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Running head: MARTIN BUBER's *I AND THOU* . . .

Martin Buber's *I and Thou*: Implications for Christian Psychotherapy

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Abstract

This article examines Martin Buber's contribution to the theory and practice of psychotherapy. A brief biographical sketch is provided, followed by an explanation of his dialogical philosophy of *I and Thou*. This provides the basis for presentation of his critiques of Freud and Jung. The article concludes with implications of Buber's work for research and practice in Christian psychotherapy, and recommendations for further reading.

The thought of Martin Buber, especially his religious-poetical classic *I and Thou* (1937/2003), has had a profound and sustained impact on such diverse fields of study as political Zionism, anthropology, Christian theology, education, psychiatry, philosophy, and most importantly here psychotherapy (e.g., Agassi, 1999; Friedman, 2002). With a career spanning six decades, Buber (1878-1965) was one of the great Judeo-Christian thinkers of the 20th century, and was often consulted in ethical and political problems of the human condition (Jääskeläinen, 2000). Similar to a number of his predecessors, such as Blake, Dostoyevsky and Pascal, Buber foresaw the desacralisation of western society, in what he called the *Eclipse of God* (1952). He believed that modern thinking, characterized by secularism, scientism and rampant individualism had become so entrenched in modern life that humanity was becoming more and more isolated from God and each other.

Although Buber did not himself advance a psychotherapeutic system, his engagement with therapists and psychological ideas was persistent throughout his career (Katz, 1975). However, it was following the publication of *I and Thou*, that Buber realized “psychotherapists began to be interested to want to talk with me” (Buber, 1967a). Based upon his Judeo-Christian understanding of the psyche and humans’ relation to God, he then provided a detailed critique of psychoanalytic theory and methodology. Buber’s theory of dialogue was first received into the field of psychoanalysis through the work of Jungian Swiss psychiatrist, Hans Trüb (Zank, 2004). He then had a number of fruitful dialogues with Freud, Jung, Rogers and Victor White, amongst others. While Buber’s understanding of therapy was most closely aligned with Rogers person-centred therapy (see Friedman, 1994), it was his critique of Freud and Jung, which arguably produced the most important addition to the psychotherapeutic literature. This essay will discuss and evaluate the impact of Buberian thought, specifically his dialogical philosophy of *I and Thou*, on psychotherapy. Areas of

discussion are: a brief biographical sketch of Buber; an explanation of his dialogical philosophy – *I and Thou*; an analysis of his dialogues with Freud and Jung; and the implications of Buber’s dialogical theory for Christian psychotherapy.

Martin Buber, the Man and Scholar

Buber’s life experiences and education played a major role in shaping and defining his work. Born in Vienna in 1878, Buber lost both parents at the age of three. A close friend and associate of Buber, Ernst Simon (1973), has suggested that his “. . . search after his long lost mother became a strong motive for his dialogical thinking - his I–Thou philosophy” (p. 359). Following his loss, he was raised and educated by his grandparents. His paternal grandfather, who was a renowned Talmudic scholar, had a significant impact on the development of his grandson’s academic abilities and interests. Other influential events in Buber’s life, which all left an indelible mark on him, were the impact of the First World War, the murder of his close friend Gustav Landauer, and the horrors of the Holocaust (Friedman, 1991).

Perhaps the most significant episode in Buber’s early life and the development of his dialogic theory, was a period of suicidal depression and introspection in his teenage years. Uncharacteristic of a fourteen-year old boy, Buber had been tormented about the “absurd” nature of time and its relationship to eternity and his finitude existence. Of all things it was reading Kant’s *Prolegomena to All Future Metaphysics* that he called “my salvation”, which lifted Buber out of this despair. He surprisingly identified a mystical quality in Kant’s work and glimpsed the possibility of a real “meeting” between himself, God, and others (Friedman, 1991, p. 17). This led to a reliance on Kantian epistemology in the evolution of his philosophic anthropology (Katz, 1984). Buber’s description of an *It* is in part derived from Kant’s understanding of phenomenal knowledge, and Kant’s notion of noumenal knowledge provides a basis for Buber’s *Thou*.

