LEVINAS, PSYCHOTHERAPY, AND THE ETHICS OF SUFFERING

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Summary

This article argues that by adopting a medical approach to the conceptualization, diagnosis, and treatment of emotional and psychological distress, contemporary psychotherapy has robbed itself of the possibility of genuinely understanding the radically ethical nature and significance of human suffering. This article discusses both some of the original sources and assumptions that provided the impetus for the adoption of the medical model in psychotherapy and also some contemporary restatements of these original positions. In opposition to both the dualism and reductionism inherent in medical approaches to psychotherapy, this article aims at providing a more hermeneutic-phenomenological understanding of human suffering, particularly as detailed in the work of the French philosopher Emmanuel Levinas. Such an alternative approach will seek to explicate the radically ethical nature of human suffering by recognizing therapists' fundamental responsibility to "suffer-with" and "suffer- for" their clients.

Despite tremendous theoretical diversity among the various schools of psychotherapy, the various psychotherapeutic theories and practices are united by the foundational desire to alleviate

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human suffering and pain. Although clearly allied with medicine in this way, the psychotherapeutic enterprise has traditionally been concerned with those forms of suffering presumed to lie beyond the scope of a solely medical—that is to say, biophysical—technology or knowledge. Thus, psychotherapy has sought to address the emotional, psychological, experiential, and moral dimensions of human suffering more than physical incapacity or pain. Indeed, as Adrian Moulyn (1982) has pointed out, it is conceptually vital that the therapist "separate pain in the bodily sense and of a physical nature from the pain of suffering" (p. 191). It is this later pain, this pain of suffering that "is the core of the human condition in a world of imperfections, contrasts, conflicts, dichotomies, and fractures," (Moulyn, 1982, p. 222) and to which psychotherapists must be most attentive.

Oddly, however, a careful and detailed psychological study of human suffering has only begun to take place within recent decades. In striking contrast to the lengthy and extensive history of philosophical and theological inquiry into the nature and purpose of suffering—an inquiry that stretches over centuries, if not millennia—the more strictly psychological discussion of the sources and meaning of suffering seems to stretch back only through the past three decades, and even then typically only from well outside the psychotherapeutic mainstream (e.g., Bakan, 1968; Copp, 1974; Duffy, 1992; Gilbert, 1989; Moulyn, 1982; Siu, 1988; van den Berg, 1972; Yalom, 1980).

Indeed, it was only in the early 1960s that the Viennese psychiatrist Viktor Frankl first began to broach the question of human suffering in a psychological manner with his landmark work *Man's Search for Meaning* (1963). Frankl detailed both his own and others' experiences of finding meaning in their suffering while being held captive in the Nazi extermination camps of the Second World War. As a survivor of both Aushwitz and Dachau, Frankl came to view suffering as a unique and inevitable human experience: inevitable, in that all of us must at one time or another experience suffering; and unique, in that each individual will always suffer in his or her own way. Frankl (1961) maintained that in suffering the individual is provided the opportunity to realize his or her essential freedom to choose the meaning of that suffering, as well as the meaning of his or her life. Thus, Frankl (1986) can say that "*human life can be fulfilled not only in creating and enjoying, but also in suffering*" (p. 106). This is possible, he argues, because

as human beings we possess a fundamental will-to-meaning that compels us to seek out the subjective meaning of our lives regardless of the particular circumstances in which we might happen to find ourselves.

American existentialists such as Rollo May (1950, 1969) and Irvin Yalom (1980) have contributed their voices to this dialogue by drawing not only on the work of Frankl but also the philosophical writings of Kierkegaard, Heidegger, Buber, Sartre, and Tillich. For May and Yalom, acknowledging that there exists a "deep anxiety inherent in the tragic possibilities of living" (Reeves, 1977, p. 193) is of paramount importance if one is to become centered and find the power to choose for oneself one's values and meanings (van Deurzen-Smith, 1997). Suffering as a form of powerlessness, an inability to experience oneself as responsible, is intolerable; "For no human being can stand the perpetually numbing experience of his own powerlessness" (May, 1969, p. 14). According to Yalom (1980), engagement in life, a willful and autonomously chosen "leap into commitment and action" is the only real cure available for one's own suffering, the only way in which authentic meaning can be generated in the face of the powerlessness of suffering. The meaning of human suffering is found, then, in the willful act of the autonomous subject resolutely choosing to forge meaning and value in the midst of anguish and powerless passivity.

