

---

# Dialogical Constructivism: Martin Buber's Enduring Relevance to Psychotherapy

Journal of Humanistic Psychology

51(1) 41–60

© The Author(s) 2011

Reprints and permission: <http://www.sagepub.com/journalsPermissions.nav>

DOI: 10.1177/0022167810379959

<http://jhp.sagepub.com>



Alexandra L. Adame<sup>1</sup> and Larry M. Leitner<sup>2</sup>

## Abstract

In this article, the authors explore the connections between a relational–existential approach to psychotherapy, called experiential constructivism, and the work of Martin Buber. They begin by describing the basic principles and philosophical underpinnings of experiential constructivism and the writings of Martin Buber, specifically his writings on the I–Thou relationship. Next, they describe the process of psychotherapy in accord with these principles as well as their thoughts about the overall goals of therapy from a relational–existential perspective. Finally, they discuss the notion of transpersonal reverence and introduce the concept of transpersonal responsibility as they describe the healing process that continues outside of the confines of the therapy relationship.

## Keywords

Martin Buber, constructivism, existentialism, dialogical, psychotherapy, transpersonal

Experiential Personal Construct Psychology (EPCP; Leitner, 1985), a relational–existential elaboration of Kelly's (1955) personal construct theory, has philosophical underpinnings that clearly overlap with the work of Martin Buber

---

<sup>1</sup>Seattle University, Seattle, WA, USA

<sup>2</sup>Miami University, Oxford, OH, USA

## Corresponding Author:

Alexandra L. Adame, Seattle University, 901 12th Ave., Seattle, WA 98122

Email: [adamea@seattleu.edu](mailto:adamea@seattleu.edu)

(1957, 1958, 1965a, 1965b, 1967). From its initial description, EPCP has acknowledged an overlap between the EPCP concept of ROLE relationship and Buber's (1958) concept of I–Thou relation (Leitner, 1985). However, except for occasional passing references (e.g., Adame & Leitner, 2009; Leitner, 1985, 2001), we have not directly compared the two theories. An exploration of the relationship between EPCP and Buberian philosophy is important for at least two reasons. First, more systematically exploring the dialogical foundations of EPCP may further elaborate and clarify certain nuances in experiential constructivist theory. Furthermore, as a theory intimately tied to clinical practice, such theoretical clarifications should lead to new ways of being with people experiencing psychological distress.

In this article, then, we will systematically compare EPCP and Buberian principles in the context of psychotherapy. In the first part of the article, we will provide a brief overview of EPCP and explicate and clarify some of Buber's terminology in an attempt to unpack some of its clinical implications for EPCP. More specifically, we will describe psychotherapy as a process of healing through meeting as articulated by Leitner and Buber or what we are calling the approach of dialogical constructivism. We will articulate the various stages of therapy based on this approach combining experiential constructivism and some of the main principles of Buberian philosophy. We will conclude by exploring in more detail the EPCP concepts of transpersonal reverence and introduce the concept of transpersonal responsibility. These transpersonal concepts follow from the relational foundation of both EPCP and Buberian philosophy and show how the process of healing through meeting continues beyond the confines of the therapy relationship into our interactions with humanity at large.

## **Experiential Constructivism**

EPCP (Leitner, 1985) holds that meaning is co-constructed in our dialogical relationships with others. The relational focus of the theory stems from Kelly's (1955) sociality corollary that states, "*to the extent that one person construes the construction process of another, he may play a role in a social process involving the other person*" (p. 66). The primary focus of EPCP is on mutually intimate relationships where each person comes to know the other's most central understandings of self and the world. These types of deeply intimate relationships are called ROLE relationships (capitalized as to not confuse the term with the sociological term) because each person plays a role in the construal processes of the other. In other words, as we come to know each other's most central constructions of our identities and worldview, we mutually

influence and elaborate on these constructions in the cocreated dialogue between us.

In a ROLE relationship both people are coming to know each other's personal *processes* of construing the world and not simply understanding the content of the construct system (Leitner, 1985). However, in coming to understand the other's construction system, we acknowledge that we can never completely know another person but we are able to stand in reverence of the mystery of the other (Leitner & Faidley, 1995; Mair, 1989). Thus, a hallmark of ROLE relating is simultaneously honoring the profound interpersonal connection while also acknowledging the separateness and unique mystery of each person. From a Buberian perspective, Watkins (2000) concurs that "true dialogic relation is not based on verbal exchange, but rather on the autonomy of the other and one's openness to the other" (p. 130).

ROLE relationships have the potential to fill our lives with meaning and purpose as we connect and engage with others on a deeply intimate level. In these meetings, we stand open to the other to give and receive in the act of confirming one's core sense of being. There is a sense of felt empathy in the dialogical space of the ROLE relationship as both people acknowledge the courage it takes to open our hearts to another. However, when we choose to open our hearts to another in such a way, there is also a possibility that the other person will not affirm and honor us. Given the vital nature of these meanings, an invalidation of our very core sense of being can be a profoundly damaging experience. Over time, repeated instances of invalidation of one's core sense of self may threaten one's essential understanding of self and others (Leitner, 1985, 1988, 1999; Leitner & Faidley, 1995).