His personalist philosophy of dialogue can be traced back to his doctoral dissertation, which explored the theories of individuation in the works of two great mystics, Nicholas of Cusa and Jakob Böhme (Friedman, 1991). During these early years Buber also engaged in the study of psychology and clinical psychiatry under Wilhem Wundt, the founder of experimental psychology (Stephens, 2001). Most significantly Buber then engaged in a life-long study of Hasidism, a movement that arose during the late 18th century amongst the European Jewry. Many orthodox Jews regarded Hasidism as “revolutionary and religiously liberal” (Telushkin, 1991, p. 214) because it focused on a personal relationship with God and one’s relationships with others, the foundational tenets of Buber’s *I and Thou*.

Buber’s *I and Thou* and its influence on psychology, psychopathology and psychotherapy, can only be fully understood in relation to his Hasidic wisdom writings (Agassi, 1999). Although Buber’s concept of the *I and Thou* relation is primarily based upon Hasidism he also explored the mystical traditions of other religions, such as Christianity, Buddhism, and Hinduism. This played a major role in his early developmental thinking and his philosophy of dialogue (Friedman, 1986). For Buber, the mystical unity postulated in Christian mysticism, Buddhism and Hinduism contradicts our essential experience of the world and each other. Buber explicitly denied being a mystic of the ilk of Meister Eckhardt or St Paul, who he classes as adherents of Gnosticism (Bertman, 2000). In his essay *With a Monist* (1914), he states

No I am not a mystic . . . the mystic manages, truly or apparently, to annihilate the entire world, or what he so names . . . But I am enormously concerned with just this world, this painful and precious fullness of what I see, hear, taste (p. 28)

For the discipline of psychotherapy, the most salient aspects of Buber’s Hasidic teaching is his notion of “hallowing the everyday” and “healing through meeting” in the

therapeutic relationship (Hycner, 1991). These concepts are based upon his philosophic anthropology of *I* and *Thou*.

I and Thou

In line with other thinkers, such as Protestant theologian Paul Tillich and Catholic existentialist Gabriel Marcel, Buber was unhappy with the idea of God as an “object” of human experience (Griffith-Dickinson, 2000). For Buber the objectification of God lay in the “. . . great deception in Europe of the last three hundred years: the rationalism and idealism which have typified philosophical thought since Descartes” (Horwitz, 1978, p. 229). In response, Buber (1937/2003) conceptualized his dialogical philosophy that explains the “self” in terms of relationships instead of what he called the “severed I”. He proposes two attitudinal relationships for the ‘I’: the *I-Thou* and the *I-it*. These form the basis for his anthropological dualism and in turn, inform his understanding of spiritual healing within psychotherapy.

The *I-Thou* relationship relates to a deep and mysterious personal engagement with the other, the other being the *Thou*. The *Thou* is not an object and has two dimensions. The first form of dialogical meeting as a *Thou*, is when two people encounter one another in a relationship characterized by “mutuality” and reciprocal love. In a psychotherapeutic context, this is a sacred moment when “the deepest self of the therapist meets the deepest self of the client” (Rugala & Waldo, 1998, p. 68). Secondly, the most fundamental and mysterious form of dialogical meeting is with the eternal *Thou*. The “God . . . him who – whatever else He may be – enters into a direct relation with us men in creative, revealing and redeeming acts, and thus makes it possible for us to enter into a direct relation with him” (Buber, 1937/2003, p. 75). Integral to both the Jewish and Christian traditions is the premise that whenever you have dialogue with another human being you are at the same time engaging with God (Mk. 12: 29-31). Accordingly, Buber concludes that “the relation to a human-being is the proper metaphor for the

relation to God” (Buber, 1937/2003, p. 81). Here we see the religious-existential character of Buber’s work in that he views God, not in abstract ontological terms, but in the concreteness of Abraham’s encounter with God (Bertman, 2000). Thus God, as the manifestation of perfect love is always foundationally involved in the encounter between therapist and patient.

