one might replace a window of one's house and yet remain the same house. In a similar vein when someone speaks of a loved

one dying as being immersed in some spiritual ocean, the conception this conveys feels very different from the conception of a form of survival after death in which the loved one retains all that uniquely defines *this* person. Of course, the two are not necessarily inconsistent with each other, just as each color of the spectrum may be distinct yet inseparable from the light as a whole.

A closer look at mysticism and its bearing on clinical work.

First, certain experiences in Buber's life provide a foundation for an apparent anti-mystical or anti-ascetic attitude, which, though understandable, may still be inaccurate. Orange (2010) mentions Buber's experience of mismeeting in relationship to his mother at an early age. Later in Buber's life he describes a pivotal "conversion" experience of mismeeting when a young man came to him in despair and Buber was not fully present because he was still under the influence of deep religious contemplation a short time before. As Buber says, it "served to *remove* (italics mine) Buber into an ecstasy in which he no longer heard the call of the immediate hour" (Buber, 1999, pp. 14-15). In Buber's words, "from my own unforgettable experience I know well that there is a state in which the bonds of the personal nature of life seem to have fallen away from us and we experience undivided unity. But I do not know . . . that in this I had attained to a union with

the primal being or the godhead" (as cited in Friedman, 1988, p. 92). As Friedman (1988) points out, "Buber's "conversion" did not mean, as some have thought, a rejection of mysticism *in toto*" (p. 93). He is not denying the possibility in his own experience of such a mystical union with God. Rather, his concern is with a form of separation or "duality that rips life asunder into the everyday creaturely life and the "deified" exalted hours" (p. 92), which Buber calls an "exalted form of being untrue." As I see it, Buber is referring to one among a host of distinctions between true and false religious experience that correspond to moral distinctions in general. For example, one can draw a distinction between behaviors, practices, or disciplines used *for* the realization of a spiritual life, and so-called moral or religious behaviors, practices, or disciplines used to *appear* moral or religious when one is no such thing. The latter represent forms of moral and religious legalism, formalism, or that chameleon-like quality discussed earlier in reference to psychopathy. This shift of emphasis–of both will and the object of reference–makes all the difference in the character or quality of the act. To use Brentano's or Husserl's expression, it implies a shift of "intentionality," which literally determines what we mean or what we are referring to.

In Buber's case, however, the difficulty seems to lie far more in a gray area between these two extremes. For it is one thing to actually be engaged in an intimate encounter with God, or anyone or anything else, and quite another how

we respond to it or interpret it. And it would seem that what Buber discovered was the sense in which one's relationship with God, like one's relationship to truth and goodness in general, is inseparably connected to all one's relationships in one's day to day life. The attempt to separate our "religious" duties from our "secular" ones is just another form of bad faith: the purpose of all true disciplines *for* a spiritual life is precisely to help disengage from the automatic, habitual, and unconscious in order to more fully engage with that transcendent spirit of truth and goodness incarnated in and through us all. Just as our early engagement with primary caregivers tends to form an inner parental voice or superego, so too does our choice of what we align ourselves with reforms our personalities.

The clinical significance of this, then, is that in contrast to the psychoanalytic and broader therapeutic prejudice (as Strachey pointed out earlier) that the therapeutic relationship is the *only* relationship that can modify the patient's superego and thus result in profound personality change, the I/Thou relationship may extend to a host of other relationships, e.g., teacher-student, spiritual leader-follower, surrogate parental figures-children as well as the possibility of direct or unmediated, real and profoundly experiential, access to a trans-cultural "Good," Superego, God or Living Word via the words of a scripture or book. The early Friends or Quakers, for example, repeatedly draw a distinction between the living eternal "Word" and the words of any scripture, and focus on

our obligation to the former above the latter. Without denying the instrumentality of any religious culture and its practices, they emphasize the one necessity of moment-by-moment fidelity to "The Word" of truth and goodness as the sole foundation of any true religion of the heart. I must emphasize my point here is not to deny or degrade the value of any religious culture or tradition, but to emphasize the danger of elevating any mere religious culture above the trans-cultural spirit it claims to serve. My point is to "raise the bar" by focusing our attention on the best that any religion or so-called non-religious moral teaching has to offer us.

The power for deep and lasting personality change, then, does not lie in the therapist alone. It does not lie in the patient alone. It does not even lie in the relationship between them insofar as this is divorced from that spirit of truth and goodness that we all appeal to in professing our good faith. The power for change lies precisely in our authentic, empathic, and compassionate union with this spirit of truth even if we don't yet know it as that transcendent God who alone can provide the requisite moral power to counteract the moral devolution we face today. Only such an intimate, experiential relationship with this trustworthy "Superego," authentic "inner voice," or eternal "Word" that existed before any scriptural words were written, can fill the deep void of meaning, purpose and value for our lives that underlies the vast majority of psychological disorders from which we, and our patients, suffer. Perhaps this is what Buber (1967) had in mind

by a "Believing Humanism:" a religion grounded in being authentic so that it would include all people of good faith–believers and non-believers alike, just as it would exclude those believers and non-believers governed by bad faith.

Confirmation.

As a description of the psychotherapist's task, Orange (2011) quotes Buber as saying, "Confirming means accepting the whole potentiality of the other and making even a decisive difference in his potentiality" (p. 30). She refers to the case of a terminally ill patient who cannot see the future but seeks confirmation of the value and dignity of her life and of human life. Buber distinguishes his view of confirmation from Rogers' view of acceptance in that confirmation may even assume wrongdoing as opposed to a stand of moral neutrality or naïve acceptance or approval. Buber seems to not only assume that all of us have sinned or fallen short of our responsibility, but that any wrongdoing necessarily impacts, affects, or has consequences for us all. It is inflicted on and indelibly marks our common humanity, It implies a human vocation to bear the guilt of us all in order to redeem our common humanity. It is a call to find meaning in our suffering, which requires acknowledgement of that suffering–a realization that suffering *from* sin

inflicted on us by others is not the same thing as suffering *for* sin that we ourselves have caused.

By enduring this suffering as wounded healers with an eye on creating a better world, the world can be redeemed. In confirmation, then, one focuses on the real potential of both humanity in general and the unique individual standing before us, even if that individual is not yet able to see what she really can become. Through confirmation this patient may be able to temporarily rely on the greater faith, insight, or vision of the therapist in regard to her real ability to change without implying any intrusion on her freedom. In the process of her own self-exploration she may then come to see with increasing clarity that her faith in my faith, or rather the reality mediated by my faith, is not in vain. It is not positive thinking. It is not saying nice things that I may not even believe myself. It is a real vision of who or what she can become. In Buber's (1965) words:

> There are cases when I must help him against himself. He wants my help against himself. You see, the first thing of all is that he trusts me. Yes, life has become baseless for him. He cannot tread on firm soil, on firm earth. He is, so to speak, suspended in the air. And what does he want? What he wants is a being not only whom he can trust as a man trusts another, but a being that gives him now the certitude that 'there *is* a soul, there *is* an existence. The world is not condemned to deprivation, degeneration, destruction. The world

can be redeemed. *I* can be redeemed because there is this trust.' And if this is reached, now I can help this man even in his struggle against himself. And this I can do only if I distinguish between accepting and confirming (p. 183).

CHAPTER IV: METHODOLOGY

My first aim in this section is to emphasize the foundational importance of an attitude/approach to method, research and clinical practice similar to what underlies Donna Orange's appeal to "fallibilism," but which I prefer to call "good faith" (faith in a transcendent good greater than ourselves). I believe no one can avoid a faith commitment in response to known truth, and good faith manifests itself in everything we think, say, and do on a level deeper than conscious will. It underlies the core therapeutic values of authenticity, empathy, and compassion and thereby exerts the primary curative influence on our patients via a tangible manifestation of the reality and reliability of such a good. In the measure that we can, we function as positive role models (benevolent auxiliary superegos) in a way that can help our patients diminish the power of those harsh inner voices governing their negatively prejudicial thoughts and harmful behaviors.

In more philosophical terms, I assume the truth of the thesis of "the practicality of reason" (Wyner, 1988), that insofar as we attain a more comprehensive vision of Goodness as the core principle governing reality, we enable that Good to tangibly manifest itself in our patients through us. As previously discussed, this good faith attitude has been especially emphasized by

humanist/existential and transpersonal approaches, but it has been increasingly adopted by all orientations due to the widespread recognition of the efficacy of the core therapeutic values in psychological cure. It underlies, for example, Donna Orange's (2011) appeal to a Hermeneutics of Trust as opposed to a Hermeneutics of Suspicion–especially in light of her appeal to Levinasian ethics.

My second aim is to briefly describe what I mean by a "realist epistemology" in contrast to more narrowly circumscribed "empirical" and "idealist" epistemologies generally assumed as the only options for psychological research and practice today. My brief critique of these two methodologies includes a critique of "mixed methodologies" and theoretical approaches insofar as these are mere extensions of the former. The "empirical" gives rise to "quantitative" research typically associated with the medical model of psychotherapy while "idealism" gives rise to a type of "qualitative" research typically associated with "idealist phenomenological" and postmodernist psychological approaches. I will suggest, although I can hardly argue for it in any depth here, that these methodologies are compromised by dogmatic *apriori* Cartesian assumptions about the separation of the mind and its ideas from its objects–an assumption that invariably leads to complete skepticism (Wyner, 1988).

This realist epistemology interprets Husserl, the father of phenomenology, as a realist rather than idealist, as described in great detail in (Wyner, 1988). My limited aim here will be to provide a more intuitive or experiential sense of such an approach and how it differs from the other approaches in the context of this paper. In fact, I have been implicitly relying on such an epistemology throughout this dissertation. I hope to convey an initial impression of how both empiricist and idealist epistemologies may profoundly limit our understanding of understanding itself, especially when applied to the diagnosis and treatment of a collective existential moral crisis.

In general terms, a realist epistemology appeals to our capacity to actually know things as they really are rather than the way they may appear to be. This includes especially, but not exclusively, those things we know in the most intimate or "experience near" manner. Its aim is not to prove *that* we know, but to provide a clearer elucidation of knowledge so that we can more clearly distinguish cases of knowledge from mere belief, thought, superstition, and fantasy. It relies on our capacity to know as the means to elucidate the nature of knowledge itself.

In more clinical terms, it enables clinicians along with their patients to more clearly and collaboratively distinguish what they know from what they merely believe. It enables us to evolve beyond what we now know on a common basis. Such an approach can help us avoid dogmatic modernist claims to know

what we actually do not know, as well as postmodern dogmatic tendencies to (claim to know) we cannot know anything at all. It may provide a collaborative foundation for erecting an edifice worthy of the trust of all people of good faith, despite our differences in opinion. I am reminded of Buber's response to Rosenzweig (1955) over their different views of the spirit or revelation and the law:

> Since faith must always be able to bind together, all separations and everything hard to understand is so only temporarily and cannot call for lasting respect. I deeply respect your different way of life; but you must not respect my different faith: that would stand in the way of the ultimate goal, which must be: the union of all minds in spite of the existent difference in the way of life (p. 113).