More recently, Cassell (1991, 1992) has attempted to provide an outline of the various physical, psychological, and spiritual dimensions of human suffering. A key point in Cassell's work is that suffering should not be understood as simply the equivalent of pain, particularly when pain is conceived of in solely physiological or medical terms. Rather, the sources of human suffering are to be found in the challenges that threaten the individual's "intactness" as a complex and unified psychosocial being. Despite some minor differences in emphasis, Cassell's work shares much in common with that of Frankl, May, and Yalom. Like each of those authors, Cassell seeks to articulate a conceptual framework within which to not only make sense of the experience of suffering as a phenomenon of the person (rather than just the body) but also to grasp the nature of suffering at the level of its individual meaning.

In a slightly different context, and serving a slightly different theoretical purpose, Cassell (1982) has also argued that medicine's adoption of Cartesian mind-body dualism in the 17th century led to the problematic presumption that questions concerning the

nature of suffering did not belong within the purview of medical science. For, it was held, if suffering involves the whole human being and medicine's focus is solely the physical body, then questions concerning the nature of suffering are by definition beyond the realm of a strictly medical inquiry. However, refuting in part the seductions of a simplistic Cartesian dualism, Cassell has argued that suffering is experienced by the whole person, not merely by physical bodies or insubstantial minds or souls, and thus suffering, inseparably connected as it is to both body and mind, is most assuredly within the professional and scholarly realm of medical and therapeutic—rather than simply religious or philosophical—inquiry.

Given this brief background, it is possible to see that because of the dualistic assumptions adopted by medical science, psychology—in particular, psychotherapy—came to be seen as the appropriate scientific arena within which to address the human experience of suffering (Bakan, 1968; Moulyn, 1982). Unfortunately, however, most traditional formulations of the psychotherapeutic enterprise have been somewhat uncritical and contradictory in their conceptualizations of just exactly what human suffering is, what it means, or how it ought to be treated. Due to an inadequate explication of the nature and meaning of human existence, and the nature and ethical significance of suffering in that existence, psychotherapy has ironically adopted the very methods and diagnostic technologies of medical science that were initially presumed inadequate to the task of healing emotional and psychological distress.

This article intends to show that by adopting the technical and methodological trappings of the medical model in its attempts to treat emotional, psychological, and moral problems, psychotherapy has robbed itself of the possibility for genuinely understanding the ethical significance of human suffering. In contrast to the technological presumption of traditional medical-model psychotherapy, this article aims at providing a more hermeneutic-phenomenological understanding of human suffering, particularly as detailed in the work of the French philosopher Emmanuel Levinas. Such an approach seeks to understand the radically ethical character of human suffering by recognizing the fundamental responsibility of the therapist to suffer-with and suffer-for the client.

KRAEPELIN, FREUD, AND THE EMERGENCE OF THE MEDICAL MODEL IN PSYCHOTHERAPY

It was largely, although not exclusively, through the pioneering efforts of psychiatrists such as Emil Kraepelin, Eugen Bleuler, Karl Kahlbaum, Adolf Meyer, and Sigmund Freud that the so-called "medical model" came to be accepted as fundamental to the theory and practice of psychotherapy (Bankart, 1997; Shorter, 1997). Kraepelin systematized and delineated nosological entities in the field of psychopathology in much the same way that entities were delineated in the field of general medicine. Thus, for example, *dementia praecox*, a term popularized by Kraepelin (1893/1921) but later renamed *schizophrenia* by his student Bleuler (1911/1950), was seen as an illness in very much the same manner that a disorder such as cancer or pneumonia was seen to be an illness in medicine. Kraepelin's diagnostic structure maintained that there were several individually discernible psychiatric diseases, or illnesses, each distinct from the others. Thus, depression, schizophrenia, mania, and the like were different from each other just as pneumonia, rheumatism, and cholera were different from each other. In short, mental illnesses were just that: diseases of the mind (i.e., brain) or nervous system or other bodily organ or system. Although Kraepelin no doubt recognized the conceptual difficulties inherent in applying the disease model to mental events, it was nonetheless his firmly held conviction that dementia praecox, for example, was the result of a metabolic irregularity, and that other forms of mental illness, although perhaps less severe and disturbing, also had their origins in similar physiological dysfunction. For example, in the fifth edition of his famous *Psychiatrie: Ein Lehrbuch für Studirende und Aerzte* (1896), he placed Dementia Praecox right next to Thyroid Psychosis and Neurosyphilis.