When we globally retreat from ROLE relationships, we are safe from further invalidation but become experientially numb to the world in our isolation. EPCP conceptualizes psychopathology as communications about the ways we struggle with the terrors, and potential joys, of intimately relating to others (Leitner, 1985; Leitner & Dill-Standiford, 1993; Leitner, Faidley, & Celentana, 2000). For instance, the experience of hearing voices can be construed as a meaningful communication about a person's loss of psychological boundaries between him or her and others. The experience may also be understood as a retreat from intimacy as others may find it difficult to relate to the experience of hearing voices. Therefore, the experience of hearing voices can be understood as a simultaneous attempt to communicate with others while at the same time retreating from meaningful connection. Thus, the task of the therapist is to help the person explore the meaning and purpose of hearing voices and what this experience communicates about his or her sense of connection to (and fear of) others.

## Primacy of Dialogue

Buber, in *I and Thou* (1958), explicates his philosophical anthropology, rooted in Hasidic Judaism, of the primary relations of I–Thou and I–It. Buber posits that the ontological basis of human existence lies in the dialogue between self and others and the primary relations of I–Thou and I–It are the relational stances from which we engage the world. An “I” is never in isolation but always exists and is shaped by its relation to an It or a Thou. Buber (1958) explains that “primary words do not signify things, but they intimate relations. Primary words do not describe something that might exist independently of them, but being spoken they bring about existence” (p. 3). For example, the primary word of I–Thou is not an abstract concept that can be measured, quantified, or abstracted from the immediate, dialogical context in which it exists. Thus, it may make more sense to speak of I–Thou or I–It encounters or moments of meeting rather than as abstract concepts because we must choose in every action the manner in which we will respond to another.

Similarly, when we refer to dialogue, we (along with Buber) do not always mean literal spoken conversation but also how our choices and actions in life are a way of dialoguing or being-in-the-world. Buber (1965a) says that genuine dialogue:

No matter whether spoken or silent [is] where each of the participants really has in mind the other or others in their present and particular being and turns to them with the intention of establishing a living mutual relation between himself and them. (p. 19)

Like primary words, we may speak about dialogue as a stance or what Cissna and Anderson (2002) describe as an “ontological perspective” we take in relation to the world.

Buber’s core writings (1957, 1958, 1965a, 1965b, 1967) have many similarities with EPCP’s focus on relationality and the primacy of dialogue as the locus of meaning and healing in the therapeutic context. EPCP and Buber’s approaches both place their focus on the realm of “the between” that exists in the dialogue between self and other. Cissna & Anderson (2002) explain that

this sphere of the between, as [Buber] called it, was not just a site for communication, but the basic ground of humanness; we become persons through our connections with others. Dialogue was neither a technique nor a means to an end, but an ontological perspective. (p. 57)

Both of these approaches view dialogue through relation as the primary mode of how we realize our human potentialities.

ROLE relating, or EPCP's relational stance of openness in coming to know another person intimately while respecting the uniqueness of the other, is congruent with Buber's (1958) notion of an I–Thou relationship. Buber (1958) explains that

he who takes his stand in relation shares in a reality, that is, in a being that neither merely belongs to him or merely lies outside him. All reality is an activity in which I share without being able to appropriate for myself." (p. 63)

Buber recognizes the co-constructed nature of reality and, like EPCP, holds that meaning is created in the realm of relationships. In contrast to the I–Thou stance, the I–It stance is one in which the person treats the other as something to be controlled or used and the reality of the other's experiencing self is not revered. It also should be noted that, although Buber argues that our realities are created in the dialogues between people, the distinction between self and other is not dissolved in this interaction (Watkins, 2000). Rather, the self is always defined in relation to another and our knowledge about the world is contextual, localized, and co-constructed (Walters, 2003).

ROLE relationships also are similar to Buber's notion of the I–Thou stance in that both entail mutuality in genuine dialogue in which a person is open to the other's life and understandings of the world. Additionally, the I–Thou stance and ROLE relationships imply a willingness for the other to share in his or her existence, thereby influencing or playing a role in that person's life. Buber (1965b) says that authenticity in relationships "does not depend on letting himself go before another, but on his granting to the man to whom he communicates himself a share in his being" (p. 67). We have discussed how genuine dialogue forms the basis of a meaningful existence, and in the section on relational injuries, we will discuss how less than optimal relational contexts can result in psychological trauma.