Clearly, to hold such a position makes it difficult to classify this dissertation according to prevailing standards. It is certainly not a quantitative dissertation, but in its appeal to an experiential basis for all knowledge claims including what we call empirical knowledge, it is far more empirical than what we typically mean by that term. It is qualitative in that its aim is to describe the qualities of all objects including the qualities that apply to knowledge and our ideas. But unlike epistemological idealisms it does not limit our knowledge to conceptions or ideas. It appeals to theory, but in the scientific sense of "a well

substantiated explanation . . . of the natural world," (Sciences, 1998) not the colloquial interpretation of theory as a mere collection of ideas or propositions.

Fallabilism or an Attitude of Good Faith vs. Blind or Bad Faith

Throughout this dissertation I have referred to "good faith" in contrast to both bad faith and blind faith. This realist appeal to experiential development can now allow us to flesh out this distinction further, especially with regard to increased clarity as to what properties things actually have. For example, we commonly distinguish between the properties of a house and the properties of one's conception of a house. A typical house has a concrete foundation, a framed structure, a waterproof roof and so forth. My conception of a house is not made out of concrete, wood and so forth. Indeed, in my conception I can imagine a house suspended in midair or made out of cloud formations in a way no house can be or typically is. That is one of the defining characteristics of thought in general: it is referential. It can be of or about anything–even objects that do not exist.

With regard to good, bad, and blind faith, let us consider the following example. Imagine a child (we'll call him Sigmund) raised by Anti-Semitic parents to believe that all Jews worship the devil and at least some murder gentile children for their Passover rituals. Lest one think this is an archaic notion which

no one could possibly believe, the blood libel legend goes back at least nine centuries and continues to be believed by many Anti-Semitic individuals and subcultures up to the present day (Dundes, 1991). Sigmund is walking home alone from kindergarten one day and sees an Hasidic Jew approaching him on the street wearing a skull cap or *yarmulke*, a fur hat or *streimel*, sidecurls or *payot*, with a dark suit and long top coat. What does Sigmund do? What should he do from the standpoint of his internal or intentional moral beliefs (as opposed to an external moral reality)? He runs, of course! Despite his good intentions, his moral knowledge about Jews is defective: Jews do not murder gentile children for their Passover rituals. Sigmund is governed by blind faith in falsely prejudicial beliefs about Jews that he has inherited from his parents and a broader Anti-Semitic social context.

Now let's imagine Sigmund goes away to public school some years later where he is exposed to broader social influences. He discovers that one of his teachers–the most authentic, empathic, compassionate, and insightful person he has ever known–is Jewish. What does he do now? To continue to open his mind and heart to the influence of his teacher might cost him rejection or worse by his parents and the culture he primarily identifies with. To reject his teacher for parental and social approval will violate his conscience in both its internal and external respects. He cannot be indifferent to a faith commitment. New

experiential knowledge influences or constrains–it does not compel or determine–a free response that consists precisely in the decision of whether to engage more intimately with the truth that he has seen or to disengage/distance himself from it. If he chooses the former, he evolves from "faith to faith" by experiential insight. That is, he evolves from a state of relative vagueness or darkness in the epistemic content of his faith toward a more experientially filled knowledge of the truth, which in turn provides a foundation for a more rational faith. And insofar as he does this with respect to his relationship to the truth and to true goodness in all cases, this relationship allows goodness itself to become the governing principle of action in and over his life. As Sigmund is motivated by this faith in goodness, he is motivated not merely to embrace his teacher but also that spirit, principle of life, or form of Judaism that defines the character of his teacher. He allows this universal or trans-cultural spirit of goodness to infuse itself into his mind and heart. He assimilates it, incorporates it by volition rather than blindly (as he initially did the Anti-Semitic beliefs of his parents and culture). His identification with it works to redefine or transform who he is and it brings with it a form of moral power he did not have before.

Here is the distinction between faith and knowledge *in its experiential vs. merely descriptive sense*: for even though faith and knowledge can be distinguished, this does not imply that they are in opposition to each other or that

faith is inherently irrational or anti-rational. There is such a thing as a rational faith in this experiential sense. Nevertheless, faith is not knowledge: it involves a certain lack of certainty that can lead to arrogance and false pride. For, despite the common emphasis on the value of self-confidence, self-reliance, autonomy, independence, or self-actualization, we may distinguish these either as manifestations of genuine self-interest or as expressions of selfishness, self-centeredness, or a reliance on the self without regard for one's personal or social wellbeing. And while it is at least arguable that genuine self-interest is consistent with the best interests of others, this certainly does not extend to mere wants and desires. As Frankl and the later Maslow realized, the pursuit of self-actualization–including the pursuit of knowledge when elevated above good faith–is self-defeating. According to Maslow (1966) "self-actualizing people . . . in all cases are devoted to a cause or calling beyond themselves" (p.111). A good faith attitude or orientation of life toward a transcendent good necessarily results in positive consequences for ourselves and others. In doing good, we become good and we help others do the same. We appeal to what I have called a law of love or what Buddhists call, Karma. In *this* sense of a humble acknowledgement of the actual limits of our knowledge I agree with Donna Orange's (2011) appeal to fallibilism, albeit it means a lot more for her.

On Two Ways of Knowing a Thing

In the history of philosophy as well as ordinary life we distinguish between two ways of knowing a thing. As Henri Bergson (1912) describes it:

> Philosophers, in spite of their apparent divergencies, agree in distinguishing two profoundly different ways of knowing a thing. The first implies that we move round the object; the second that we enter into it. The first depends on the point of view at which we are placed and on the symbols by which we express ourselves. The second neither depends on a point of view nor relies on any symbol. The first kind of knowledge may be said to stop at the *relative;* the second, in those cases where it is possible, to attain the *absolute* (p.1).

Not everyone will agree with Bergson's description of this difference, but that there is some such difference shows up again and again. Bertrand Russell, for example, refers to a distinction between knowledge by acquaintance and knowledge by description, just as Kohut and the self-psychologists refer to greater clarity and power associated with relationships that are "experience near" rather than "experience distant" (Strozier, 2001).

We also commonly recognize a distinction between the power associated with these two types of knowledge. For example, the knowledge functioning as a

conclusion of a logical argument is far less powerful than the experiential knowledge of existing objects or states of affairs. Many undoubtedly "knew" that little children were tortured, mutilated, and murdered in Nazi concentration camps–even during the time it was happening–but that belief, even supported by good argument–indeed, even grounded in experience itself!–is qualitatively different from the clear and vivid experience of seeing one's own child butchered before one's eyes. Such cases, of course, can be multiplied without end. The emphasis by Kohut and Self-Psychologists on empathy as such an experience-near form of knowledge points to its crucial clinical significance. And yet, as we shall see, without an adequate epistemological elucidation of such knowledge, we may have reason to doubt whether it is near at all.

On the Unavoidability of a Philosophy, Philosophical Psychology, Epistemology and Ontology and its Clinical Implications

Whether one is conscious of it or not, all of us–therapists and non-therapists alike–rely on a philosophy that profoundly impacts us both theoretically and practically/clinically. As we have seen, it is because Levi, Amery, Celan and other Holocaust witnesses like them believed there was no hope for humanity (after decades of observing our failed attempts to learn from that and other

modern atrocities) that motivated their suicidal despair. The experience of these Holocaust witnesses may not seem as removed from ours when we consider, for example, an 18 year-old "borderline" patient who is suicidal in the belief he cannot change after taking psychology courses suggesting his personality is formed and neuro-anatomically fixed in his first few years life. Donna Orange (1995) addresses this point in her re-evaluation of Freud's interpretation of Schreber in a way that may especially bear on our analysis of a collective existential problem. She initially responds to Schreber's feeling that people were not real, by saying that "we can only speculate on the origins of this prominent feature of Schreber's experience of the human world" (p.196). However, she seems quite insightful in her "speculations" about Schreber's *experience* of the total unreliability (and in this sense, the unreality) of Schreber's parents, physicians, wife, and friends who should have been there for him in his Job-like hour of need. We may not fully appreciate how we, along with those around us, may be like Schreber's parents, physicians, wife, and friends in that we have not yet put to the test of experience our own fundamental assumptions about reality and humanity. Why wonder that Schreber and our Holocaust witnesses might project this *experience* of humanity onto their *conception* of a God? This much may now be relatively clear: we have good experiential reasons to believe that a theoretical orientation that is narrowly intrapsychic leaves out of its elucidation of

the etiology of our behavior the role of broader systemic or interpersonal influences. And at least some of our theories more than others (e.g., behaviorist, biological, neurological, and systems theories) may excessively emphasize circular causality to the point of de-emphasizing or denying wholesale the reality of moral knowledge, freedom and responsibility on both a group and individual scale.

As a result of such beliefs and experiences, Orange (1995) says patients may lose faith in themselves, in their therapists, and all who would presume to be their guides when authority figures undermine their own experiences in the *name* of truth. The problem here is not knowledge but rather the presumption of knowledge one does not actually have: the felt necessity to speak in its name because of its perceived power over our lives. In reality, as evidenced in Socrates' profession of ignorance, when we acknowledge what we are ignorant of (rather than professing a knowledge we do not have) we are actually relying more wholeheartedly on the truth as our guide. So when Levi or Amery express their felt loneliness in response to their testimony falling on deaf ears–when their biographers, friends and family–even therapists!–treat them as "warped" by their Holocaust experiences–shouldn't we at least consider the possibility that their despair is rooted in a problem with us rather than them? Perhaps one of the barriers in the way of our patients realizing a more comprehensive experiential

vision of a hope that can sustain both them and us may be the extent to which therapists themselves may not know how to find this vision for themselves. We may be resistant, given our position as "experts," to acknowledge this to our patients, colleagues, or even to ourselves.

On the Psychological Assumption of Only Two Psychological Methods or Epistemologies

Orange (1995) refers to the generally held position that there are only two epistemological methods appealed to in psychological research and that they tend to be in opposition. One refers to an empirical methodology originating in Hume, which we generally refer to as quantitative; the other refers to an idealist methodology originating in Kant, which we generally refer to as qualitative. The former gave rise to positivism; while the latter gave rise to phenomenological methods via idealist interpretations of Husserl, Heideggerian idealism, and hermeneutic methods via the work of Gadamer. The former emphasizes the role of sensa, sense-data, or sensation in the acquisition of knowledge; the latter emphasizes the derivation of knowledge via the mediation of subjective ideas or concepts (Wyner, 1988),

As I have argued elsewhere (Wyner, 1988), both these methods rely on Cartesian assumptions about the nature and origin of ideas or the separation of the mind from its objects. Both are governed by dogmatic *apriori* physicalist or nominalist assumptions about ideas, which restrict experiential knowledge either to subjective sensations or subjective conceptions. In either case, it is inexplicable how one can ever transcend those limits to objectively know anything at all. But they are not consistent. Both concede the centrality of some form of experiential knowledge, insight, or intuition for rational justification of their claims of knowledge, but give no adequate account if it. On the basis of these epistemologies, reality itself, along with all the realities humanity has always assumed to know: ideas, minds and selves, moral and aesthetic values, laws whether causal, logical, or mathematical, God–even the substance of material objects–must be placed on a par with superstition or fantasy.

I will return to these two methods in a moment, but before continuing I want to briefly mention "mixed method" and theoretical approaches to place this dissertation in context. "Mixed methods" essentially refers to relatively recent attempts at integrating these two methods. I realize this is overly simplistic and I appreciate the danger of too easily classifying any theoretician as a member of a particular camp, but this does not change the fact that we do identify with some groups more than others. The deeper problem may be that we may find no group

that defines itself by its love for the truth alone. I am reminded of the Holocaust historian, Raul Hilberg (1996) when he told his teacher/sponsor Franz Neumann that his research bore witness that the Jews had cooperated in their own destruction.