In such a view, then, mental illness as illness possessed, as such, a definite etiology and pathogenic outcome. Indeed, according to Shorter (1997), in the psychiatric community, being a "Kraepelinian" came to mean that "one operated within a 'medical model' rather than a 'biopsychosocial' model . . . . A medically oriented psychiatrist believed in approaching psychiatric illness just as a cardiologist would approach heart disease . . . " (p. 108).

Although clearly not as "biologically disposed" in his explanations as his colleague Kraepelin, Freud's (1957) psychological

model of explanation nonetheless drew heavily on medical model assumptions of illness. For, in Freud's theory of neurosis—what some have termed a "compromise model of mental illness" (Rychlak, 1981, p. 83)—the sufferings of the neurotic are understood as merely the symptomatic expression of an underlying intrapsychic conflict taking place in the unconscious mind between id, ego, superego, and external reality (Freud, 1961a). As Freud remarks in *The Interpretation of Dreams* (1965), "Neurotic symptoms show that the two systems [the preconscious and the unconscious] are in conflict with each other; they [the symptoms] are the products of a compromise which brings the conflict to an end for the time being" (p. 620).

Like Kraepelin and Bleuler, Freud believed that a given psychopathology had its own specifiable etiology and essentially predictable developmental course and outcome. This can most clearly be seen when Freud writes to his friend and confidant Wilhelm Fleiss that

> The course taken by the illness in neuroses of repression is in general always the same: (1) The sexual experience (or series of experiences) which is traumatic and premature and is to be repressed. (2) Its repression on some later occasion which arouses a memory of it; at the same time the formation of a primary symptom. (3) A stage of successful defence, which is equivalent to health except for the existence of the primary symptom. (4) The stage in which the repressed ideas return, and in which, during the struggle between them and the ego, new symptoms are formed which are those of the illness proper. (Freud, 1989, p. 91)

Ultimately, for Freud (1961b), the genuine source of mental illness is "always present somewhere or other *behind every symptom*" (p. 99, italics added).

Despite a fair amount of progress having been made in the field, such early views find a continuing restatement in the discussions of psychopathology and its treatment that are taking place in our own day (e.g., Bergin & Garfield, 1994; Goodwin & Guze, 1989; Roth & Fonagy, 1996; Williams, 1992). For example, Maxmen and Ward (1995) discuss two different, but readily compatible, diagnostic approaches employed in contemporary psychology and psychiatry, which they term the *descriptive* and the *psychological*. Maxmen and Ward explain that the descriptive approach to psychopathology is "based on relatively objective phenomena that require nominal clinical inference; these phenomena include

signs, symptoms, and natural history" (p. 8). The psychological approach, on the other hand, is "based primarily on inferred causes and mechanisms . . . [and] considers descriptive phenomena, but merely as superficial manifestations of more profound underlying forces" (p. 8). In harmony with Maxmen and Ward, the American Psychiatric Association makes this statement in *The Diagnostic and Statistical Manual of Mental Disorders* (1994): "Whatever its [the particular mental disorder] original cause, it must currently be considered a *manifestation* of a behavioral, psychological, or biological dysfunction *in* the individual" (p. xxii, italics added).