## **Relational Injuries**

As we previously discussed, participation in intimate relationships with others has the potential to instill our lives with a profound sense of meaning and purpose, yet to come to know another in such a way also involves the risk that the other person will not hold our hearts gently. We conceptualize the phenomena that other theoretical orientations construe as symptoms of "mental

illness” as creative and often courageous ways of balancing the need for connection with others with the terrors of such intimacy (Leitner, 1985; Leitner et al., 2000). However, as we and Buber have posited, relation is not simply an act but the foundation of our ontological existence. Thus, although we honor and credulously approach the ways that people retreat from intimacy, we also acknowledge that such styles of relating lead to great suffering as we become experientially numb to what makes us fully human. The experiences of isolation, emptiness, and meaninglessness are at the core of what we call psychopathology—understood literally as the suffering (pathos) of the soul (psyche).

Friedman (1996) has elaborated extensively on Buber’s philosophical anthropology in the practice of dialogical psychotherapy, and, like us, he argues that our understanding of “inner psychic defense mechanisms by means of depth psychology can truly succeed only if it recognizes that they are based in the self’s personally executed flight from meeting” (p. 23). From the perspective of EPCP, the catalyst of healing is the therapeutic relationship itself, and, within the safety of this alliance, the client experiences himself—or herself in new ways with the therapist. The therapist engages the client’s retreats and terrors of relationality as they occur within the context of their relationship, and the focus on the living relationship also brings the experiential self-awareness of the client as being-in-relation to the forefront of the work. Buber (1957) elaborates eloquently on the process of psychotherapy and, like us, says it does not occur in the intrapsychic realm but, rather, occurs:

Here outside, in the immediacy of one human confronting another, the encapsulation must and can be broken through, and a transformed, healed relationship must and can be opened to the person who is sick in his relations to otherness—to the world of the other which he cannot remove into his soul. A soul is never sick alone, but there is always a between-ness also, a situation between it and another existing being. (p. 97)

May (1983) contends that therapy is fundamentally concerned with “helping the person experience his existence—and any cure of symptoms which will last must be a by-product of that” (p. 164). In accordance with this stance, we regard so-called “symptoms” (whether as commonplace as depression or anxiety or as extreme as hearing voices) as communications from our clients about the ways in which they negotiate their struggles in relating to the world. Our goal as therapists is not to eradicate such phenomena from our clients’

lives; rather our concern is to credulously approach (Kelly, 1955; Leitner & Faidley, 1995) and bear witness to such expressions of suffering as we reconstruct the meanings of these experiences in our cocreated dialogue. In describing the experiences of clients, Leitner (2001) explains “as we re-create our very soul through these interactions, we eventually find that we no longer need retreats from intimacy that produce emptiness” (p. 159). As Buber (1957) noted, “a soul is never sick alone,” and the soul does not heal alone. It is in the moments of meeting where one person turns to the pain of another with his or her whole being in which the wounds of the heart begin to heal.

## Healing Through Meeting

In this section, we will outline the process of healing through meeting in accordance with EPCP and Buberian principles of genuine dialogue. Influenced by Hans Trüb’s (as cited in Friedman, 1985) articulation on the process of healing through meeting, we also view therapy as a dialogue between therapist and client that moves in the direction of reestablishing the client’s relations with the world after being ruptured by relational injuries. We begin by briefly discussing the notion of healing through meeting in contrast to therapy approaches that do not have a relational focus. Next, we describe the early stages of therapy, discussing how the therapist respectfully enters the client’s experiential world and establishes a solid alliance. We then discuss the notion of maintaining optimal therapeutic distance while the therapist gains greater experiential understanding of the client’s distress. Next, we talk about the role of the therapy relationship in helping the client reach new insights about the nature of their retreats from others. Finally, we explore how the reverential I–Thou stance is central to all aspects of the process of healing through meeting.

To frame our discussion of healing through meeting we would like to begin with a quote from Merleau-Ponty’s (1962; as cited in Friedman, 1964) *The Phenomenology of Perception*:

By taking up a present, I draw together and transform my past, altering its significance, freeing and detaching myself from it. But I do so only by committing myself somewhere else. Psychoanalytical treatment does not bring about its cure by producing direct awareness of the past, but in the first place by binding the subject to his doctor through new existential relationships. It is not a matter of giving scientific assent to the psychoanalytical interpretation, and discovering a notional significance for the past; it is a matter of reliving this or that as significant,

and this the patient succeeds in doing only by seeing his past in the perspective of his co-existence with his doctor.” (Friedman, 1964, p. 455)

Merleau-Ponty (1962; as cited in Friedman, 1964) provides an excellent description of how one may reconstrue the meanings of the past in the present context of the therapy relationship. Buber (1958) criticizes the nonrelational, analytical, I–It stance that some therapists take in relation to their clients. He says that, in the best of cases, such a therapist may help to provide some support and help to alleviate some of the person’s immediate distress. But the real work of healing through meeting,

the regeneration of an atrophied personal centre, will not be achieved. This can only be done by one who grasps the buried latent unity of the suffering soul with the great glance of the doctor: and this can only be attained in the person-to-person attitude of a partner, not by the consideration and examination of an object. (p. 133)