> Neumann did not say that this finding was contradicted by any facts; he did not say that it was under-researched. He said, "This is too much to take–cut it out." . . . he knew that at this moment I was separating myself from the mainstream of academic research to tread in territory that had been avoided by the academic world and the public alike. What he said to me in three words was, "It's your funeral" (p. 66).

Cases like this manifest the essence of our collective existential moral problem: we find ourselves in a world like a prison, where one feels compelled to choose sides or else be placed outside the protection of all–a world in which no side defines itself by its love for the truth alone.

I realize that to identify with a realist epistemology is not in vogue, but I also realize that what's not in vogue is not necessarily antiquated. And in this case it seems to me that insofar as our mixed methods or integrative approaches rely on empirical and/or idealist epistemologies, which in turn rest on a Cartesian separation of our experience from the reality they apprehend, they may all be resting on a foundation of sand. But putting this aside for the moment, I think we

should also draw a distinction between "integrative" approaches that attempt to provide a reliable epistemic foundation and "eclectic" approaches that may be inconsistent with themselves and make no such attempt at all. Granted some may use these terms interchangeably, but the issue I'm concerned with here is not with the name but with the foundation of our beliefs.

We also refer to "theoretical dissertations." But insofar as this is merely an appeal to theoretical consistency or validity rather than soundness, it may provide as much value for research and clinical practice as a theory about possible worlds where moons are made out of green eggs and ham and people are living as brains in vats or a Matrix. This is not a theoretical dissertation in that sense.

I should also make it clear that all these various methods: empirical and idealist, mixed or integrative, and theoretical rely on some form of realist epistemology or ability to distinguish what we know from what we merely believe, without which no one would take what one claims seriously. As Orange (1995) put it in describing her own moderate realist epistemology or perspectival realism, "We can learn little about human potentials or about what relational conditions support their flourishing if we believe we can know nothing, that all truth is construction or fiction" (p. 29). Such a view differs from more extreme postmodernist views that claim we can literally know nothing and in making such a claim (to know) contradict themselves. Similarly, the problem with empirical

views on the further, logical positivist end of that spectrum, is that a grounding of knowledge on what Orange (1995) calls "bare, unorganized, reason-free, atomistic experience" (p. 83) lacks the unity to constitute even an idea or conception much less anything we might call experiential knowledge.

A Brief Discussion of Empiricist, Idealist, and Realist Epistemologies: What they are, their Limitations, and some Clinical Implications

Humean empiricism.

Toward providing a more accessible appreciation of the significance of epistemology for clinical practice, I have been relying on a traditional assumption about a goodness inherent in reality and our ability to gain access to it. Philosophers have referred to it as the thesis of the practicality of reason–the claim that experiential knowledge of that supreme good or *summum bonum* that defines reality itself has power to transform our individual and collective life. The philosopher, David Hume, and/or many of his contemporary followers have called this thesis into question. Indeed, Hume may be considered the father of the impracticality of reason–the view that what motivates action is desire, feeling, or affect–not reason. On a popular scale the motto is, "if it feels good do it" or "if it

feels good enough, we are compelled to do it." To suggest that reason in any sense has constraining, much less compelling, power seems to most of us absurd. And this simply by virtue of the common awareness that we can know what's right and still feel powerless to do much of anything about it. In Hume's (1964) words:

> Nothing is more usual in philosophy, and even in common life, than to talk of the combat of passion and reason, to give the preference to reason, and to assert that men are only so far virtuous as they conform themselves to its dictates . . . . On this method of thinking the greatest part of moral philosophy, ancient and modern, seems to be founded; . . . In order to show the fallacy of all this philosophy, I shall endeavor to prove first, that reason alone can never be a motive to any action of the will; and secondly, that it can never oppose passion in the direction of the will . . . Reason is, and ought only to be the slave of the passions, and can never pretend to any other office than to serve and obey them (p. 413).

It is not as if this denial of reason's power is based on an elucidation by Hume or his followers of reason's inherent weakness; nor on any alleged superiority of feeling, affect, or the passions. Rather, given Hume's exclusion of experiential knowledge, he is forced to conclude that passion alone is the power behind action. But even if we conceded that passion–not reason–motivates

behavior, Hume ascribes to his passions highly complex intentional states having features ordinarily attributed to thought/reason in its objective experiential sense. For example, his passions are referential and capable of being about a vast variety of objects: Joe is not just angry, but angry at this specific driver for cutting him off. These passions are also not essentially private or subjective, but objective and even universal: they are capable of being communicated and shared by others. I can know how you feel and I can feel the same emotion you feel at the same time. Ordinary subjective sensations cannot do this. Finally, these passions can be true or false, which is nonsensical if they are merely subjective. Hume's appeal to natural sentiment, feeling, or passion, therefore, is not an appeal to any mere subjective state of feeling, but to a highly complex selective and intentional state ordinarily attributed to belief or reason.

To more fully appreciate this point, recall Donna Orange's (1995) reference to modern day assumptions about what is allegedly "given" to us in empirical experience: "bare, unorganized, reason-free, atomistic experience" (p. 83) or temporally isolated sense-data. How do I move from this to anything given to us in any subsequent point in time? The mere recognition that some underlying sense elements are necessary for the emergence of thought does not elucidate the nature of these sense elements themselves. Nor does it imply that all our ideas are of or like these underlying sensations or imply that they are ultimately logically

derived from ideas that are. But this is Hume's empirical foundation for knowledge. It is not surprising, therefore, that subsequent attempts, like those of the logical positivists, to ground an adequate epistemology on sense data have failed. As Kant recognized, sense data are inadequate to provide the relations necessary to constitute the unity that is objective thought and knowledge. We seem forced into subjectivity. Nevertheless, it is important to note that Hume himself was no subjectivist, relativist, or skeptic regardless of the implications of his epistemology. Skepticism, according to Hume (1902), "is entirely subversive of all speculation, and even action;" "more rash, precipitate, and dogmatical, than even the boldest and most affirmative philosophy, that has ever attempted to impose its crude dictates and principles on mankind" (pp. 13;15).

Kantian idealism.

For Kant, the Cartesian separation of thought from its objects reaches its obvious conclusion: reality is essentially unknown to us. Or, rather, all we know are phenomena or our own ideas and it is through these ideas alone that we gain access to a reality "out there." But, as we shall see, Kant fails to provide an adequate epistemological foundation to objectively know even one's own ideas.

According to Kant, what is "given" to us are sensible intuitions which contain visual, audio, tactile, or other sense impressions which the mind receives at the end of a causal process involving material objects impinging on our bodily surfaces. We do not know these material objects or even the sense impressions themselves. Rather, these sense impressions are necessary but insufficient elements in the evolution of our conceptions of phenomena. By means of them we know that there is an external world, but it's specific nature is unknown to us.

This sense knowledge, however, is insufficient to account for the phenomenal unity that we actually experience. That is, the unity of our ideas of those objects and the objects themselves–the fact that the properties of the objects a sensed appear related to the properties of our ideas themselves. But Kant claims there are no intellectual intuitions or non-mediated direct apprehensions of things-in-themselves or universals (since these cannot be empirically sensed). Hence, he has to account for this unity by allowing reason itself to impose its own categorical classification and unification of sense impressions. In more familiar terms, our so-called "knowledge" of reality is conditioned or altered by our own ideas. "Reality" is essentially a theoretical construct. We don't discover it. We create it or construct it. Yet, nevertheless, material or sensible objects take precedence over non-sensible objects like numbers, logical propositions, identity, substance, a moral law, and so forth. That is, the latter types of objects cannot be

strictly known because they are not sensibly intuited or experienced. In other words, since Kant is a nominalist he cannot acknowledge a form of experiential knowledge of non-material objects so he is forced to look for some alternative form of justification for our knowledge. This he finds in what he calls transcendental arguments, the function of which is to allegedly transcend or bridge the gap between our subjective sense experience and objective reality.

A critique of Kant's transcendental arguments.

But, the properties of an object that make it possible to know it are distinct from the properties of the mind that make it capable of knowing an object. If, therefore, the only objects we can know are our own subjective ideas without access to a reality distinct from them, how can Kant deduce anything about an external reality? Even if we could know a reality independent of our concepts, this would still be insufficient to elucidate the characteristics of the actual knowing act. For example, the fact that a star is millions of miles away imposes necessary conditions on how it is to be known (e.g., we will need a telescope to see it). But a description of the necessary conditions for this knowledge would require a description of the knowing act itself (in this case, the role of our sense impressions as we look through the telescope). These sense impressions are

clearly not properties of the star itself. In this way we may better appreciate the sense in which Kant, along with a host of other forms of modern-day idealists, constantly conflate and thereby confuse our ideas with their objects. Kohut, for example, refers to empathy as vicarious introspection as if our empathic experiential awareness of what the other is experiencing was allegedly an inference from our an introspective awareness directed on ourselves and/or our own ideas.

Like Hume, Kant is also inconsistent in his appeal to sensible intuitions in that he relies on non-sensible intuitions of non-material realities when it comes to our knowledge of our own ideas. In this case there is a direct knowing relation between our ideas and their objects. The objects in this case–our ideas–are given as they are (without the mediation of other ideas). In other words, in this case we have experiential knowledge, knowledge by acquaintance, perceptual knowledge, or non-sensible intuitive apprehension as compared with inferential, propositional, or judgmental knowledge. Indeed unless Kant concedes this he would be forced into complete skepticism. For, how do we know our ideas of our own ideas are true or false? How do we know our sense impressions are connected to the properties of external existing objects? In more philosophical terms, Kant's appeal to the privileged epistemological status of conceptions, phenomena, or a sensible form of intuition not only presupposes breaking through the circle of

subjective ideas in the acquisition of objective knowledge, but in doing so he assumes the necessity of experiential knowledge of non-sensuous objects like relations. *What justification, therefore, is there to restrict experiential knowledge to sensible objects and/or ideas?* Why can't we experientially know on the same foundation logical relationships, numbers and numerical relationships, things-in-themselves of a host of types including natural kinds, moral and aesthetical values and so forth? To avoid the difficulty or complexity of elucidating knowledge, Kant merely shifts attention to another domain of reality. Metaphysical issues do not disappear by shifting reference from an outer to an inner world.

What Kant's transcendental arguments actually are is controversial. Sometimes they appear less as arguments and more like an appeal to experience. But what is especially significant for our understanding and treatment of a collective existential *moral* crisis revolves around the way Kant attempts to use such arguments to support his moral claims. But, sensible intuitions are restricted to the categories of space and time. They cannot, therefore, provide veridical support for sound inferences to true conclusions about non-sensible or noumenal objects like the moral law, freedom, self, and God. One cannot derive a moral ought from a non-moral empirically sensuous is. Commonly used appeals to consistency prove nothing. Nor does any argument have the same clarity and power as experiential knowledge or intuition. Kant cannot, therefore, provide

rational support for his moral claims or account for the moral power associated with this experiential knowledge. For example, one might construct a perfect proof of the existence of God and, thereby, believe that God exists. But such a belief would hardly be as vivid or powerful as experiencing God before one's face as exemplified in case after case in the biblical scriptures. Such cases are also distinguishable from cases in which one is certain–even knows–that God exists, but his or her presence is not before one's face. And so we see men and women shaking in awe of God's power, although they had no doubt about God's existence previously.