The *I-it* relationship is diametrically apposed to the *I-Thou*, and is based upon the axioms of logical empiricism/positivism: objectivity, determinism, abstractive contemplation, and a utilitarian approach to the other. Buber does not deny that we live in a world of facts, and objects, and views philosophy itself as the “highest expression” of the *I-it* relation (Buber, 1952, p. 43). Psychotherapist Richard Hycner (1991), the co-Director for the *Institute for Dialogical Therapy*, notes that the *I-it* attitude is often misconceived and misunderstood as not being at all relevant to everyday living. But, “it is not the existence of the *I-it* attitude that is ‘wrong’ but rather its overwhelming predominance that manifests itself in modern technocratic society” (Hycner, 1991, p. 6). If psychotherapists adopt an authoritarian and predominantly rational and methodological approach to their clients, they will inevitably enter the world of *I-it*, resulting in “alienation” of the other. This was the crux of Buber’s polemic of Sigmund Freud’s psychoanalytic method, “. . . which presumes an omniscient analyst dealing with curiously foolish neurotics” (Agassi, 1999, p. xxiv). This type of *I-it* relationship views the other person as an object to be analyzed (subject-object relation) rather than approaching the person in a relational manner.

The Buber – Freud Dialogue

Buber considered Freud as a “late born apostle of the enlightenment”, who’s psychoanalytic hypothesis comprised mainly of a struggle against metaphysics and religious belief (Buber, 1999a, p. 2). He was scathing of Freud’s sweeping generalizations and during the rebirth of the spiritual in psychology in the 1960s he stated

that, “Fifty years of psychotherapeutic thought have been based on this dangerous thinking. Now this period is at an end” (Buber, 1967a, p. 157). Buber can then be seen as a prophet of modern times where “. . . unremitting Freud-bashing has achieved novel heights” (Agassi, 1999, p. xx) in most intellectual circles. Nevertheless, Freudian theory has had a monumental impact on 20th century thought and especially our understanding of the workings of the mind.

Buber was highly critical of the “. . . power implications built into the orthodox Freudian analytic situation” (Agassi, 1999, p. xxiv). Leslie H. Farber (1967), a psychotherapist and sympathizer of Buber’s ideas, suggests that when Freud observed a person’s behavior he saw “. . . megalomania, narcissism – libidinal drives operating in isolation, abstracted from human experience” (p. 582). For Buber, Freud’s thinking was a “. . . science that had detached itself from a comprehensive context” (Buber, 1999a, p. 111), and did not account for the complex interpersonal social and cultural relations of a person’s life. Freud was principally concerned with the intrapsychic dimension and all but discounted the “interhuman” within his psychological theory (Freidman, 1985). Buber’s assault on Freud’s psychotherapeutic model was twofold. He rejected Freud’s conception of the origin and treatment of guilt, and also his authoritarian and utilitarian understanding of the therapeutic relationship.

In his essay *Guilt and Guilt Feelings*, originally published in 1957, Buber provided a detailed and trenchant critique of Freud’s central idea of “guilt feelings”, laid out in *Totem and Taboo* (1960/1915) and *Moses and Monotheism* (1974/1939). Freud conceived guilt as a neurosis that is borne from social and parental taboos – the “superego”. These taboos and social norms are rooted in primeval religions, wherein patriarchal totemism was formed. Congruent with Freud’s dualistic conception of the conscious and unconscious, he saw the root of guilt feelings as perceived transgressions from these ancient and modern taboos. These feelings of guilt are then repressed in the

unconscious, especially in childhood and may lead to psychopathology in adult life (Palmer, 1997).

Buber rejects Freud's understanding of guilt, suggesting that in his theory there is ". . . no place for guilt in the ontological sense, unless it be the relationship of man to himself" (Buber, 1999a, p. 114). He makes a distinction between what he calls "existential guilt" and Freud's "groundless neurotic guilt". Buber defines guilt as "guilt that a person has taken on himself as a person and in a personal situation – cannot be comprehended through such categories of analytical science as 'repression'" (p. 116). Contrary to Freud, Buber views individual guilt as an "injury" to the ". . . order of the human world whose foundations he knows and recognizes as those of his own existence and of all common human existence" (p. 116). In short, he sees existential guilt as a violation of the common good, in the sphere of the inter-human.