As opposed to orientations that focus on the intrapsychic as the realm of healing, here again, Buber argues that only in the interhuman realm (i.e., the between) can an existential healing occur. Buber’s description of the “great glance of the doctor” combined with the “attitude of a partner” in dialogue is similar to the EPCP concept of optimal therapeutic distance (Leitner, 1995). Leitner describes optimal therapeutic distance as the blending of the therapist’s expertise and his or her experience of the client in a manner that facilitates greater engagement with and understanding of the client’s relational struggles. We will return to the concept of optimal therapeutic distance in the following section, but introduce it here to point out the similarity between our and Buber’s approaches to healing through meeting.

### *Establishing Trust and “Imagining the Real”*

People typically enter therapy because of the acute psychological distress they have experienced as a result of subtle and explicit relational injuries. After being so painfully disconfirmed by others, the client enters therapy wary of again being relationally injured. Thus, our primary task in the early stages of therapy is to establish an atmosphere of safety and trust so that the client may begin to explore the nature and meaning of their distress. We have worked with many clients<sup>1</sup> who are so terrified of being hurt by people (based on past experiences of betrayal) that they retreat in painful and sometimes confusing ways such as self-harm to avoid intimacy at any cost. Eventually though, the



client may come to trust the therapist enough to let him or her bear witness to the relational devastations the client has sustained. For instance, Leitner (1985) described a client who entered therapy due to feelings of depression and isolation that were related to abuse he had experienced earlier in his life. The client was initially torn between his need for help and his desire to retreat and protect himself from further invalidation. The client articulated this struggle between intimacy and isolation succinctly when he said that he would either have to trust the therapist or have “loneliness and emptiness eat away at my soul like a cancer” (p. 93). The therapist acts as a guide and companion (see Fromm-Reichmann, 1950) on the client’s journey into the darkest reaches of the psyche, safely containing the intense affect that typically emerges in such explorations.

At this point, the therapist begins to form a ROLE relationship with the client, where the therapist is close enough to the client to construe his or her worldview and is experientially present to the client’s feelings. Buber’s (1965b) concept of “imagining the real” is congruent with experiential closeness of ROLE relating that occurs when the therapist bears witness to the client’s suffering. The act of bearing witness means that the therapist affirms the reality of the client’s experience by being an audience to his or her life narrative and also experientially resonates and connects with the client in that dialogue. Buber describes the notion of “imagining the real” as a process by which “I imagine to myself what another man is at this moment wishing, feeling, perceiving, thinking, and not as a detached content but in his very reality, that is, as a living process in this man” (p. 60).

By imagining the real, the therapist comes to appreciate the particular meaning and purpose of psychological distress within the context of the client’s life, rather than simply treating abstract clinical constructions such as depression or anxiety. To imagine the real, the therapist must step into dialogue with the person’s living experience, which often entails an exploration of the here-and-now relationship dynamics in the therapy room. For example, a client who had been in the mental health system for most of her life tended to categorize her thoughts and feelings in terms of impersonal diagnostic labels such as “manic” and “schizophrenic.” However, these labels provided little to no insight for her therapist as to what the client’s *experience* of those diagnostic constructs meant. The therapist reflected to the client that it seemed difficult for her to focus on the life circumstances that led to “schizophrenic episodes” and instead would detach from the personal significance of these events and construe her problems in terms of emotionally vacant diagnostic terms. The client was quickly brought to tears by the therapist’s ability to imagine her struggle to control and not be overwhelmed by her intense emotional experiences that

others had simply labeled as a mental illness. Thus, a genuine dialogue was able to develop around the client's simultaneous desire and fear to understand her emotional life better.

### ***"Making Present" and Maintaining Optimal Therapeutic Distance***

A related concept that has clear implications for psychotherapy is Buber's (1965b) act of "making present" in which the therapist actually 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" (p. 70). When the therapist makes present his or her client's suffering, the therapist does not lose his or her self completely in the experience of the other. The therapist maintains a delicate balance between the client's experience and one's own grounding and perspective, and this dialectic guides the therapist's interventions that focus on the here-and-now experience of the therapeutic relationship.

In terms of EPCP, Leitner (1995) describes this dialectic between the therapist and client's experiences as achieving/maintaining optimal therapeutic distance. Leitner and Celentana (1997) say that "a therapist can recognize the experience of optimal distance when he or she is close enough to feel the client's experience yet distant enough to recognize that these are the client's feelings, not the therapist's" (pp. 275-276). Like the act of "making present," optimal therapeutic distance means experientially resonating with this particular client's pain and not some general notion of the experience of suffering. Getting too close to the client's experience results in a unity that prevents the therapist from using his or her professional constructions of the client's struggles in ROLE relating. At the other extreme, too much distance between the two prevents the therapist from making the other present in his or her experience and the client cannot experiment with new ways of being in relation to another. Maintaining optimal therapeutic distance involves a constant swinging of the therapist's attention from his or her experience of the client to an attempt to imagine the real and make present the construal processes of the client.