Thus, it seems clear that with its adoption of the medical model, and the concomitant dualism and reductionism[1] inherent in that model, psychology has been led into a position that (a) equates suffering with pain; (b) presumes such suffering to be merely symptomatic of a deeper, underlying disorder (i.e., the person's suffering is simply the effect of some other, more significant, cause); and thus (c) interprets the phenomenon of suffering as essentially meaningless in itself, or at least meaningful only insofar as it serves to point toward something more significant that exists behind or beneath the suffering (Gantt, 1995). Unfortunately, this type of theoretical grounding has provided psychotherapy with a professional work focus that is frequently at odds with itself. On one hand, psychotherapy is about helping clients understand and appropriate their suffering so as to emerge with new and authentic possibilities of human being (Patterson, 1966). But, on the other hand, the phenomenal content of the suffering is reduced to the status of mere symptom or sign and, as such, is of little more than diagnostic relevance to the therapy. This leads directly to that state of affairs described by Goldberg (1986) where, although expected to be concerned with human suffering as part of their daily endeavors, clinicians end up doing little to actually address the real suffering of their clients.

THE QUESTION OF METHOD

How, then, is psychology to deal with this difficult and perplexing paradox? How is psychotherapy to approach the phenomenon of human suffering such that its meaning is both retained and respected? How will it be possible to articulate that meaning in such a way that the fundamentally social and moral dimensions of

human suffering are brought into sharpest focus? What, if any, theoretical and philosophical perspectives are there available to us as psychotherapists that will permit a more adequate and appreciative understanding of this dominant feature in human existence? I will argue that only by looking outside the dualistic and reductive traditions of mainstream psychological and psychotherapeutic theory can we discover an approach to these vexing questions that will yield genuinely fruitful and satisfying results. I will further suggest that the hermeneutic-phenomenological tradition in contemporary Continental philosophy offers a more fruitful means of inquiry into the meaning and nature of human suffering.

As articulated in the writings of such seminal thinkers as Martin Heidegger (1927/1962), Maurice Merleau-Ponty (1962/1989), Hans-Georg Gadamer (1976, 1960/1994), Paul Ricoeur (1981a, 1981b), and Emmanuel Levinas (1969, 1991), hermeneutic-phenomenology[2] has been advanced as the method of faithful description of "meaningful human phenomena in a careful and detailed manner as free as possible from prior theoretical assumptions" (Packer, 1985, pp. 1081-1082). Originating in the work of Husserl (1913/1982), phenomenology was conceptualized as a scrupulous inspection of the intentional acts of consciousness and its objects so as to arrive at a genuinely empirical understanding of the meanings and essences assumed to transcend all human thought. Husserl believed, as indicated in his famous dictum "back to the things themselves" (*Zurück zu den Sachen*), that we should allow the phenomenon under investigation to speak for itself without imposing on it our own arbitrary and limiting preconceptions. In other words, if we are trying to make sense of the experience of a table, then we must set aside or, to use Husserl's terminology, "bracket" the various assumptions and preconceptions we might have concerning the nature of the table so as to more adequately attend to how it is in fact given to us in our direct experiencing of it (Husserl, 1913/1982).

However, in the hands of Heidegger and his students (most notably Gadamer and Ricoeur), a hermeneutic or "interpretive" dimension has been incorporated into the phenomenological project. Originally devised as a method, or set of techniques, for interpreting the hidden meanings and divine messages contained in biblical texts, hermeneutics was appropriated by Heidegger and his followers for the study of the meaning of human action and experience as it shows itself in its "textual and narrative struc-

turedness" (Ricoeur, 1981a). The hermeneutic method is particularly sensitive to the inherently historical and sociocultural situatedness of all human existence. Thus, it regards the acts of explanation and understanding as primordial acts of rendering sensible and meaningful accounts of current historically situated and contextualized concerns and problems, rather than attempts to uncover the atemporal or ahistorical laws and structures underlying and determining reality. In this way, the hermeneutic approach seeks to provide a progressive disclosure of our understanding of that which we are studying, all the while recognizing that such a project can never be fully completed. For, given the fact that human existence is by its very nature radically temporal and historical, any attempts to render an account of that existence necessarily inform and alter it and thus create the need for further explication. Such is the essence of the so-called "hermeneutic circle."