Some clinical implications of these two positions.

These issues certainly bear on the problem of a collective existential moral crisis. For, as argued earlier, what our Holocaust witnesses experientially testify to is a contingent or non-necessary moral condition of humanity today. This is something all of us can experientially confirm for ourselves if we are willing to undertake the requisite process of actually looking. But when it comes to their *beliefs* about God and a moral reality, no such experiential knowledge is appealed to. Rather, they rely on beliefs or assumptions–indeed prejudices–about the nature of God and reality. Paradoxically, they revolve around prejudices inherited by the

religious cultures in which they and we are raised. At the core of these prejudices is the belief that God is capable of evil and/or that evil is a necessary and unavoidable fact of human existence. And this despite the fact that this is inconsistent with the whole tenor of the Biblical scriptures and the testimony of the most enlightened spiritual witnesses in our history. It is inconsistent with the biblical appeal to a progressive process of human moral redemption in which one's feels the freedom to sin no more. One lives in a state of inner peace in which even the fear of death is overcome by a new found sense of spiritual life.

But, how are we as clinicians to help our patients attain greater clarity about their own experiences of reality if we are so fundamentally confused about our own such experiences? How can an empirical psychologist speak to Amery's problem of moral weakness insofar as he or she assumes there is no objective moral reality and/or no way to know if there was? How is an idealist psychologist to speak to this need given the restriction of knowledge to our ideas?

A closer look at Kant's (1963) transcendental arguments suggests that he, like Hume with respect to his "belief passions," ascribes to these "arguments" the same features traditionally ascribed to experiential knowledge. For example, Kant appeals to a unique form of non-sensible moral feeling inseparably connected to the apprehension of moral values. It is not, therefore, because we have a *natural* moral sense that enables us to be conscientious, but because of a rationality able

to perceive objective moral realities applicable to all rational creatures, even if these include aliens, angels, and a God. And the unique quality of Kant's rational feelings is that they are not restricted to time and place or culture. The experience of the pilgrim in Plato's Cave or the biblical prophet, Job, can as powerfully affect Levi and the rest of us today as they affected those living millennia ago. In this regard Kant and Hume are very different from many of their modern day followers in that the former have no doubt about a moral reality and the power that comes from a more intimate acquaintance with it. Their problem is merely with providing a clear elucidation of it.

Husserlian realism.

I have claimed above that some form of realism is implicitly relied on by both empirical and idealist epistemologies. In fact, as I have also shown, postmodernist positions claiming we literally can know nothing are self-refuting. But they also distinguish between two ways of knowing a thing and emphasize the primacy of experiential knowledge of at least some class of existing objects. What distinguishes the type of realism appealed to here, then, is not the claim that we can actually know things as they really are. Nor even its extension of this capacity to know to include a far broader range of objects. Rather, in its

Husserlian form, it aims to provide a clear elucidation of the parts, properties, and relationships involved in the knowing act so that we may distinguish what we know from what we merely believe or imagine. A mere appeal to a realist epistemology, therefore, does not imply that it is any more rigorous or capable of helping us draw such distinctions than any other epistemology. The main shortcoming of naïve or common-sense forms of realism is precisely the lack of a sufficiently rigorous elucidation of knowledge that constrains those who hold this view to say "either you see it or you don't" (Wyner, 1988).

From the standpoint of such a realist epistemology we can perceive and know things as they really are, not merely the kinds of things that are. Even reality itself. "Reality is prior to epistemology," that is, reality does not depend for its existence on our beliefs about it or our knowledge of it. Instead, the *a priori* existence of things themselves, combined with minds having the requisite capacities to know them, allows for "Knowing." Thus, if one knows X, then X exists. A descriptive elucidation of this Knowing would include empirical appeals to sense impressions along with idealist appeals to ideas, but it would also aim to distinguish sense data, thought, belief, and knowledge as well as thought from its correlative objects. Of particular significance is the elucidation of a non-inferential process of experiential fulfillment that leads from relatively unfulfilled, vague thoughts, intentions, and beliefs toward increasingly filled intuitions in

which objects are grasped as they really are. For example, we might describe the process leading from my vague, partial impressions of what initially appears as a rag on the side of the road toward increasingly clearer perceptions of the actual qualities of the object for me until there is no longer reasonable doubt about what it is: in this case, a dead cat. My cat. And the perception brings with it a measure of power that the mere thought could not. What distinguishes such a realist epistemology from the empiricist and idealist is its appeal to non–sensuous or intellectual intuition in a way that enables us to perceive unities, wholes, or essences together with their parts and properties in relation. In this way we can Know not only material objects, but also our own ideas, abstract entities like numbers, logical propositions, and objective moral realities.

To illustrate: every legal system distinguishes between intentional and unintentional right and wrong–doing or action. With reference to such "moral objects," a realist epistemology can enable us to distinguish between moral *knowledge*, moral *action*, and the power or *constraint* of our beliefs and knowledge on action. It can elucidate the nature of moral values as the objects of our knowledge, which in turn can enable us to distinguish between rational and irrational moral motivations as well as good and evil irrational moral motivations. It identifies hidden or unconscious intentional-motivational complexes or prejudices about reality and ourselves, while also providing guidance for

replacing such prejudices with experientially verified insights. I believe this is what Husserl had in mind when he spoke of a presuppositionless philosophy. Not a philosophy without assumptions, presuppositions or "prejudices" in the broad sense of the word, but a stress on putting at least our most fundamental assumptions about reality and human life to the test of a rigorously experiential critique. This is practical philosophy or the Socratic appeal to an unexamined life not being worth living. It appeals to the sense in which no one can avoid a faith commitment in response to what we most fundamentally believe about reality and our lives in relation to it.

To briefly illustrate how this approach may differ from empiricist and idealist approaches to moral problems, let us consider some cases. Earlier I described the case of Sigmund who ran from the Jew with the best of intentions because of inherited anti-Semitic prejudicial beliefs. Now let us consider the following case: I once found a baby bird that had prematurely fallen from its nest and could not yet fly. I believed that the parent(s) would abandon the baby bird, so I put the bird in a shoebox, took it home, and called an animal rescue organization for advice on how to feed it. In a knowing, almost parental type of voice, the person I spoke with told me that my belief was mistaken: that I should take the bird back to where I found it and the parent(s) would feed it on the ground. After putting the bird down where I found it, I stood behind a wall about

30 feet away and watched as a bird flew down and fed the baby only minutes later. As in the case of Sigmund, my externally wrong action was based on a false belief (albeit one held with the best intentions). It was only by virtue of having reason to question that belief and by putting it to the test by more vivid experiential intuitions that I was enabled to discover the truth.

This assumption that there is a class of externally right actions is universal and conceded by virtually every legal system in the distinction between voluntary and involuntary forms of wrong–doing. Intent is a mitigating factor in such cases. A consequence of this mitigation, though, is that practically everyone claims innocence. And this reflexive claim for innocence may become so pervasive that we are tempted to deny that intentional conscious evil even exists. We may then restrict cases of intentional evil to those who do evil for evil's sake (which is arguably not possible) or state that evil applies to practically no one. But as Levi and our other witnesses pointed out, even if the more extreme cases of good as well as evil do not define a morally gray norm, what makes the gray area so insidious and so dangerous is precisely the sense and extent to which it is by no means value neutral or merely indifferent. It is marked by a progressive cold indifference, which is increasingly affecting and infecting us all. This would not be possible if there were no objective moral distinctions to be drawn.

A realist epistemology, therefore, unlike an empirical one that restricts knowledge to sensible objects or an idealist one that restricts knowledge to conceptions, can better help us understand the meaning and significance of the statue of the blind lady of justice. The assumption is that in a just society there is a real connection between a legal code and a moral law and that this is independent of our beliefs or conceptions about it. Indeed, our awareness of bad laws in corrupt societies presupposes the reality of just laws. The reason for legal sanctions, therefore, revolves around the awareness that the majority of those governed by such laws may not have evolved sufficiently (like those living in the darkness of the Platonic Cave or the adult still governed by primitive coping mechanisms) to appreciate the character of the moral law. For those who do see it, as Plato understood, they become a law unto themselves.

By contrast, Kant concedes the power of such an apprehension of the moral law, but since his epistemology is limited to the conceptual realm he is forced to limit his attention to moral intentions, which cannot provide an elucidation of how one comes to know and act in accordance with the moral law itself. Indeed, he cannot even provide an adequate elucidation of intentionally right actions since this would require an elucidation of one's intent (the object of moral apprehension) distinct from one's conception of it. It would require placing the rectitude of that action independent of our beliefs/conceptions about it into an

appropriately clarified experiential knowing relationship. This is no less necessary when we shift our focus from the rightness of an external action to the rightness of one's intention.

The problem of both helping individuals suffering from a sick conscience as well as the broader problem of a collective sick conscience, therefore, revolves around two senses of conscience: one bearing on an inability to discern the nature and character of the moral law and the second bearing on one's intentions toward it (an attitude or orientation of good, bad or blind faith). Insofar as we are truly governed by good faith *as an orientation of life* (as opposed to mere isolated acts of good faith), we enter into a process of moral development inseparably connected to the process of experiential fulfillment discussed above. A realist epistemology that can elucidate such distinctions can help us appreciate the sense in which we may collectively find ourselves in a condition of relative moral blindness in spite of our good intentions. However, much like in Plato's Cave, merely being brothers and sisters in darkness is not sufficient to empower us to take the requisite steps leading into the full light of day–especially given prejudices about the reality or attainability of such a vision. In sum, if knowledge of rectitude is limited to the conceptual as Kant is forced by his epistemology to concede, how can he distinguish between moral subjectivity/intersubjectivity and real moral duty?

Transcendence in Husserlian realism.

Philosophical transcendence as applied to this realist epistemology is essentially a relation between a complex act of knowledge and its corresponding existing object. An elucidation of our ideas is insufficient to determine whether or not what our ideas refer to actually exists. Without an elucidation of transcendence we are forced back into the Cartesian separation of thought and reality. Such an account is also essential for my claim about the curative element in psychotherapy–that the power for real and substantial personality change is not rooted in the patient or patient's ideas alone, nor in the therapist or therapist's ideas or interpretations alone, nor even in their relationship. Rather, the power for substantial personality and collective change is rooted in our experiential or dialogical I/Thou relationship to an objective moral reality. In other words, insofar as both therapist and patient are oriented by an attitude of good faith, they both allow that transcendent good to become incarnate through their personalities. A synergistic union thereby emerges which I would call a spiritual community or to use Stolorow's expression, a "relational home." From a more religious or spiritual orientation one may say that a transcendent good or God becomes incarnate in the lives of those who place their trust in her. A brief response to

some objections to a realist epistemology will further provide a context to better understand transcendence and its clinical significance.

A realist epistemology elucidates how we apprehend objects, which are not dependent on our knowledge or apprehensions of them. These objects, therefore, retain a form of independence in relation to the mental acts that know them. My computer, for example, presents itself to me as something that was here before, and remains after, I see it. It does not present itself as created, destroyed or modified in any way by my mere apprehension of it. This relationship, then, is of a specific kind: one that does not modify its terms by their relationship. Despite its common-sense plausibility, this view is at odds with the prevailing philosophical and psychological outlook, which interprets the knowing relation as a causal relation, which essentially changes its terms by their relationship. As Donna Orange (1995) puts her central thesis: "Whenever we experience, we do something–making sense or organizing –to something–the given, the partly unorganized, even the chaotic" (p. 88).