Rather than embarking on an archaeological dig into the depths of the unconscious, as Freud would, Buber suggests three steps to overcoming existential guilt. First, "illuminate the guilt", that is openly confessing our guilt to other persons and God. It is within this stage of learning about self, that Buber suggests the patient experiences "the shudder of identity" (Katz, 1975, p. 424), which is the genesis of healing and personal growth. Second, we have to "persevere in that illumination, not as an anguished torment but as strong broad light" (Friedman, 2002, p. 18). This leads into the third and perhaps most important step of "repairing the injured order of existence" (p. 18). As individuals are always guilty in relation to others, this final step allows for reconciliation with other persons and in turn God, the ground of the *I-Thou* relation. Accordingly human sin is fundamental in Buber's understanding of guilt and how we can overcome it. It is our confession through the *I-Thou* encounter with another that Buber suggests allows for "religious confession", which ". . . means dialogue with the absolute divine person who replies in mysterious fashion out of his mystery" (Buber, 1999a, p. 127). If

Buber views confession of sin to God as crucial in the healing of human guilt, how then does this affect his understanding of the therapeutic relationship?

According to Freud, the only time during therapy when the two “selves” of the therapist and patient meet is during the process of transference and countertransference. In striving to remain faithful to his “science” of psychoanalysis, Freud battled against his humanistic desires and was very critical of the relational approach of other psychotherapists, such as Sandor Ferenczi (Freidman, 1985). Predictably, Buber objected to Freud’s deterministic thesis. He saw the Freudian approach as “a well-regulated game”, which views the patient as an object, an *I-it* relation (Buber, 1999a, p. 111). Within this game the therapist only tries to understand the guilt feelings in terms of repressed memories of the unconscious that manifest in the life of the patient as neurotic behaviour. The major contradiction in this approach, which Freud himself acknowledged, is that the therapist is trying to deal with the “unconscious feelings” that are supposedly inaccessible in the caverns of the mind. Conversely, Buber saw the need for the therapist to “step outside the established rules of his school” and “gaze beyond the limits into a sphere which is not his sphere of work” (p. 111).

From Buber’s perspective, this includes the sinful nature of humanity and the patient’s relationship with God. He acknowledges that this requires real personal commitment and engagement on behalf of the therapist. “A ‘doctor of souls’ who really is one – who does not merely carry on the work of healing but enters into it at time as a partner – is precisely one who dares” (p. 112). Fundamentally, Buber understood neuroses as an estrangement between the realms of *I-it* and *I-Thou*. It is through “meeting between” the two polarities of *I-it* and *I-Thou*, and being genuinely interested in the other person that healing and “wholeness” can be experienced in the therapeutic relationship (Hycner, 1991).

Freud's disciple, Carl Jung eventually broke away from his mentor's thinking, viewing his psychosexual hypothesis as too simplistic and deterministic. Jung wanted to consider the role of myth, religion, and philosophy in treating neuroses. His interest in the religious dimensions of human's psychological experience provided much greater scope for engagement with Buber.

The Buber - Jung Dialogue

In Buber's polemical essay, *Religion and Modern Thinking*, which was published in his book *The Eclipse of God* (1952), he attacked the theories of a number of 20th century philosophical heavyweights, existentialists Martin Heidegger and Jean Paul Sartre, and psychologist Carl Jung. The main theme of his polemic ". . . is that the radical subjectivism of modern thought has blocked access to the transcendent, resulting in spiritual blindness to the living presence of God" (Seltzer in Buber, 1952, p. xviii). Stephens (2001) has suggested Buber's critique of Jung revolves around three interrelated themes: the primacy of psychic truth, the nature of otherness in the human encounter, and most crucial, the nature of God and our relationship with Him. Discussion will primarily focus on these themes, within the context of the Buber-Jung discourse.

Historically, Jung was the first psychologist to highlight the importance of the soul, myth, philosophy and religion in modern psychology. He went far beyond Freud, and towards Buber, in recognizing the therapeutic relationship as a dialogue between human-beings (Friedman, 2002). Whilst Jung agreed with Freud that the mind was divided into conscious and unconscious he did not agree with Freud that the unconscious mind was the source of "all" neurotic conflicts (Dourley, 1995). For Jung, the psyche is comprised of three parts: consciousness, the collective unconscious, and the personal unconscious (Palmer, 1997).