Dedicated as it is to a faithful description and continuing interpretation of human phenomena, hermeneutic-phenomenology calls us to more careful consideration of the lived and experiential nature of suffering. As a method of inquiry into human experience, it provides both a means and a justification for undertaking this more careful consideration. Hermeneutic-phenomenology seeks to remind us of the primordial call to response, the cry for aid, and the plea for meaning that so completely characterizes human misery. It encourages us as psychotherapists to recover the meaning that lies at the very heart and soul of our profession: the fundamental desire to alleviate the suffering of others. In so doing, however, it would dissuade us from over hastily reducing the lived reality and meaning of suffering in some misguided attempt to "cure" it by explaining it away as just a symptom or diagnostic signpost. Hermeneutic-phenomenology solicits us to see that there is no mysterious and ultimately unknowable realm of causal entities lying hidden behind, or more real than, the phenomenal immediacy of human anguish.[3] In short, hermeneutic-phenomenology teaches us that the suffering *is* the symptom and the symptom *is* the suffering.

In addition, a hermeneutic-phenomenological approach seeks to continually remind us that suffering and the meaning of suffering are never private, individual matters. Suffering always implies and is always experienced by more than one person, by more than the individual subject. Suffering is fundamentally a social and

moral phenomenon and, as such, involves not only the one who is most directly suffering but also the one called on to respond to that suffering, to answer in some way for it, to care. Thus, the meaning of suffering is, from within a hermeneutic-phenomenological framework, never solely the property of the autonomous and freely willing individual resolutely forging meaning, but rather it is the negotiated and socially constructed product of our human (inter)relatedness and responsibility to and for one another.

THE ETHICS OF SUFFERING

It is in light of this necessity to heed the call to responsibility in the face of suffering that, I believe, the potential contributions of the French phenomenologist Emmanuel Levinas can most clearly be seen. Although long recognized and well established in European philosophical circles, only recently has the work of Levinas carved out for itself a well-deserved place in the philosophical discussions of the Anglo-American world. In such seminal works as *Totality and Infinity* (1969), *Time and the Other* (1987), and *Otherwise Than Being or Beyond Essence* (1991), Levinas confronts the questions of otherness (alterity), the Other, and the nature of goodness.[4] His work offers itself as an unrelenting challenge to those philosophies and therapies that seek to "totalize" (i.e., reduce) otherness (the not me) into sameness (the for me) by apportioning difference into pre-established characteristics, properties, and categories.

Quite obviously, the problem of the other person is one of immense importance to both the theory and practice of contemporary psychotherapy. Unfortunately, however, because the overwhelming majority of theoretical writing in the discipline has been preoccupied with issues of diagnostics, technique, and normalization, the question of the other has often been ignored or trivialized. As I have argued elsewhere (Gantt, 1994), this has led to a situation in the discipline in which the absolute otherness of the Other and the fundamentally ethical and moral responsibility engendered in the face-to-face encounter with the suffering Other have become subordinated to the "seemingly" more weighty matters of proper technique and successful method. The end result of this type of theoretical prejudice is that the suffering individual and the psychotherapeutic system are correlated with one another in

such a way that "the system defines what cure is . . . and the cure occurs because of the correct application of the method of cure generated by the system" (Heaton, 1988, p. 5). Thus, when psychotherapy looks into the pleading face of the suffering Other, it is equipped only to see reflected there the presence of certain pre-established diagnostic categories and/or causal conditions; to see individuals "reduced to being bearers of forces that command them unbeknown to themselves" (Levinas, 1969, p. 21).