The fact that *some relationships* modify their terms may well make such a position seem attractive. For example, when a father smacks his son in the face or an earthquake knocks the books off my bookcase, the terms of the relation are certainly modified. Such a view might seem especially attractive in a therapeutic context, for both patient and therapist certainly influence or affect one another

within that relationship. We may be tempted to believe, therefore, that knowledge is a relationship that is modified by its terms. Thus, conceptions, one may argue, do not objectively represent or correspond to reality or things-in-themselves. How things appear is not how they really are.

But for Husserl (1970), the mere fact that one can only know something in the act of knowing does not imply that one cannot know something as it is in itself independent or "apart from" the act of knowledge. It does not imply that knowledge is like a causal relation that modifies its terms by its relation to them. For example, in the case of mathematical relations, the form '15 + 10 = 25' instantiates the relationship of addition. This relation certainly does not modify its terms. It does not turn the 15 into a 4. Or, to consider another case: If mere looking must change its objects then the letters on this computer, my desk and the bookcases in my room–even less tangible objects like my frustration about completing my dissertation a short time ago–must change their nature as I turn around. Perhaps if I turn around enough my dissertation will complete itself.

There is, however, another sense in which this objection may seem more plausible. That is, a sense that lends support to views like Stolorow's and Orange's intersubjectivity approach, which emphasize the context dependence of meaning. For example, when we think of certain classes of objects–perhaps especially language as in early Hermeneutic interpretations of Biblical passages,

or even non-linguistic physical objects like a work of art, music, or the beauty of a sunrise or sunset, these objects seem inseparably colored by not only more commonly shared thoughts, intentions or meanings, but also by the fabric of our more subjective experiences. For example, as I hear a lecturer refer to "narcissism" it calls to my mind a form of selfishness that seems to me opposed to genuine self-interest; yet the lecturer also refers to a form of "healthy narcissism" that even if different from my own conception seems a bit closer on what one might call a narcissistic continuum. This seems especially the case when we think of objects like works of art or music. Physical objects, then, may not only seem clothed or colored by such thoughts or meanings, these meanings may appear to be literal parts of the objects apprehended. In other words, it may seem as if we cannot really know an object as it is in itself independently of our subjective experiences and/or social conventions.

For Husserl (1970), however, the relevant point is not whether there are relationships–even essential relationships–between subjective ideas, objective meanings, and things-in-themselves, but that we must not confuse or conflate them with one another. For example, when a professor looks around the room to see who is attending class and who isn't he may merely wish to refer to an object independently of any meanings that might be associated with it or any subjective experiences he may have about it. In other contexts, for example, the therapeutic

context in which I am attempting to empathically understand my patient's despair, the meaning associated with this despair, along with both my patient's subjective experience of it and my own countertransference reactions to it may all constitute immanent parts of the objective reference as a whole. In short, we must distinguish the *object* of experience from its *intentional coloring* and both of these from the *experience* of the object (or its coloring).

Such examples illustrate that it is not necessary for an object of thought to be colored by the thoughts or meanings we may associate with them. It illustrates that these objects are not essentially subjective or culturally relative. Indeed, the very fact that we can and do apprehend objects as colored or as subjective or culturally relative presupposes the capacity to apprehend objects with this coloring. For example, our recognition that a patient may project onto her therapist qualities that the therapist does not actually have, presupposes the capacity to apprehend objects without those qualities. Otherwise, we would be caught up in an infinite regress. Subjective experiences, objective meanings, and their correlative objects all can be, and commonly are, distinguished and these differences find expression in language. The fact that linguistic marks and sounds or even physical objects in general are generally associated with certain meanings or intentions or thoughts does not imply that these thoughts or meanings are literal parts of these objects. And this is what I meant by the objects retaining a form of

transcendence or independence of the knowing act that apprehends them as they really are.

As I said, I cannot take the time here to provide a more detailed elucidation of transcendence but perhaps a brief comparison of Hume's (1902) manner of dealing with truth and Husserl's (1970), view of transcendence in its application to truth might be helpful. In Husserl's case, in the process of fulfillment of relatively empty thoughts or intentions by more epistemically filled intuitions, there comes a point where it is no longer possible to entertain doubt. Knowledge necessarily implies the existence of its object. If I know it is raining outside or that butchering a child is wrong, then it necessarily follows that it is raining outside and butchering a child is wrong. It is not the knowing relation, which makes these states of affairs true. They remain true from the side of the object or existing state of affairs whether or not anyone ever knows them. The point is simply that doubt given such a relation, is for Husserl, absurd. But in Hume's case, there is always room for doubt. This is because belief is interpreted as a mere subjective feeling or passion contingently attaching to the concrete act of judgment the features we assess as true or false. Hence, we can never be certain that any concrete claim is true. Husserl's view, therefore, shows not only how we can have non-sensuous knowledge of moral qualities not reducible to physical parts and properties of an object, action or state of affairs; nor reducible to mere

subjective feelings or passions. It shows how objective moral knowledge or awareness can be possible.

Some clinical implications of Husserlian realism.

The clinical significance of such an approach for our purposes is that it provides a rational or objective foundation for diagnosing and treating collective moral trauma that is consistent with the most fundamental claims about the power of experiential knowledge by every culture in every age. Indeed, such an approach inherently points to a transcultural revelation or possibilities for knowledge akin to Maslow's appeal to the *Farther Reaches of Human Nature*. It motivates a humble, good faith, "fallibilist" orientation that can position us to eschew the dogmatism of modernist tendencies to assume knowledge grounded merely in tradition and postmodernist tendencies that claim to know we can know nothing. In a collaborative spirit we may then fill in the gaps in our knowledge as we search for a more comprehensive vision of reality. From a clinical perspective it especially raises questions about what we mean by empathic understanding and its role in therapeutic cure. For the discussion part of this dissertation, then, my aim will be to rely on this realist epistemology as we briefly discuss the kind of empathic understanding that may speak to the collective existential problem that

our Holocaust witnesses bear witness to and which all of us in varying forms and degrees may be suffering from also.

CHAPTER V: DISCUSSION

Like the Holocaust survivor who feels no one–perhaps not even other survivors–*can* understand, our patients may come to therapy feeling no one may understand their pain. But if no one *can* understand, what's the point of even expressing it? Undoubtedly, they feel isolated, misunderstood or not heard at all–as if their cries fell on deaf ears. But they are typically ambivalent. What do they most deeply want from us? What does understanding really mean?

Yes, they want to be truly seen and heard by another who is not defensive or judgmental. They may want no active input at all. As one of my supervising analysts once put it, the therapist may need to initially "strap in" and simply listen as part of the process of coming to deeply understand this patient's psychic reality. And catharsis alone may be good for the soul.

But even writing one's thoughts in a journal or crying one's heart out while watching a sun set, may be cathartic, without anyone listening at all. Listening means active, attentive, empathic listening. A need that cannot be met by the caricature of an analyst falling asleep behind the couch as the patient talks. One typically needs a therapist actively engaged with us, like a fellow traveler sharing our journey with us. We need her to take in all the specific details of our

story, along with attending to her own countertransference reactions to avoid imposing her own subjective vantage point on ours. We need someone willing to engage with us in a process or journey involving an increasingly clearer and more comprehensive experientially shared sense of where we are and what is blocking our way to growth.

And so we listen to our patients' stories like an anthropologist meeting those of a new culture for the first time. Like the story of Schreber or the poem by Jones Very our patients may see others like zombies or the walking dead, coldly indifferent to their suffering. They may insist they are called to fulfill some great mission–even have telekinetic abilities to stop a raging wind or wildfire by the power of their will alone. They may confide in us accounts of sadism, masochism, and forms of paraphilia we may never have even conceived of before. They may express insights about themselves, others, and our world more profound than we may presently be able to comprehend. In all these cases hidden beneath real or apparent distorted thinking and correlative feelings and behavior may lie truths or realities that provide the key to understanding them and helping them find their way in this world. Yes, the mere fact that we remember the details of what they tell us may in and of itself be therapeutic, but the fact that we do not treat them as warped or insane or unworthy of the respect of being heard and understood means a lot more. We are not trying to change them, mold them, control or manipulate

them. First and foremost we want to hear their story. First and foremost we provide a place of safety or sanctuary where they can say what they truly think and feel.

In coming to understand there is a part the patient plays in this, a part that the therapist plays, and a part we play together as the therapeutic relationship unfolds. More hidden, but all the more powerful is the role of a world permeated by values, good and bad. On one hand, there is the part we all play in feeding the spirit of selfish cold-indifference we inherit as we are born into and assimilated into this world. On the other hand, there is the part we play as we collaborate with a spirit of grace or goodness transcendent to us all. A fuller understanding of our patient, then, is inseparably connected with our own growth in understanding the complexity that emerges out of the interplay between each of these distinct roles.

My patient, for example, must be willing to share her inner world with me. She must invite me in so I can see and understand the context in which she has suffered. And we must understand just how difficult this may be for her. For, she may have suffered not only relatively isolated violations of trust, but ongoing retraumatization in different forms over a lifetime by those closest to her. Her defensive walls may now be so thick that it may take quite a long time, if she is ever willing and/or able, to let me in as one she has good reason to believe she can trust. In this I must understand that even if I had the heart of a perfectly loving

God and even if I was the wisest of philosophers, this need not imply any willful or stubborn "resistance" by my patient to the truth or true goodness itself–even if she believes this herself. For example, the mere fact that I am a man may erect an impervious barrier to trust for a woman who has been repeatedly raped by the men in her life who should have protected her from harm. The "right fit" between therapist and patient is essential in a way that implies no negative judgment of the therapist or the patient.

Like the relationship between a parent and a child, a teacher and a student, a guide and the traveller beginning one's journey, the therapeutic relationship is an asymmetric one. There is mutuality of worth or dignity or respect but an inequality of power that should not be abused. The patient comes to therapy to be understood; while the therapist assumes the position of one responsible to understand. We are primarily concerned here, then, with the necessary and sufficient conditions for understanding our patients. As we have seen, active listening and a good fit are necessary conditions; and so is the relative willingness and ability of our patient to let us in. But compassionate empathy is also required. And within the continuum between altruistic love and narcissistic psychopathy where the therapist's empathy lies will make the most profound difference in therapeutic efficacy. Not all therapists do no harm.

As we have seen, despite the modern-day emphasis on feeling or affect above knowledge or reason, empathic understanding is certainly not a form of feeling without experiential knowledge or insight. We struggle to experientially see their world; not ours, which implies no "vicarious introspection" much less one that moves from our world to theirs by any alleged "experience far" logical inference. And without this apprehension or perception we can hardly empathically share what they feel. An elderly patient may ask a young therapist, "How can you understand what it feels like for me to lose my son if you've never been a parent or even lost someone you loved?" The young therapist may appear to this patient as capable of understanding her suffering as a child. The present life experience of a therapist certainly has a bearing on whether or to what extent he she can understand *this* patient.