Jung contended that the unconscious mind was historically prior to consciousness, and comprised “archetypes” that were produced by the “collective unconscious”. He defined the collective unconscious as “a common substratum [of archetypes] transcending all differences in culture and consciousness” (Jung, 1968a, p. 249). The source of these archetypes lay in the religious and mythological systems that have shaped the history of humanity. The fundamental archetype of the collective unconscious is the “self”, an integrating principle of the human psyche, which is distinct from the conscious mind or ego and is “the archetype of the God-image” (Jung, 1968b, p. 10). Its symbolic meaning can be conceptualized in various ways, for example religious images such as Christ, Tao or Buddha. Jung (1952), however, admits that he makes a “transcendental speculation” (p. 18) about the existence and functions of the self and the collective unconscious. This has led Buber, and many contemporary psychologists, to reject or heavily criticize certain aspects of Jung’s thinking (Cox, 1968).

In addition to the collective unconscious, Jung also suggests there is a “personal unconscious”, which derives from our personal history of family and culture. Within the personal unconscious there are repressed memories and elements of our psyche that have not been developed, which Jung described as the “shadow of the personality”. The primary objective of therapy for Jung is to redress any imbalances between the conscious and unconscious aspects of the psyche. Through this process of what Jung calls “individuation”, and what Buber would call *I-Thou*, the patient will hopefully encounter the “absolute”, leading to psychological healing and rehabilitation (Stephens, 2001).

Although Jung has often been classified as one of the most important thinkers in 20th century psychology, his eclecticism and strong links with Occult philosophy and alchemy (Gibbons, 2001), has meant he receives only a cursory note in most mainstream psychology text books (Passantino & Passantino, 1995). Jung was well aware of the reaction he would receive from the academic philosophers who would require empirical

evidence for his postulations. In a reply to Buber's criticisms of his collective unconscious and psychological expositions of Gnosticism, Jung remarked that, "Intellectuals and rationalists, happy in their established beliefs, will no doubt be horrified by this and will accuse me of reckless eclecticism, as though I had somehow invented the facts of man's nature and mental history..." from a "...theosophical brew" (Jung, 1952, p. 18). According to Gibbons (2001), Occult philosophy is so pervasive in Jung's work that his "analytical psychology can be regarded as a reformed occultism in the strictest sense" (p.107) and "...might be considered as a secular spirituality" (p. 109). It is then understandable why Jung is often seen as the pioneer of humanistic-existential and transpersonal psychology, in which a wide-range of esoteric mystical literature is brought to bear (Levy, 1983).

As Buber (1967b) had vehemently "turned against the popular reduction of God to a *psychologicum*" (p. 713), that is Jung's reduction of God to a psychic function, it is not difficult to see the origin of the Buber-Jung disputations, or how some Catholic scholars have labeled Jung as an enemy of the Church (Thevathasan, 1998). This is principally based upon Jung's docetic representation of Christ and rejection of the resurrection (Chapman, 1997). In light of this, Buber (1952) viewed Jung as "the leading psychologist of our day" who has "made religion in its historical and biographical forms the subject of comprehensive observations" (p. 78).

Jung's conception of God is totally incompatible with the Judeo-Christian orthodoxy of Buber (Dourley, 1995). In his lectures at the Washington (D.C.) School of Psychiatry in 1957, Buber describes Jung as a "...mystic of the modern, psychological type of solipsism" (Buber, 1999b, p. 113-114). Jung defines religion as "a living relation to psychical events which do not depend upon consciousness but instead take place on the other side of it in the darkness of the psychical hinterland" (Jung & Kerenyi, 1949, p. 102). Thus, he conceives God as "autonomous psychic content" (p. 205) and the human

soul as the origin and locus of God. Paradoxically, Buber (1952) views divinity as “the absolute Other, the absolute over and against me” (p. 68). Jung’s naturalistic conception of God is the foundational basis for all Buber’s criticisms of Jung’s psychology and his understanding of the therapeutic relationship.