In contrast to the reductionistic promise characteristic of so much of contemporary medical-model psychotherapy, the Levinasian position insists that the otherness of the Other can never be fully comprehended (literally, "taken in hand," "grasped") or captured. Rather, the presence of the other qua other will always come as an irruption of our projects and an excessive overflowing of whatever established categories or preconceived biases we might have. Levinas (1969) has argued the following:

> The alterity of the Other does not depend on any quality that would distinguish him from me, for a distinction of this nature would precisely imply between us that community of genus which already nullifies alterity . . . . The Other remains infinitely transcendent, infinitely foreign; his face in which his epiphany is produced and which appeals to me breaks with the world that can be common to us, whose virtualities are inscribed in our nature and developed by our existence. Speech proceeds from absolute difference. (p. 194)[5]

Levinas maintains that it is only in the radical plurality of absolute and irreducible difference that a genuine sociality can come to pass; a sociality that begins in the unilaterally ethical command: Thou shalt not kill. This, however, is not to be construed as some logically derived and abstracted ethical principle or Kantian maxim that, through the force of its conspicuous rationality, demands our (intellectual or political) submission. It is, rather, the eminently concrete moment of the ordinary, simple, and everyday fact of the other person who stands facing me, soliciting aid and pleading for respite, forcefully calling me out of the hollow void of egocentrism with a gentle demand for moral response (cf. Levinas, 1969, p. 150). Levinas would have us come to understand that what is truly meaningful occurs in that infinite gap separating and joining the I and the other in ethical proximity; in the I who is morally subjected to the sufferings of an-other in that "pain [that is] lightly called physical" (Levinas, 1987, p. 69). This moral subjec-

tion, or perhaps more appropriately, moral identity, is revealed in "the face of the other [who] is destitute; it is the poor for whom I can do all and to whom I owe all. And me, whoever I may be, as a 'first person,' I am he who finds the resources to respond to the call" (Levinas, 1985, p. 89). In other words, I am who I am both because I have been called by the other to response, to render an accounting of my existence, and because I am thus the only one able to render such an accounting to and for the other. Again, as Levinas (1985) has said, "I am I in the sole measure that I am responsible, a non-interchangeable I . . . . Such is my inalienable identity as subject" (p. 101).

The real work of psychotherapy, when conceptualized from within this Levinasian perspective, takes place as the therapist responds to the ethical obligation to suffer-with an-other in the here-and-now immediacy of his or her suffering-through the inevitable and inescapable vicissitudes of daily living. As Levinas (1988) notes in a recent essay, this perspective allows "a radical difference to emerge between *suffering in the Other*, which for *me* is unpardonable and solicits and calls me, and suffering *in me*, my own adventure of suffering whose constitutional or congenital uselessness can take on a meaning, the only meaning to which suffering is susceptible, in becoming a suffering for the suffering—be it inexorable—of someone else" (p. 159). The point here is that it is in and through "suffering-for" the "useless suffering" of an-other that existence can derive a genuine meaningfulness.

Thus conceived, suffering-with in suffering-for the suffering of an-other, becomes, in the words of Stephen Gans (1988), "the necessary and sufficient context for analytic-therapeutic or ethical relatedness" (p. 88). For it is in suffering-with that I am called out of the solipsism of my everyday self-concern and entreated to "cease living 'as if' by going through the motions, turned away from my fellow man in despair, and instead respond to the address of the face which touches my heart and asks me to tell the truth" (Gans, 1988, p. 88). Of course, I can always attempt to uproot myself from such responsibility. I can, Levinas says (1990),

> deny the place where it is incumbent on me to do something, to look for an anchorite's salvation. One can choose utopia. On the other hand, one can choose not to flee the conditions from which one's work draws its meaning, and remain here below. And that means choosing ethical action. (p. 100)

In thus providing a nontotalizing context wherein the therapist can responsively attend to the Other *as* Other, suffering-with provides a genuine opportunity for desire to find ethical expression in the primordiality of the face-to-face. As such, the therapeutic situation is no longer conceived of in terms of a dialectical or authoritarian totality: the one who will heal the one in need of healing. Suffering-with is a moment in which, rather than dogmatically pursuing a pre-established mode of therapy with a particular client-type to realize a particular outcome, we stand open to the being of the other person, a radical otherness that reveals a world of mystery—a world that cannot be appropriated in terms of preconceived categories or totalizing systems. The call of the Other is a summons to sociality; a call to take on ourselves the arduous task of "living an equitable life" in suffering-with and suffering-for the suffering of the other person. In short, the ethical call to responsibility is the grounds on which any discussion of therapeutic technique or practical application must begin. The call to suffer-with is, thus, morally prior to any formal articulation of any particular form of therapeutic intervention.