### ***Experiential Engagement and Insight***

As we have discussed throughout, the task of the therapist is to directly engage with the client's psychological struggles in the here-and-now context of the therapy relationship. Although it is critical to holistically comprehend the context of the client's problems as they arise outside of the therapy room,

conceptual understandings or rational explanations do not heal the wounds of relational injuries. We are in accord with Fromm-Reichmann who once said, "The patient needs an experience, not an explanation" (as cited in Hycner, 1996, p. 349). It is a powerfully healing experience for clients who have in the past been so deeply injured by others to start to risk greater intimacy with their therapist. In these meetings, clients may begin to reconstrue the meaning and purpose of the ways they have retreated from others as they experience new ways of being-in-relation to the trusted therapist. Eventually, as a result of the experiential insights gained in therapy, clients may find that they no longer need old ways of retreating from the world.

In this section, we have emphasized that when clients risk greater intimacy with their therapist, the experience could have profound effects on the ways in which they understand themselves in relation to others. In the final section of our discussion of the process of healing through meeting we will further discuss the relational stances that make such moments of meeting so meaningful.

### *Reverence and the I–Thou Stance*

As the relationship deepens and the client allows himself or herself to be seen and understood by the therapist, the reverential I–Thou stance has the potential to unfold in the dialogue. One of the highest levels of psychological functioning, in terms of EPCP, is the experience of giving and receiving reverence from another we have come to know intimately. Reverence is "experienced when I am aware that I am affirming your most central processes of being" (Leitner, 2001, p. 150; see also Adame & Leitner, 2009; Leitner & Faidley, 1995). Reverence implies a mutuality and reciprocity in the interaction that takes place in the realm of the between. Thus, reverence is not a one-way, I–It interaction in which one person idealizes or worships another as a means to end in his or her own development.

Reverence occurs in the encounter between I and Thou and implies a recognition from both people of the profound gift of being seen by the other in such a way. Leitner (2001) says that "when you are *aware* that you are holding my heart respectfully, treating my soul gently, and seeing the decency behind my shame and my retreats from others, you are revering me" (p. 152). We not only honor the other's humanity and most central meanings, but we also respect the terror of such intimacy and the risk involved in turning to another with our full being.

Buber (1965b) also has elaborated on reverence as well as the joys and terrors of being confirmed in another's eyes. One of the ways that people retreat

from others is through what Buber calls “seeming” or living the image of how people believe they are perceived by others or how they would like to be perceived by others. Buber explains that “it is no light thing to be confirmed in one’s being by others, and seeming deceptively offers itself a help in this. To yield to seeming is man’s essential cowardice, to resist it is his essential courage” (p. 68). Thus, we must have existential trust in the other as we find the courage to confirm and be confirmed by another in moments of awe and reverence.

Throughout our discussion of healing through meeting, we realize that we have articulated the vastly complex, nuanced, and challenging therapeutic process quite succinctly. However, we also want to emphasize the time, patience, and tremendous courage it takes for the person who has experienced such devastation in the past to place his or her existential trust in the therapist and allow such an intimate relationship to develop. In the next section, we will discuss how the healing process continues beyond the therapy relationship into the person’s renewed dialogues with the world. We believe that such movement toward genuine dialogue with the world at large and recognition of one’s role in the integral nature of our existence are what constitutes the good life and thus are also the overarching goals of the process of healing through meeting.

## Healing Beyond the Therapy Relationship

Throughout each of the stages of the healing process, the therapist attempts to move the client toward reestablishing genuine dialogue with others outside of the therapy room. Toward the latter stages of the healing process, the client becomes more open to and adept at establishing these connections spontaneously and with less guidance from the therapist. As the client has come to risk connection and experience confirmation and reverence in the therapy relationship, he or she is ready to “go back into the world to give and receive confirmation in the mutual interaction with others” (Friedman, 1985, p. 140). It is here again in the realm of the interhuman that Buber (1958) says that our potential as human beings or purpose in life is called forth:

The free man is he who wills without arbitrary self-will. He believes in reality, that is, he believes in the real solidarity of the real twofold entity *I* and *Thou*. He believes in destiny, and believes that it stands in need of him. It does not keep him in leading-strings, it awaits him, he must go to it, yet it does not know where it is to be found. But he knows that he must go out with his whole being. (p. 59)

Buber emphasizes that the goal of engaging others in genuine I–Thou dialogues is not self-actualization, but, rather, responding to the call of others endows our lives with meaning and purpose. Unlike existentialists such as Kierkegaard (1848/1980), Tillich (1952), and Yalom (1980) who emphasize the *solitude* of human existence in our search for meaning and purpose (whether that is in relation to God and/or our awareness of nonbeing), Buber points to the *relation* between ourselves and the world as where meaning is created and our purpose in life is called forth. Buber’s (1958) assertion that “all real living is meeting” (p. 11) is rooted in his faith and position that it is in all our interactions with the world (thus blurring the dichotomy between the sacred and profane) that God exists. Because we are writing about the process of healing through meeting, a further discussion into religious connotations of Buber’s work is beyond the scope of the current article. However, we want to emphasize that an understanding of the theological context of Buber’s philosophical anthropology is essential to fully grasp the meaning of the writings.