Buber (1999b) concludes that Jung “oversteps with sovereign license the boundaries of psychology” (p. 46), offering no criterion for distinguishing between the religious and pseudo-religious. Whilst Buber was keen to articulate the Otherness and transcendent nature of God, he was also trying to correct the overemphasis of Rudolf Otto and Karl Barth on the “total” transcendence of God (Friedman, 1991, p. 343). In response to these criticisms, Jung berated Buber and other religious thinkers such as Victor White, a psychiatrist and Catholic priest, suggesting that they were among “people for one reason or another who think they know about unknowable things in the Beyond” (Buber, 1999b, p. 61). There is some truth in Jung’s argument, as Buber himself is at times guilty of claiming to know the legitimate boundaries of human knowledge and the divine, and how they interrelate. In a historical analysis of Buber’s philosophy, Herbert Schneider (1967) notes that during Buber’s dialogue with Jung he “allows himself to be tricked” into “discussing God’s independent existence” (p. 471). Whilst Buber normally adheres to a “situational analysis”, with the Judeo-Christian God as a truth position and starting point for his thesis, “he bursts occasionally into dogmatic utterance like a prophet, but behind his conviction is a well-grounded analysis of the available facts of religious experience” (p. 471). Although Buber’s *I-Thou* philosophy indicates some metaphysical speculation, it is Jung who is most guilty of unfounded conjecture.

Jung had little time for metaphysics and erroneously viewed himself as an empiricist not a metaphysician. However, Jung stretched the term empiricism far beyond Hume’s original model to include dream material, hallucinations, archetypes,

mythologies, and religious folklore (Dourley, 1995, p. 79). In Buber's rejoinder to Jung he states that Jung has done a disservice to "the science of psychology" by making unjustified statements and suggests that it is Jung's personal abhorrence of orthodox religious faith that has led him to such speculation and ambiguity (Agassi, 1999, p. 70). The lack of coherence and eclecticism in Jung's work is demonstrated in a recent study exploring the Buber-Jung disputations and their impact on the boundaries of contemporary analytical psychology (Stephens, 2001). Findings suggest that "splits within the Jungian community itself seem to be growing more frequent and violent" (p. 455). Having established the key differences between Buberian and Jungian theory it is now important to show how this affects our understanding of the therapeutic relationship in psychotherapy.

Jung "defines a person as a psychic system which, when it affects another person, enters into reciprocal reaction with another psychic system" (Friedman, 1985, p. 22). This is contrary to Buber's dialogical theory, wherein God as the eternal *Thou* is the root of all authentic *Thou* encounters with other persons. Friedman comments on the superficiality of Jung's theory and how ultimately the therapeutic relationship cannot be viewed as an authentic *Thou* encounter:

For all Jung's emphasis on rapport and mutual confidence, his ultimate vision of the therapist-patient relationship is one of two individuals psychic processes, each of which is aided through the interaction with the other, but each of which regards the other as a function of his own becoming. (p. 22)

Following his mentor Freud, Jung makes the logical error of assuming a definitive split between the unconscious and conscious minds, whereas Buber discards this approach as a remnant of Cartesian-dualism and recognizes the need to approach therapy in a holistic manner that does not split the person into a dichotomy of warring psychic forces (Friedman, 2002). The unconscious for Buber and modern day dialogical

therapists, is not a phenomenon in itself, but a condition in which “the physical and psychological have not yet evolved and in which the two cannot be distinguished from one another” (Friedman, 2002, p. 15). With this in mind, it is the “meeting” between patient and therapist in the therapeutic relationship which is pivotal to the onset of healing. This is what Buber and Hans Trüb, the founder of the Dialogical therapy movement, describes as “healing through meeting” when the uniqueness and wholeness of the other person is acknowledged and ontological distinctions in the person-person relation are partially collapsed (Hycner, 1991, p. ix). Commenting on the role of psychotherapists in the post-script of *I and Thou*, he made a clear distinction between doing “successful . . . repair work” and “regeneration of an atrophied personal centre” (Buber, 1937/2003, p. 166). To achieve this, he saw the need for mutuality, openness, directness, and presence in the therapeutic relationship (Agassi, 1999). Following this, the use of techniques and theories are less important for Buber than the patient and client entering into a genuine *I-Thou* encounter. Nevertheless, Buber also stresses the need for the therapist to be more giving than the patient, what he called a “legitimate superiority” (Katz, 1975).