Clearly, the Levinasian alternative articulated here has much in common with that offered in the writings of Maurice Friedman (1985a, 1985b, 1998) and others (e.g., Krasner & Joyce, 1995). For example, drawing on the philosophical work of Martin Buber, Friedman (1985a) argues for a conceiving of therapy as "dialogue" and "meeting," in which "What is crucial is not the skill of the therapist, but rather what takes place *between* the therapist and the client *and* between the client and other people" (p. 3). Further resonating with the Levinasian perspective offered here, Friedman (1985a) argues that "Only if the therapist discovers the 'otherness' of the client will he or she discover his or her own real limits and what is needed to help the client" (p. 6). In short, then, psychotherapy is not just about "healing in the negative sense" (i.e., curing a deficit or solving a problem) but, more fundamentally, it is "a movement in the direction of a climate of trust, a caring community, a community that confirms otherness" (Friedman, 1985a, p. 218).

Within such a framework, it can be seen that therapy as a response to the call to suffer-with the other in his or her suffering provides for a radically alternative understanding of the therapeutic relation. As such, it should not be confused with a facile or simple-minded suggestion that we ought to quietly commiserate

with our clients as they trudge in and out of the consulting room. Suffering-with is far more radical than any proposal for either convenient co-misery or simplistic sympathy. It is, paradoxically, a supremely concerned moment of un-concern in which we abandon the vain justifications of our professional self-indulgences and, in their stead, offer up ourselves in ethical response to the plea of the suffering other we find before us (cf. Gantt, 1994; Halling, 1975). In suffering-with as a suffering-for we take upon ourselves the pains and torments of the other in a selfless act of understanding and giving; an act which in no way brooks condescension on our part. Whereas cure, the alleviation of suffering, may well occur in therapy, from this perspective the question of curing the other is seen to be ancillary to (or perhaps, more accurately, derivative from) the call to suffer-with and suffer-for.

Thus, it would be conceptually misleading to construe suffering-with as simply one more empathic technique among others that might be profitably employed in bringing about some "egalitarian framework of shared power and disclosure . . . [where] each takes responsibility for himself in the relationship" (Rogers, 1977, p. 287). Suffering-with is not, as Rogers conceived of empathy, "a technical channel by which the therapist communicates a sensitive empathy and an unconditional positive regard" (Rogers, 1989, p. 233). For, suffering-with as suffering-for is neither technique nor "technical channel," but quite literally an offering of oneself for an-other. As such, it is in its very essence opposed to the mechanicalized world of therapeutic techniques and technical manipulations.

This is not, however, to say that technique is never warranted or has no place or purpose in our therapeutic endeavors. Such an assumption would prove to be not only impractical but absurd. Rather, it is to say that suffering-with another in the very moment of their anguish is ethically prior and morally superior to any method or technique, any of which must ultimately be seen as derivative from and subservient to the call to ethical response in the face of suffering. In other words, method and technique must always be guided by and subordinate to our fundamentally moral responsibility to the Other; a responsibility in which we find ourselves always already obligated to attend to the needs of the other person. Only when psychotherapy comes to admit this ethical priority, to take on itself the requirements of ethical obligation, will it become truly "therapeutic" in the fullest and richest sense of that word.[6]

CONCLUSION

Thus conceived, the work of psychotherapy can begin a movement away from the dehumanizing dualism and mechanical reductionism of modern medical-model psychotherapy and toward satisfying the ethical obligation to suffer-with the other in the here-and-now immediacy of his or her misery. Such a move should not, of course, be seen as a technical move toward some system of therapeutic intervention that might be operationally implemented so as to increase positive outcome probabilities. Neither should it be understood as one more in the long tradition of "theories of cure" (Bankart, 1997). Rather, the Levinasian alternative outlined here seeks to radically recast the meaning of human suffering so as to alert us to the fundamentally ethical summons embodied in that suffering, a summons that demands that we be willing to shoulder the heavy and agonizing burdens of an-other's pain. For the therapist, suffering-with as a suffering-for the suffering of an-other may result in some measure of relief for that other, but ultimately, the question of relief is subservient to the necessity of response.