In the following section, we will continue our discussion of how the healing process proceeds in the person’s renewed dialogues with the world outside of the therapy room. In accordance with Buber’s position that a meaningful life is found in relation to others or a purpose greater than oneself, we focus the final section on the concept of transpersonal reverence (see Adame & Leitner, 2009; Leitner, 2001, 2010; Leitner & Faidley, 1995; Thomas & Schlutsmeyer, 2004). Thus far we have discussed the concept of reverence in the context of the relation between people, and at the transpersonal level we have reverence for humanity or the world at large.

### *Responsibility and Transpersonal Reverence*

As we have discussed in the previous section, a person enters therapy as a result of his or her relational injuries and retreats from others in ways that take many potentially distressing forms. Within the safety of the therapeutic relationship, the meanings and origins of these retreats may be explored both in the context of the person’s past and also in the living encounter between therapist and client. As the person begins to experience himself or herself in new ways in relation to the therapist, the person may begin to reconstrue the meanings and need for such retreats from others, thus increasing his or her freedom to choose creative alternatives in the future (Leitner, 1987). The critical question is what the person chooses to do with this newfound freedom and awareness of themselves as a relational being-in-the-world (May, 1963). If we are responsible not simply for our own existence, but recognize

the co-constructed nature of our existence, then it becomes our responsibility to fully address the world from the core of our being.

From both our and Buber's perspectives, a good life is one that acknowledges the co-constructed nature of our existence and, given this knowledge, recognizes our responsibility to others as our lives interweave and unfold in ongoing dialogues. Buber's (1965a) dialogical principle holds that the other whom we call Thou steps into relation with us, and we are called forth to respond fully to the other. In this way, responsibility also may be thought of in terms of respond-ability or the ability to respond in genuine dialogue to the call of the Thou. The concept of responsibility has also been written about in the context of EPCP and is one of nine experiential components of optimal psychological functioning (see Leitner & Pfenninger, 1994, for a complete discussion). Leitner and Pfenninger focus on the interpersonal nature of responsibility, but here we would like to also emphasize the transpersonal or interhuman nature of the concept.

In the previous section, we briefly introduced the concept of transpersonal reverence—having reverence for humanity or the world at large. Based on our discussion so far, it follows that transpersonal reverence follows from the experience of interpersonal reverence. In a stance of reverence (both giving and receiving in relation to another), we come to see both the uniqueness and mystery that is the other and also recognize the shared humanity that is common to both of us. In a similar way, the person who experiences transpersonal reverence stands in awe of the complexity and uniqueness of the world and also recognizes the interconnected nature of that existence of which he or she is a vital part. The interwoven nature of our existence requires an ethic of responsibility and care for others similar to the feminist ethic of care (Walters, 2003).

Congruent with Buber's line of thought, we believe the process of healing through meeting extends beyond the therapy room and into our efforts to address suffering in the world at large. Similarly, Bugental (1987) explains developing the capacity for transpersonal reverence from his perspective:

If my patient and I are successful in our work together, then we emerge with renewed recognition of our involvement and commitment. I wish that every patient who completes therapy with me would become a societal change agent, and I wish he would become such not from rejection of society and standing outside of it but from incorporation of society and participation in bringing about changes. (p. 257)

Transpersonal reverence involves both the recognition of our responsibility to others and commitment to a cause or purpose that is larger than our

individual existence. The aim of our actions is not to find personal meaning, discover our life purpose, or be self-actualized; rather, we are motivated by our genuine concern for the needs of others. For example, Panepinto (2009) found that a critical component in the recovery process for rape victims involved becoming an advocate for survivors of sexual assault. It is important to note that Panepinto's findings showed that these women were motivated to be advocates for the sake of other victims' well-being, and not primarily for their own recovery processes. We call this universal concern and commitment to others, that follows from the stance of transpersonal reverence, transpersonal responsibility. In the following section, we will introduce the concept of transpersonal responsibility as a new addition to EPCP's aspects of optimal psychological functioning.

### *Transpersonal Responsibility*

Transpersonal responsibility may be defined as an ongoing commitment to respond to the needs of humanity and the world at large. Such commitment follows from a sense of transpersonal reverence and our awareness of the integral nature of our existence in the world. The dialogical principle presupposes that the nature of our existence is co-constructed with others and thus we are responsible for the role we play in others lives as well as our role in matters of environmental (natural world as well as sociocultural realms) and political significance.