In conclusion, although Jung appears to be a religious thinker and uses similar terminology to Buber to communicate his ideas, it is clear that their theories are fundamentally irreconcilable. However, while noting the many limitations of Jung’s biblical exegesis, Buber and contemporary Christian psychologists (e.g., Chapman, 1997; Stein, 1986) also acknowledge the usefulness of some of his ideas for Judeo-Christian psychotherapy.

Conclusion

This article provides a brief overview of Buber’s life and work, and his contribution to psychotherapy. His seminal theory of dialogue has had profound implications for psychotherapy, with hundreds of research studies showing that the

quality of the therapeutic relationship is related to therapy outcome (Yalom, 1980). Buber's critique of Freud's overt atheism and Jung and Rogers' non-theocentrism, provided an important corrective to the "culture of detachment" (Browning, 1987) and cult of "self-worship" (Vitz, 1977/1994) that had previously dominated psychotherapy. What Buber offered in *I and Thou* was a clear articulation of orthodox Jewish anthropology, which he then used to devise a relational approach to psychotherapy. The Hebrew bible provides a monistic view of body, soul and spirit (*nefesh* – the living man) that are in a harmonious relationship (Kaplan & Schwartz, 1997). Hence, Buber's vision of psychotherapy as a sacred encounter between therapist and patient, which above all should facilitate the quest for "human-wholeness". There is little doubt that Buber's contribution to the field has played a major role in the development of spiritual approaches in psychotherapy (Laing, Phillipson, & Lee, 1966), and explicit Jewish and Christian models of psychotherapeutic practice.

Christian psychotherapists have acknowledged the usefulness of Buber's *I and Thou* within their work. Olthuis (1994a,b, 1999) has advocated a relational psychotherapeutic model, which emphasizes the importance of "being-with" in the therapeutic relationship. Similar to Buber's understanding of the "sphere of between" in the therapeutic alliance, "being-with" is characterized by mutuality and a reciprocal love that is grounded in God. Therefore, the role of the Christian psychotherapist is as a co-partner with Christ in the ministry of grace within the healing process. Integral to "being-with" is "suffering-with"; that is entering into the depths of sin and brokenness of our clients. Drawing on the work of spiritual writer Henri J. M. Nouwen, Uomoto (1995) has emphasized the importance of "the practice of silence in listening for the suffering of others" within the therapist-patient dyad (p. 349). This closely mirrors Buber's conception of psychotherapy as "an affair of listening obedience" (Buber, 1965, p.131), in which the therapist enters into a religious dialogue with the patient. He describes this

beautifully as when “. . . the heavenly bread of self-being is passed . . . from one man to another” (p. 71).

As argued by others (e.g., Uomoto, 1995), it is suggested that to acquire a real “experiential” understanding of Buber’s (or closely related, Nouwen’s, 1990/1972) idea of “encountering of others” in the therapeutic relation (*I-Thou*), it is necessary for the therapist to have addressed their own wounds (in part). Of course, the healing of wounds can be a lifelong process and none of us are ever fully healed until death (Rev. 21: 4). But there is little doubt that on the road to Christian maturity there are milestones that fundamentally change our perception of who we are in Him. My understanding of my own brokenness came from the wound of infant adoption, the suicide of my biological birth mother, and a life lived without the knowledge of Christ, until five years ago. These experiences and the subsequent developmental journey of healing, which brought self-understanding, liberation in what St. Paul calls a “spirit of sonship” (Rom. 8: 15), were only wrought through the power of the Holy Spirit and the counsel of others who had *chosen* to enter their own wounds. Understanding my own brokenness and through the wise counsel of others, has allowed me to better recognize and work with the brokenness of others.

According to Buber it is the role of the psychotherapist to *facilitate* their clients to make *choices* that lead them to what Buber calls the “illumination of guilt”, the subsequent “shudder of identity” and eventually through “persevering in that illumination” to “repair . . . the injured order of existence” (see p. 10). Overlaying this process with the Christian narrative provides a model of psychotherapeutic practice that arguably could be constructed as follows. The client is convicted of their guilt (sinfulness) by the Holy Spirit (John. 16:8-9) and/or made aware of the impact of past traumas, which is facilitated through loving confrontation by the therapist. They then experience a lack of identity (despair, Kierkegaard, 1989/1849) that is the beginning of

finding greater identity in Christ. With the help of the therapist the client must then *choose to invite* Christ into their wounded past (the cross), and finally the client experiences healing, regeneration and to varying degrees “. . . the glorious freedom of the children of God” (Rom. 8: 21).