Similarly, understanding our patients' suffering–especially in cases of existential or moral/spiritual trauma–may have less to do with the more specific forms this suffering may take than with a more deeply felt lack of intimate human connection. One may feel completely isolated even in the midst of family and friends in a deeply felt sense that those around us may be oblivious to the shallowness of what they call love. Our patients may feel they must conform to just those ways of thinking that allow those around us to live comfortably in their various forms of denial or their fear to confront a reality that is not as pleasant as

they would wish. And so one feel like the prisoner in Plato's Cave constrained by all those around him to conform to the shadows on the wall rather than be true to one's self. And yet our patients may not have the clarity of perspective that comes from having travelled farther on the road to light to express the emptiness that they feel. Their eyes may be asking us, "Can you understand my loneliness and my despair?

These considerations already take us far beyond the realm of subjectivity or cultural relativity of opinion or belief–far beyond what the philosophers call the narrow circle of subjective ideas. To *know* my patient's psychic reality and/or our own is just as much an objective fact as any other. Our beliefs about our own or our patient's psychic reality may be true or false; more or less able to comprehend the reality. There is a difference between belief and knowledge and understanding requires far more than mere belief. I must be able to help my patient distinguish what is real from what is merely apparent. Indeed, the demons that reside in the deeper recesses of her inner world may seem too terrifying for her to even acknowledge. She may desperately need someone who can see more clearly than she can now that they have no power over her. She is not walking alone and she will not be overwhelmed.

Understanding, then, goes beyond merely understanding what a patient happens to believe. Like the identified patient who has been indoctrinated to

believe she is to blame for the neglect and abuse suffered in her childhood, we need to help her distinguish her beliefs from reality. We need to help her in the process of coming to see and see more clearly not merely the shipwreck in which she finds herself but the signposts that can lead her to a safe harbor. As we have seen, a Levi, Amery, or Celan may yearn to believe there is hope for us to become better than we are; yet the selfish cold-indifference they see all around them–growing like weeds or polluted air–may increasingly undermine their last remnant of hope. If they really see this, how can we speak of understanding them if we cannot see it also; if we treat them as if their "testimony" is a warped projection of their deluded minds?

As we have seen, in their case they see or bear witness to a pervasive moral problem with humanity today, but this tempts them to believe that this implies something wrong with reality itself and any God at its core. It tempts them to believe the entire human project has failed. That human history itself is without value or purpose or as Woody Allen once said, God must be on vacation. But this is not something they, in their good faith, see or even presume to bear witness to as opposed to merely believe. And if this is, as we have claimed, the ill begotten fruit of a foundation level prejudice–the great stumbling block in the way of a true vision and lasting peace–how can we help them if we do not see this to be so? How can we help them become brothers and sisters in light if we are

unwilling to even walk with them as brothers and sisters in darkness? Yet, consider the clinical or practical consequences: for, in just the measure they believe there is no hope for humanity that belief in and of itself (no matter how false it may in reality be) will constrain them toward self-annihilation. For that is what belief does: it motivates a field of possibilities for confirmation and disconfirmation. And in the case of foundation level prejudices these may appear no different from an inviolable law that we no longer question. And so it has often seemed to me that Sartre's atheism is disingenuous in comparison with Levi's. For Sartre (1964) seemed quite able to live in a world he claimed to know is radically evil, while Levi (1986a) seemed to so yearn for a good world that in the belief our world is being stripped of its conscience, he felt his own life could not be sustained.

Understanding, in short, requires a vision of an objective moral reality worthy of the trust of any rationally discerning creature whether person, alien, angel, or God in spite of (indeed, because of) all the darkness we see around us. It requires an awakening to the fact that none of us can be indifferent to a faith commitment in response to what we have seen; nor even indifferent to the possibilities we may see if we dare to look. Even sitting on the fence is just another choice. We commonly speak of awakening to "the real world" and one key stage in this awakening is the discovery of no mere value neutral reality but a

reality so permeated by selfish cold-indifference that the idea of "changing the world" may appear increasingly impossible. Our youthful idealism may seem as naïve as a child's belief in Santa Claus or an Easter Bunny. This is what our Holocaust witnesses bear witness to so it should not be surprising why we would feel constrained to run from it just as a person diagnosed with a terminally ill condition might run from such knowledge. And yet, is it true? Is our condition really terminal? Is there a true versus false or naïve hope for the redemption of humanity? Understanding requires the courage to look more deeply at this core existential problem. And as we do, we might ask: Is this problem essentially a problem of mere poor early attachments or the lack of "good enough" maternal, paternal, or parental caregivers? Is it merely this in conjunction with a problem with this or that particular group or majority culture with which we and/others identify? Undoubtedly it shares something in common with cross-cultural male gender prejudices; and even this projected onto a conception of a tyrannical male god that seems to include every religious culture in our world today. But we must ask, is it possible that the great barrier to hope is simply and yet profoundly a core prejudice about reality itself and any God at its core? Is it possible that this prejudice, like any other, may be overcome simply by our willingness to open our eyes? Doesn't awakening to a coldly indifferent world mean we are already immersed in an world permeated by values–good as well as evil values?

So the question these unavoidable philosophical or ontological and epistemological questions raises for us, like the question the biblical scriptures asked of our first parents, “Is there a God worthy of our trust?” The universal testimony of the most conscientious and enlightened in our history is that there is such a God and that each of us is called to enter into an “experience near” relationship with Her in a way that brings with it a form of moral power that no logical inference can. And so empathic understanding, if it is to be truly therapeutic, must also include the relative ability of the therapist to help our patients find their way through the labyrinth of this world just as Socrates/Plato (1875a) tried to do in their description of the journey out of the darkness of the Cave.

In a word, understanding includes guidance–a constraining rather than compelling cause or influence–that respects the patient’s freedom. It means that the one thing a good parent, therapist or guide–even a God!–must never do is violate this freedom even if one can and sometimes must restrain one’s actions when they impede on the safety of others or even one’s own life. One cannot intrude into the world of our patients. We must be invited in, and this only so far as our patients feel safe enough to trust us. Moral guidance–and all the more anything that purports to be religious or spiritual guidance–means more than not imposing another set of subjective or culturally relative dogmas on our patients. It

means not imposing even in the clearest and fullest knowledge that we are right. For it is not knowledge that transforms. It is the incarnation of a purity of goodness greater than ourselves that speaks directly to our patient through us only if and as we function like transparent glass and put no barrier in its way. And in this we do well to reflect on the need to work out our own salvation in fear and trembling. Understanding means we collaboratively join with our patients where they are in their own search to see and see more clearly what is worthy of their trust and what is not. No one can live by another person's conscience.

Such a collaborative search will involve the growing realization that what initially may have appeared to be a problem with our patients is, more deeply, a problem with our world that includes us as therapists as well. Their problem is our problem. And as we undertake this journey together, each with our own respective roles, we may begin to realize that the extent to which we can help them will depend not only on where *they* are in their journey, but where we are in ours. In the spirit of Abraham, each of us must ask ourselves, "How far have I dared to leave my family, culture and other group identifications in the Cave to venture forth alone, if need be, on that road that leads out of darkness into light? To what extent can my own experience confirm the testimony of our Holocaust witnesses that their despair was not limited to the trauma they experienced in the microcosm of the death camps but extended to the macrocosm of our world today?"

But even more than this, to what extent can my experience confirm the vision of the great spiritual witnesses in our history concerning the way to hope? In the spirit of Buber's confirmation, how can I fulfill the calling of a minister of souls to help my patient surpass his or her present limits of vision? Like Frankl's appeal to finding meaning in any situation, or Maslow's (1971) appeal to the *Farther Reaches of Human Nature*, we must be able to show our patients how they can become more than they are, better than we are, even transform human life as we now know it. They may not yet be able to see this hope for humanity. They may doubt their own unique capacity to implement this change in the fabric of this world. They may not yet be able to see their own small but real and incremental steps toward greater vision and power. They may say, "I haven't changed." And in this belief they may be tempted to say, "I can't change." And yet we need only draw their attention to the realization of any form of goal attainment in human life. The fact that one cannot yet stand on the summit of a mountain doesn't mean one has made no progress in the climb. A senior in college who has completed every course in every year up to the last day is still not a graduate and in that respect no different from a freshman on his first day of school. Often our patients need to rely on our faith in them–not blind faith or any false optimism, but our vision of their real capacity for growth and the real progress that they have made so that they can and will be able to see it for

themselves. It is still good faith because it is directed on and through someone they have come to know and see they can trust because our vision may be more reliable than their own. And yet, they cannot stand on that summit by our faith but only by their own. Each of us is called to undertake the journey ourselves and only the fullness of our own vision of reality as good and worthy of our trust can see us free.

REFERENCES

Ainsworth, M., & Bowlby, J. (1965). *Child care and the growth of love*. London: Penguin Books.

Amery, J. (1980). *At the mind's limits: Contempations by a survivor on Auschwitz and its realities* (S. Rosenfeld & S. P. Rosenfeld, Trans.). Bloomington, IN: Indiana University Press.

Anissimov, M. (1996). *Primo Levi: Tragedy of an optimist* (S. Cox, Trans.). New York: The Overlook Press.

Assagioli, R. (1965). *Psychosynthesis: A manual of principles and techniques*. New York,: Hobbs.

Assagioli, R. (1973). *The act of will*. New York,: Viking Press.

Assagioli, R. (2007). *Transpersonal development: The dimension beyond psychosynthesis*. Forres, Scotland: Smiling Wisdom.

Babiak, P., & Hare, R. (2006). *Snakes in suits: When psychopaths go to work*. New York: Harper Collins.

Basch, M. F. (1983). Empathic understanding: a review of the concept and some theoretical considerations. *Journal of American Psychoanalytic Association, 31*, 101-126.

Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. New York: Harper and Row.

Bergson, H. (1912). *An introduction to metaphysics* (T. E. Hulme, Trans.). New York and London: G. P. Putnam's Sons.

Bernoulli, R., Buber, M., Cammerloher, M., Danzel, T.-W., Heiler, F., Jung, C., . . . Zimmer, H. (1960). *Spiritual disciplines: Papers from the Eranos yearbooks* (Vol. 4). New Jersey: Princeton University Press.

Bettelheim, B. (1979). *Surviving and other essays*. New York: Alfred A. Knopf.

Bolognini, S. (2004). *Psychoanalytic empathy* (M. Garfield, Trans.). United Kingdom: Free Association Books.

Bowlby, J. (1969). *Attachment and loss: Attachment* (Vol. 1). London: The Hogarth Press and the Institute of Psycho-Analysis.

Brandchaft, B. (2002). Reflections on the intersubjective foundations of the sense of self. *Psychoanalytic Dialogues, 12*(5), 727–745.

Brandchaft, B., Doctor, S., & Sorter, D. (2010). *Toward an emancipatory psychoanalysis: Brandchaft's intersubjective vision*. New York.

Breuer, J., Freud, S., & Strachey, J. (2000). *Studies on hysteria*. New York: Basic Books.

Bromberg, P. M. (2003). One need not be a house to be haunted: On enactment, dissociation, and the dread of "not-me" – a case study. *Psychoanalytic Dialogues, 13*(5), 689-709.

Buber, M. (1965). *The knowledge of man*. London: George Allen & Unwin LTD.

Buber, M. (1967). *A believing humanism: My testament, 1902-1965* (M. Friedman, Trans.). New Jersey: Humanities Press International, Inc.