As psychotherapists, we spend the majority of our time asking: What is the best path for this *individual* who seeks our guidance? How can this person live a more fulfilling life? But how different would our profession look if we began asking, how could this person be in a better position to care for others? We believe this shift could occur if we heeded Buber's (1958) assertion that "in the beginning is relation" (p. 18). An ethics of care both in the therapy room and the world at large begins with the primacy of relationships and the meaning we find in them. When we have the awesome experience of truly being seen and revered by another person and are able to reciprocate that reverence, our faith in the potentialities in our fellow human beings is renewed.

When we fail to take responsibility for our unique role in the world and thereby do not live up to our full potentials in life, we experience what May (1983), Buber (1965a), and several other writers call "existential guilt." In contrast to neurotic guilt (excessive feelings of self-blame associated with impulses or desires), existential guilt is the painful realization that we have not lived up to our own potential and responsibility in relation to ourselves and others. Friedman (1992) illustrates this point:

True guilt does not reside *in* the human person but rather in one's failure to respond to the legitimate claim and address of the world, and the sickness that results from the denial of such guilt is not merely a psychological phenomenon but an event between persons. (p. 114)

From an EPCP and Buberian perspective, existential guilt occurs when we retreat from ROLE relationships (or form I–It relationships). Because we cannot form I–Thou relationships with everyone (and everything), there is a way, then, that existential guilt is an inevitable component of human existence. We cannot help but experience it. Existential guilt also can be seen in our *inaction* in the face of great suffering and need in the world for all we can offer. In this aspect of existential guilt, we are establishing an I–It relationship with the world. Again, this guilt is inevitable, as all of us pick and choose the ways we try to make the world better while leaving other wrongs for others to solve. Although extremely painful, the experience of existential guilt can serve as a guiding force in one's life and may lead to a newfound awareness of the ways our so-called personal choices have far-reaching political implications. As we recognize the ways in which our existence is interconnected with other people, cultures, the environment, and nature, we may gain a new, reverential perspective on these relationships and feel compelled to take responsibility for our role in them.

## Parting Thoughts

Buber (1958) wrote that, “in the beginning is relation” (p. 18), and in this article we have tried to illustrate the primacy of the interhuman realm of dialogue both in Buber's work and EPCP. In the I–Thou moment of meeting, or ROLE relationship, we have the potential to be powerfully confirmed and truly seen by another who we have chosen to risk this level of intimacy. We are most fully human in those moments of meeting in which “I am close enough to another so that he or she glimpses the person that I am, and possibly, the person I have the potential to be.” However, such a great degree of intimacy also involves the risk that we could be profoundly devastated if the other person does not meet us on the same level and chooses not to confirm us. Such relational devastations cause great suffering and the person enters into relation with a therapist to begin to heal these wounds. All of us struggle with the existential choice of risking little of ourselves and thereby being safe from invalidation by others or choosing to take a chance and find meaning and purpose in our lives. Buber (1965a) has written about this delicate



balance of intimacy and isolation from the world as walking the “narrow ridge.” He elaborates on the precarious path that we must all negotiate:

And if one still asks if one may be certain of finding what is right on this steep path, once again the answer is *No*; there is no certainty. There is only a chance; but there is no other. The risk does not ensure the truth for us; but it, and it alone, leads us to where the breath of truth is to be felt. (p. 71)

Therapists and researchers working from our perspective of EPCP (e.g., Leitner, 1988; Leitner & Celentana, 1997; Leitner & Faidley, 1995) have elaborated in a variety of ways on the choices between intimacy and isolation in the context of psychotherapy. In accordance with Buber, we believe that it is through a process of being with another person and credulously honoring his or her retreats from intimacy that a person may come to once again risk more of himself or herself within the safety of the relationship. Our goal as therapists is to guide the person back into genuine dialogue with the world where he or she is once again free to choose their path along the narrow ridge. As Buber stated, there is no certainty that we will be confirmed as we venture forth into the interhuman realm, but it is only by taking such a risk that we are fully human. As therapists, we must also venture into this uncertain realm of the interhuman and have faith both in the process of healing through meeting and in the hidden potentials of every life.

### **Declaration of Conflicting Interests**

The authors declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

### **Funding**

The authors received no financial support for the research and/or authorship of this article.

### **Note**

1. All clinical information has been falsified to protect client anonymity.

### **References**

- Adame, A. L., & Leitner, L. M. (2009). Reverence and recovery: Experiential personal construct psychotherapy and transpersonal reverence. *Journal of Constructivist Psychology, 22*, 253-267.