In practice, the client’s (or therapist’s) realization of their freedom and “spirit of sonship” is a path that is generally strewn with pain, anguish and tears (Rom. 8: 16-17), and only God knows the time and the way in which to deliver and heal the wounds of each person (Ecclesiastes 3:3). As a psychotherapist has what Buber calls a “legitimate superiority” in the therapeutic relationship, primarily based upon their training and experience, God no doubt uses this to bring much psychological and spiritual healing to their clients. Psychotherapeutic training, an extensive knowledge and experience are fundamental to the effectiveness of the therapeutic relationship and clinical outcome. Perhaps though, to really “encounter” the client, friend, or relative, those involved in soul care (psychotherapist, priest or lay counselor) must have walked into and through their own major wounds. God relishes a broken and contrite spirit (Psalm. 51: 17) and arguably will powerfully use those individuals who “know” Him to help reclaim the client’s “inner child” (Abrams, 1990). It is argued that within this sacred space of a real “encounter”, the “heavenly bread of self-being is passed” (Buber, 1965, p.71) between the therapist and client, and all psychological and psychiatric interventions are transcended. Of course, in a Christian framework the “heavenly bread” is the healing grace of God in the power of the Holy Spirit. There is little doubt that at times of real therapeutic intensity the “encounter” can become a form of “intercession”, where the therapist enters into the dark night of the soul with the client.

In summary, it is suggested that Christian researchers and therapists could greatly benefit from reading Buber’s work and integrating some of his ideas into their practice. It is recommended that in order to get a true picture of the wider implications of his book

for both humanity's individual and corporate relations, readers should first tackle reading *I-Thou*. It is a very challenging little book that needs considerable thought and reflection, but is well worth the effort! Readers are then directed to Judith Buber Agassi's (1999) recent text, which includes an excellent collection of his essays on psychotherapy, and dialogues and correspondences with the likes of Freud, Jung, Trüb and Rogers. For further reading on Jewish psychotherapy, see Volume twenty three, issue 3 of the *Journal of Psychology and Judaism*, which is dedicated to Hebraic psychotherapy. In particular, readers are encouraged to read the article by Kaplan and Schwartz (1997), which provides an interesting and scholarly analysis of Greek and biblical anthropology, and outlines the usefulness of patriarchal narratives in the practice of psychotherapy.

The majority of Buber's contribution to the theory of psychotherapy is based upon his dialogical philosophy. In the history of ideas, the publication of Buber's *I and Thou* will stand as a milestone in revolutionizing our understanding of the relational nature of humanity (Hycner, 1991). In turn, it has provided an invaluable source of wisdom for psychotherapists and all those involved in soul care.

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Buber writes: If I face a human being as my Thou, and say the primary word Iâ€“Thou to him, he is not a thing among things, and does not consist of things. Thus human being is not He or She, bounded from every other He and She, a specific point in space and time within the net of the world; nor is he a nature able to be experienced and described, a loose bundle of named qualities.Â [â€!] No aim, no lust, and no anticipation intervene between I and Thou. Desire itself is transformed as it plunges out of its dream into the appearance. Every means is an obstacle. Only when every means has collapsed does the meeting come about. I and Thou, translated by Ronald Gregor Smith, is a sublime read in its entirety. 0.1 Martin Buber : Biography. 1 Buberâ€™s Philosophy Summary â€“ I and Thou. 2 I and Thou Quotes. Martin Buber : Biography. Martin Buber was born in Vienna in 1878 and died in 1965. He was a Jewish philosopher and theologian.Â The basic formulation of Buberâ€™s philosophy (the philosophy of dialogue) is contained in I and Thou (Ich und Du in German) where he makes a radical distinction between two basic attitudes of which men are capable, described as I-Thou and I-It. I-Thou designates a relation between subject and subject, a relation of reciprocity and mutuality. I-It is the relation between subject and object, involving some form of utilization or control, the object being wholly passive.