Buber, M. (1970). *I and Thou* (W. Kaufmann, Trans.). New York: Charles Scribner's Sons.

Buber, M. (1999). *Martin Buber on psychology and psychotherapy: Essays, letters, and dialogue*. New York: Syracuse University Press.

Buber, M. (2002). *Between man and man* (R. G. Smith, Trans.). London: Routledge.

Bugental, J. F. T. (1965). *The search for authenticity: An existential-analytic approach to psychotherapy*. New York: Holt, Rinehart and Winston, Inc.

Burlingham, D. (1967). Empathy between infant and mother. *Journal of the American Psychoanalytic Association, 15*, 764-780.

Burroughs, E. (1672). *The memorable works of a son of thunder and consolation: Namely that true prophet, and faithful servant of God, and sufferer for the testimony of Jesus, Edward Burroughs*. London: Published and printed for the good and benefit of generations to come, in the year, 1672.

Carver, C., & Scheier, M. (2004). *Perspectives on personality* (5th ed.). Boston: Pearson.

Caspi, A., & Roberts, B. W. (1999). Personality continuity and change across the life course. In L. A. Pervin & O. P. John (Eds.), *Handbook of personality: Theory and research*. New York: Guilford Press.

Church, R. M. (1959). Emotional reactions of rats to the paint of others. *Journal of Comparative and Physiological Psychology, 52*(2), 132-134.

Crane, R. (2009). *Mindfullness–based cognitive therapy: Distinctive features*. London and New York: Routledge.

Daniels, M. (1982). The development of the concept of self–actualization in the writings of Abraham Maslow. *Current Psychological Reviews, 2*, 61–76.

Davidson, R. J., & Begley, S. (2012). *The emotional life of your brain: How its unique patterns affect the way you think, feel, and live – and how you can change them*. USA: Penguin Group.

Dewsbery, W. (1689). *The faithful testimony of that ancient servant of the Lord, and minister of the everlasting gospel Wililam Dewsbery: in his books, epistles and writings, collected and printed for future service*. London: Andrew Sowle.

Dundes, A. (1991). *The blood libel legend: A casebook in Anti-Semitic folklore*. Wisconsin: University of Wisconsin Press.

Engler, J. H. (1993). Becoming somebody and nobody: Psychoanalysis and Buddhism. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 118–121). New York: Jeremy P. Tarcher/Putnam.

Epstein, J. H. (1993). The varieties of egolessness. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 121–123). New York: Jeremy P. Tarcher/Putnam.

Ferenczi, S. (1955). *Final contributions to the problems & methods of psycho-analysis* (E. o. Mosbacher, Trans.). New York: Basic Books, Inc.

Ferenczi, S. (1995). *The clinical diary of Sandor Ferenczi* (M. Balint & N. Z. Jackson, Trans.). Cambridge, MA: Harvard University Press.

Feuerstein, G. (1993). The shadow of the enlightened guru. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 147–148). New York: Jeremy P. Tarcher/Putnam.

Fliess, R. (1942). The metapsychology of the analyst. *Psychoanalytic Quarterly, 11*, 211–227.

Foster, R. (1978). *Celebration of discipline*. New York: Harper & Row.

Fox, G. (1831). *The works of George Fox*. Philadelphia Marcus T.C. Gould.

Frankl, V. E. (1964). Beyond self–actualization and self–expression. *Journal of Existential Psychiatry*, 5–20.

Frankl, V. E. (1966). *The doctor and the soul: From psychotherapy to logotherapy* (R. Winston & C. Winston, Trans.). New York.

Frankl, V. E. (1967). *Psychotherapy and existentialism: Selected papers on logotherapy*. New York,: Washington Square Press.

Frankl, V. E. (1969). *The will to meaning: Foundations and applications of logotherapy*. New York,: World Pub. Co.

Frankl, V. E. (1992). *Man's search for meaning: An introduction to logotherapy* (4th ed.). Boston: Beacon Press.

Freud, S. (1958). Recommendations to physicians practising psycho-analysis (J. Strachey, Trans.). In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 111-120). London: The Hogarth Press.

Freud, S., & Jung, C. G. (1974). *The Freud/Jung letters: The correspondence between Sigmund Freud and C.G. Jung* (R. Manheim & R. F. C. Hull, Trans.). Princeton, NJ: Princeton University Press.

Friedman, M. (1988). *Martin Buber's life and work*. Detroit: Wayne State University Press.

Fromm, E. (1973). *The anatomy of human destructiveness*. New York: Holt, Rinehart and Winston.

Fromm-Reichmann, F. (1990). Loneliness. *Contemporary Psychoanalysis, 26*(2), 305-330.

Gambetta, D. (1999). Primo Levi's last moments: A new look at the Italian author's tragic death twelve years ago. *Boston Review*, 25–29.

Giesen-Bloo, J., van Dyck, R., Spinhoven, P., van Tilburg, W., Dirksen, C., van Aselt, T., . . . Arntz, A. (2006). Outpatient psychotherapy for borderline personality disorder: randomized trial of schema-focused therapy vs transference-focused psychotherapy. *Archives of General Psychiatry, 63*(6), 649-658.

Goenjian, A., Stillwell, B. M., Fairbands, L. A., Galvin, L. A., & Karayan, I. (1999). Moral development and psychopathological interference in conscience functioning among adolescents after trauma. *Journal of the American Academy of Child & Adolescent Psychiatry, 38*, 376-384.

Greening, T. (1997). Post-traumatic stress disorder: An existential-humanistic perspective. In S. P. Krippner, S.M. (Ed.), *Broken images, broken selves: Dissociative narratives in clinical practice* (pp. 125-135). New York: Brunner/Mazel.

Greenson, R. R. (1960). Empathy and its vicissitudes. *International Journal of Psychoanalysis, 41*, 418-424.

Grof, C., & Grof, S. (1993a). Addiction as spiritual emergency. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 144–146). New York: Jeremy P. Tarcher/Putnam.

Grof, C., & Grof, S. (1993b). Spiritual emergency: The understanding and treatment of transpersonal crises. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 137–144). New York: Jeremy P. Tarcher/Putnam.

Hamlin, J., Wynn, K., & Bloom, P. (2007). Social evaluation by preverbal infants. *Nature*, 557-560.

Hare, R. D. (1993). *Without conscience: The disturbing world of the psychopaths among us*. New York: Pocket Books.

Herman, J. L. (1992). *Trauma and recovery*. New York: Basic Books.

Hilberg, R. (1961). *The destruction of the European Jews*. Chicago: Quadrangle Books.

Hilberg, R. (1971). *Documents of destruction: Germany and Jewry 1933–1945*. London: W. H. Allen.

Hilberg, R. (1996). *The politics of memory: The journey of a holocaust historian*. Chicago: Ivan R. Dee.

Hitler, A. (1943). *Mein Kampf* (R. Manheim, Trans.). New York: Literary Classics, Inc.

Hume, D. (1902). *Enquiries concerning the human understanding and concerning the principles of morals*. Oxford: The Clarendon Press.

Hume, D. (1964). *A treatise of human nature*. Oxford: The Clarendon Press.

Husserl, E. (1970). *Logical investigations*. New York: Routledge & Kegan Paul.

Jacobs, H. (1987). *Incidents in the life of a slave girl*. Cambridge, MA: Harvard University Press.

James, W. (1967). *Essays in radical empircism: A pluralistic universe*. Gloucester, Mass.: Peter Smith.

Jung, C. G. (1954). *Answer to Job* (R. F. C. Hull, Trans.). London: Routledge & Kegan Paul.

Jung, C. G. (1963). *Memories, dreams, reflections* (R. C. Winston, Trans.). New York: Pantheon Books.

Kafka, F. (1971). *Franz Kafka: The complete stories*. New York: Shocken Books.

Kant, I. (1963). *Immanuel Kant's critique of pure reason* (N. K. Smith, Trans.). London: MacMillan & Co., Ltd.

Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. New York: Oxford University Press.

Kohut, H. (1984). The role of empathy in psychoanalytic cure. In A. Goldberg (Ed.), *How does analysis cure?* (pp. 172-191). Chicago: University of Chicago Press.

LaGreca, A. M., & Silverman, W. K. (2009). Treatment and prevention of posttraumatic stress reactions in children and adolescents exposed to disasters and terrorism: What is the evidence? *Society for research in child development, 3*(1), 4-10.

Laing, R. D. (1960). *The divided self: A study of sanity and madness*. London: Tavistock Publications.

Langer, L. L. (1995). *Art from the ashes: A Holocaust anthology*. New York: Oxford University Press.

Lear, J. (2006). *Radical hope: Ethics in the face of cultural devastation*. Cambridge, MA: Harvard University Press.

Levi, P. (1986a). *The drowned and the saved* (R. Rosenthal, Trans.). New York: Summit Books.

Levi, P. (1986b). *Moments of reprieve* (R. Feldman, Trans.). New York: Penguin Books.

Linehan, M. M., & Dexter–Mazza, E. T. (2008). Dialectical behavior therapy for borderline personality disorder. In H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step by step treatment manual* (4th ed. ed., pp. 365–420). New York: The Guilford Press.

Mack, J. E. (1993). Foreword. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. xi–xiii). New York: Jeremy P. Tarcher/Putnam.

Maslow, A. (1966). Comments on Dr. Frankl's paper. *Journal of Humanistic Psychology*(6), 107–112.

Maslow, A. (1971). *The farther reaches of human nature*. New York: The Viking Press.

Maslow, A. (1999). *Toward a psychology of being* (3rd Edition ed.). New York: John Wiley & Sons, Inc.

Masson, J. M. (1984). *Freud's suppression of the seduction theory*. New York: Farrar, Straus and Giroux.

May, R. (1953). *Man's search for himself*. New York: W. W. Norton & Company, Inc.

May, R. (1981). *Freedom and destiny*. New York: Norton.

May, R. (1982). The problem of evil: An open letter to Carl Rogers. *Journal of Humanistic Psychology, 22*(3), 10–21.

May, R., Angel, E., & Ellenberger, H. F. (1959). *Existence: A new dimension in psychiatry and psychology*. New York: Basic Books.

May, R., Rogers, C., & Maslow, A. H. (1986). *Politics and innocence: A humanistic debate*. Dallas: Saybrook.

Melhem, N. M., Moritz, G., Walker, M., Shear, M. K., & Brent, D. (2007). Phenomenology and correlates of complicated grief in children and adolescents. *The American Academy of Child and Adolescent Psychiatry, 46*(4), 493-499.

MEMRITV (Writer). (2012). Saudi Cleric Salman Al-Odeh: Jews use human blood for Passover matzos. Washington DC: The middle east media research institute TV monitor project.

Mitchell, S. A. (1997). *Influence & autonomy in psychoanalysis* (Vol. 9). Hillsdale: The Analytic Press.

Muller, F. (1979). *Auschwitz inferno: The testimony of a sonderkommando* (S. Flatauer, Trans.). London and Henley: Routledge & Kegan Paul.

Murphy, G., & Ballou, R. O. (1960). *William James on psychical research*. New York: The Viking Press.

Nathanson, D. (1996). A conversation with Donald Nathanson.

Nayler, J. (1829). *A collection of sundry books, epistles and papers, written by James Nayler: with an impartial relation of the most remarkable transactions relating to his life*. Cincinnati: Whetstone & Buxton.