NOTES

1. The reader may wonder at my suggestion that the medical model is both dualistic and reductionistic in nature, particularly because these two positions are often understood to be antithetical to one another. I would argue, however, that in the case of the medical model we can see both positions in simultaneous operation. First, we see the dualism assumed in the distinction that is made between physical entities and mental entities. Second, we can see a mechanistic reductionism in the tendency to adopt one of these entities as being of central disciplinary importance (i.e., the body in medicine and the mind in psychology) and then reducing the chosen entity down into its component mechanisms and isolate functions. For more on this issue, see Medard Boss's *Existential Foundations of Medicine and Psychology* (1994) and Drew Leder's *The Absent Body* (1990).

2. The term *hermeneutic-phenomenology* is taken originally from Heidegger's masterwork *Being and Time* (1927/1962, pp. 49-63), where it is used to describe the fundamentally interpretive character of human existence. Unfortunately, however, for many traditional phenomenologists, particularly those who identify their work's affinities as being more with Husserl than Heidegger, the term is seen to be little more than a contradiction of itself. They argue, with a certain amount of cogency and persuasiveness, that the purpose of the phenomenological method is to attain a

vision of consciousness untainted by prior influences or interpretations. In other words, the point of phenomenology is to let the facts of experience speak for themselves without any prejudicial interruptions or interpolations on our part. However, Heidegger and other hermeneutic thinkers, such as Gadamer and Ricoeur, want to honor both terms of their descriptive methodology. They wish to both let the facts speak for themselves and appreciate that there are no uninterpreted facts. Obviously there is a significant intellectual dilemma involved here, and one that is still very much under discussion in a number of philosophical circles. Unfortunately, it is a dilemma that lies well beyond the limited scope of this article. For a more detailed treatment of this interesting question of the relationship between hermeneutics and phenomenology, please see Dostal (1993), Gurwitsch (1966), Kockelmans (1988), and Ricoeur (1981b).

3. This is not to say that the origins of suffering are always directly or clearly manifest. Rather, it is to say that appeals to an "unconscious" must avoid conceptualizing it in object-like terms, as though it were an actual entity endowed with causal power over lived experience. For provocative examples of alternative ways of conceptualizing the unconscious as human activity rather than causal entity, see van den Berg (1972) and Boss (1963, 1990).

4. Throughout this section, in dealing with the contrasting pair of terms *Other* and *other*, I will be adhering to the early translation conventions of *Totality and Infinity* (Levinas, 1969), conventions that were *not* continued in the subsequent English translation of *Otherwise than Being or Beyond Essence* (Levinas, 1991), although the translator involved was the same in both cases. In *Totality and Infinity*, *Other* represents *l'autrui*, or the personal other, the other person. In contrast, *other* is employed to represent *l'autre*, or otherness in general. Levinas takes great pains to show that the other always already requires the Other: "The other qua other is the Other [L'Autre en tant qu'autre est Autrui]" (1969, p. 71).

5. It is perhaps appropriate here to alert the reader to the often vividly hyperbolic nature of Levinas's rhetorical style. Drawing on not only philosophical but religious sources for inspiration (particularly the language of the Bible), Levinas often uses highly metaphorical and symbolically charged terminology in making his arguments. As such language and rhetorical style are not often found in journal articles dealing with psychological issues, this section may prove somewhat challenging until one is more fully acclimated to the Levinasian style.

6. The Greek word from which we derive the term *therapy* is *therapeia*, a term that denotes service or attendance as well as healing. In addition, it connotes an act of service, or "tending to," that is freely and devotedly given rather than forced or purchased (for a more detailed treatment of this point, see R. N. Williams & Faulconer, 1994, p. 346).

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