Olden, C. (1958). Notes on the development of empathy. *Psychoanalytic Study of the Child, 13*, 505–518.

Oman, D., & Thoreson, C. E. (2005). Do religion and spirituality influence health? In R. F. Paloutzian & C. L. Park (Eds.), *Handbook of the psychology of religion and spirituality* (pp. 435-459). New York: Guilford.

Orange, D. (1995). *Emotional understanding: studies in psychoanalytic epistemology*. New York: The Guilford Press.

Orange, D. (2010). *Thinking for clinicians: Philosophical resources for contemporary psychoanalysis and the humanistic psychotherapies*. New York: Routledge Taylor & Francis Group.

Orange, D. (2011). *The suffering stranger: Hermeneutics for everyday clinical practice*. New York: Routledge.

Pao, P. (1983). Therapeutic empathy and the treatment of schizophrenics. *Psychoanalytic Inquiry, 3*(1), 145–167.

Peck, M. S. (1983). *People of the lie: The hope of healing human evil*. New York: Simon & Schuster.

Pigman, G. W. (1995). Freud and the history of empathy. *International Journal of Psychoanalysis, 76*, 237-256.

Plato. (1875a). *The Republic* (B. Jowett, Trans. 2nd ed. Vol. 3). London: Oxford University Press.

Plato. (1875b). The Symposium (B. Jowett, Trans.). In B. Jowett (Ed.), *The dialogues of Plato* (Vol. 2, pp. 3-74). Oxford: Oxford University Press.

Post, S. L. (1980). Origins, elements, and functions of therapeutic empathy. *International Journal of Psychoanalysis, 61*, 277–293.

Pytell, T. E. (2006). Transcending the angel beast: Viktor Frankl and humanistic psychology. *Psychoanalytic Psychology, 23*(3), 490–503.

Rivers, W. H. R. (1918). The repression of war experience *Journal of the royal society of medicine, 11*.

Roemer, L., & Orsillo, S. M. (2009). *Mindfulless-and acceptance-based behavioral therapies in practice*. New York: The Guilford Press.

Rogers, C. (1961). A therapist's view of the good life: The fully functioning person *On becoming a person: A therapist's view of psychotherapy* (pp. 183-196). Boston: Houghton Mifflin Company.

Rogers, C. (1982). Reply to Rollo May's letter to Carl Rogers. *Journal of Humanistic Psychology, 22*(4), 85–89.

Rosenzweig, F. (1955). *On Jewish learning*. New York: Schocken Books.

Rule, A. (2000). *The stranger beside me. Ted Bundy: The classic case of serial murder*. New York: W. W. Norton & Company.

Russell, B. (1927). *Why I am not a Christian*. London: Watts.

Salter, A. C. (2003). *Predators: Pedophiles, rapists, and other sex offenders*. New York: Basic Books.

Sartre, J.-P. (1964). *Nausea* (L. Alexander, Trans.). New York: New Directions Publishing Corporation.

Saunders, C. (2006). *Cicely Saunders: Selected writings 1958–2004*. Oxford: Oxford University Press.

Schecter, D. E. (1973). On the emergence of human relatedness. In E. G. Witenberg (Ed.), *Interpersonal emplorations in psychoanalysis* (pp. 17–39). New York: Basic Books.

Schneider, K. (1987). The deified self: A "Centaur" response to Wilber and the transpersonal movement. *Journal of Humanistic Psychology, 27*(2), 196–216.

Schneider, K. (1989). Infallibility is so damn appealing: A reply to Ken Wilber. *Journal of Humanistic Psychology, 29*(4), 470–481.

Sciences, N. A. o. (1998). Terms used in describing the nature of science Retrieved October 31, 2012, 2012, from http://www.nap.edu/openbook.php?record_id=6024&page=2

Shengold, L. (1989). *Soul murder: The effects of childhood abuse and deprivation*. New Haven, CT: Yale University Press.

Skinner, B. F. (1957). *Verbal behavior*. New York: Appleton Century Crofts.

Sloane, S., Baillargeon, R., & Premack, D. (2012). Do infants have a sense of fairness? *Psychological Science, 23*(2), 196-204.

Sodi, R. (1987). An interview with Primo Levi. *Partisan Review, 54*, 355–366.

Sorokin, P. (1954). *The ways and power of love: Types, factors, and techniques of moral transformation*. Boston: The Beacon Press.

Staub, E. (1989). *The roots of evil: The origins of genocide and other group violence*. Cambridge: Cambridge University Press.

Stille, A. (1987, July 5, 1987). Primo Levi: Reconciling the man and the writer. *The New York Times Book Review,* 5.

Stolorow, R. D. (2003). Trauma and temporality. *Psychoanalytic Psychology, 20*(1), 158-161.

Stolorow, R. D. (2007). Anxiety, authenticity, and trauma: The relevance of Heidegger's existential analytic for psychoanalysis. *Psychoanalytic Psychology, 24*(2), 373–383.

Stolorow, R. D. (2011). *World, affectivity, trauma: Heidegger and post-Cartesian psychoanalysis*. New York: Routledge.

Stolorow, R. D., & Atwood, G. E. (1992). *Contexts of being: The intersubjective foundations of psychological life*. Hillsdale: The Analytic Press.

Strachey, J. (1934). The nature of the therapeutic action of psychoanalysis. *The International Journal of psychoanalysis*, 127-159.

Straus, M. A. (2009). Current controversies and prevalence concerning female offenders of intimate partner violence. Why the overwhelming evidence on partner physical violence by women has not been perceived and is often denied. *Journal of Aggression, Maltreatment & Trauma, 18*, 552-571.

Strozier, C. B. (2001). *Heinz Kohut: The making of a psychoanalyst*. New York: Farrar, Straus and Giroux.

Sullivan, H. S. (1940). Conceptions of modern psychiatry. *Psychoanalytic Quarterly*.

Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York: Norton.

Tart, C. (1993). The systems approach to consciousness. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 34-37). New York: Jeremy P. Tarcher/Putnam.

Tolstoy, L. (1904). My Confession. In L. Wiener (Ed.), *The complete works of Count Tolstoy* (Vol. 13). University of California: D. Estes & Company.

Tweedie, D. F. J. (1961). *Logotherapy and the Christian faith An evaluation of Frankl's existential approach to psychotherapy*. Grand Rapids: Baker Book House.

Vaughan, F. (1993). Healing and wholeness: Transpersonal psychotherapy. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 160–165). New York: Jeremy P. Tarcher/Putnam.

Very, J. (1883). *Poems by Jones Very*. Boston: Houghton, Mifflin and Company.

Walsh, R., & Vaughan, F. (1993a). Introduction. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 1–10). New York: Jeremy P. Tarcher/Putnam.

Walsh, R., & Vaughan, F. (1993b). The philosophy of transcendence *Paths beyond ego: The transpersonal vision* (pp. 203–205). New York: Jeremy P. Tarcher/Putnam.

Walsh, R., & Vaughan, F. (1993c). Problems on the path: Clinical concerns. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 131–137). New York: Jeremy P. Tarcher/Putnam.

Walsh, R., & Vaughan, F. (1993d). The riddle of consciousness. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 13–17). New York: Jeremy P. Tarcher/Putnam.

Walsh, R., & Vaughan, F. (1993e). Transpersonal dimensions of development. In F. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 109–115). New York: Jeremy P. Tarcher/Putnam.

Whitehead, G. (1725). *The Christian progress of that ancient servant and minister of Jesus Christ, George Whitehead. Historically relating his experience, ministry, sufferings, trials and service, in defence of the truth and God's persecuted people commonly called Quakers*. London: J. Sowle.

Wiesel, E. (1958). *Night* (S. Rodway, Trans.). New York: Discus Books.

Wiesel, E., & O'Connor, J. J. (1990). *A journey of faith: A dialogue between Elie Wiesel and his eminence John Cardinal O'Conner*. New York, N.Y.: Donald I. Fine.

Wilber, K. (1982). Odyssey: A personal inquiry into humanistic and transpersonal psychology. *Journal of Humanistic Psychology, 22*(1), 57–90.

Wilber, K. (1988). On being a support person. *The Journal of Transpersonal Psychology, 22*(2), 141–159.

Wilber, K. (1989a). God is so damn boring: A response to Kirk Schneider. *Journal of Humanistic Psychology, 29*(4), 457–469.

Wilber, K. (1989b). Love story. *New Age Journal, July/August*(33–36), 110–112.

Wilber, K. (1989c). Reply to Schneider. *Journal of Humanistic Psychology, 29*(40), 593–600.

Wilber, K. (1993a). The great chain of being. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 214–222). New York: Jeremy P. Tarcher/Putnam.

Wilber, K. (1993b). Paths beyond ego in the coming decades. In F. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 256-266). New York: Jeremy P. Tarcher/Putnam.

Wilber, K. (1993c). The pre-trans fallacy. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 124–129). New York: Jeremy P. Tarcher/Putnam.

Wilber, K. (1993d). Psychologia perennis: The spectrum of consciousness. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 21–33). New York: Jeremy P. Tarcher/Putnam.

Wilber, K. (1995). An informal review of transpersonal studies. *The Journal of Transpersonal Psychology, 27*(2), 107–129.

Willard, D. (1984). *Logic and the objectivity of knowledge: A study in Husserl's early philosophy*. Athens, Ohio: Ohio University Press.

Willard, D. (1988). *The spirit of the disciplines: Understanding how God changes lives*. San Francisco, CA: Harper & Row, Publishers.

Winnicott, D. W. (1960). Ego distortion in terms of true and false self *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. London: Karnac Books.

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. London: Karnac Books.

Winnicott, D. W. (1994). Hate in the countertransference. *Journal of psychotherapy practice and research, 3*, 348-356.

Wittgenstein, L. (1953). *Philosophical investigations* (G. Anscombe, Trans.). Oxford: Blackwell.

Wittine, B. (1993). Assumptions of transpersonal psychotherapy. In R. Walsh & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision* (pp. 165–171). New York: Jeremy P. Tarcher/Putnam.

Wolson, P. (2005). The existential dimension of psychoanalysis (EDP): Psychic survival and the fear of psychic death (nonbeing). *Psychoanalytic Review, 92*(5), 675-699.

Wyner, G. (1988). *Toward a phenomenology of conscientious action and a theory of the practicality of reason.* (Ph.D.), University of Southern California, Los Angeles.

Wyner, G. (2007a). *Fragments: Integration in a disintegrated world*.

Wyner, G. (2007b). *Hope for humanity after the Holocaust*.

Yalom, I. (1980). The concept of death in children. In I. Yalom (Ed.), *Existential Psychotherapy* (pp. 75–109). New York: Basic Books.

Yalom, I. (2008). *Staring at the sun: Overcoming the terror of death*. San Francisco: Jossey-Bass.

Yealland, L. R. (1918). *Hysterical disorders of warfare*. London: Macmillan.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York: Guilford Press.

Zimbardo, P. G., Haney, C., Banks, W. C., & Jaffe, D. (1974). The psychology of imprisonment: Privation, power, and pathology. In Z. Rubin (Ed.), *Doing unto others*. Englewood Cliffs, N.J.: Prentice-Hall.

Zurbriggen, E. L. (2010). Rape, war, and the socialization of masculinity: Why our refusal to give war ensures that rape cannot be eradicated. *Psychology of Women Quarterly, 34*, 538–549.