- Buber, M. (1957). *Pointing the way: Collected essays*. New York, NY: Harper & Row.
- Buber, M. (1958). *I and thou*. New York, NY: Scribner.
- Buber, M. (1965a). *Between man and man*. New York, NY: Macmillan.
- Buber, M. (1965b). *The knowledge of man*. New York, NY: Harper & Row.
- Buber, M. (1967). *A believing humanism: My testament, 1902-1965*. New York, NY: Simon & Schuster.
- Bugental, J. F. T. (1987). *The art of the psychotherapist*. New York, NY: W. W. Norton.
- Cissna, K. N., & Anderson, R. (2002). *Moments of meeting: Buber, Rogers, and the potential for public dialogue*. Albany: State University of New York Press.
- Friedman, M. (Ed.). (1964). *The worlds of existentialism: A critical reader*. New York, NY: Random House.
- Friedman, M. (1985). *The healing dialogue in psychotherapy*. New York, NY: Jason Aronson.
- Friedman, M. (1992). *Dialogue and the human image: Beyond humanistic psychology*. Newbury Park, CA: Sage.
- Friedman, M. (1996). Martin Buber's "narrow ridge." In M. Friedman (Ed.), *Martin Buber and the human sciences* (pp. 3-25). Albany: State University of New York Press.
- Fromm-Reichmann, F. (1950). *Principles of intensive psychotherapy*. Chicago, IL: University of Chicago Press.
- Hycner, R. (1996). The wisdom of resistance: A dialogical psychotherapy approach. In M. Friedman (Ed.), *Martin Buber and the human sciences* (pp. 347-356). Albany: State University of New York Press.
- Kelly, G. A. (1955). *The psychology of personal constructs* (Vols. 1 & 2). New York, NY: Norton.
- Kierkegaard, S. (1980). *The sickness unto death* (H. V. Hong & E. H. Hong, Trans.). Princeton, NJ: Princeton University Press. (Original work published 1848)
- Leitner, L. M. (1985). The terrors of cognition: On the experiential validity of personal construct theory. In D. Bannister (Ed.), *Issues and approaches in personal construct theory* (pp. 83-103). London, England: Academic Press.
- Leitner, L. M. (1987). Crisis of the self: The terror of personal evolution. In R. A. Neimeyer & G. J. Neimeyer (Eds.), *Personal construct therapy casebook* (pp. 39-56). New York, NY: Springer.
- Leitner, L. M. (1988). Terror, risk, and reverence: Experiential personal construct psychotherapy. *International Journal of Personal Construct Psychology*, 1, 261-272.
- Leitner, L. M. (1995). Optimal therapeutic distance: A therapist's experience of personal construct psychotherapy. In R. A. Neimeyer & M. J. Mahoney (Eds.), *Constructivism in psychotherapy* (pp. 357-370). Washington, DC: American Psychological Association.

- Leitner, L. M. (1999). Terror, numbness, panic, and awe: Experiential personal constructivism and panic. *The Psychotherapy Patient, 11*, 157-170.
- Leitner, L. M. (2001). The role of awe in experiential personal construct psychotherapy. In R. B. Marchesani & E. M. Stern (Eds.), *Frightful stages: From the primitive to the therapeutic* (pp. 149-162). Binghamton, NY: Hawthorne Press.
- Leitner, L. M. (2010). The integral universe, experiential personal construct psychology, transpersonal reverence, and transpersonal responsibility. In J. D. Raskin, S. K. Bridges, & R. A. Neimeyer (Eds.), *Studies in meaning 4: Constructivist perspectives on theory, practice, and social justice* (pp. 227-246). New York, NY: Pace University Press.
- Leitner, L. M., & Celentana, M. A. (1997). Constructivist therapy with serious disturbances. *The Humanistic Psychologist, 25*, 271-285.
- Leitner, L. M., & Dill-Standiford, T. (1993). Resistance in experiential personal construct psychotherapy: Theoretical and technical struggles. In L. M. Leitner & N. G. M. Dunnitt (Eds.), *Critical issues in personal construct psychotherapy* (pp. 135-155). Melbourne, FL: Robert E. Krieger.
- Leitner, L. M., & Faidley, A. J. (1995). The awful, awful nature of ROLE relationships. *Advances in Personal Construct Psychology, 3*, 291-313.
- Leitner, L. M., Faidley, A. J., & Celentana, M. A. (2000). Diagnosing human meaning making: An experiential constructivist perspective. In R. A. Neimeyer & J. Raskin (Eds.), *Constructions of disorder* (pp. 175-203). Washington, DC: American Psychological Association.
- Leitner, L. M., & Pfenninger, D. T. (1994). Sociality and optimal functioning. *Journal of Constructivist Psychology, 7*, 119-135.
- Mair, M. (1989). *Between psychology and psychotherapy: A poetics of experience*. New York, NY: Routledge.
- May, R. (1963). Some comments on existential psychotherapy. In M. Friedman's (Ed.), *The worlds of existentialism: A critical reader* (pp. 446-453). New York, NY: Random House.
- May, R. (1983). *The discovery of being: Writings in existential psychotherapy*. New York, NY: W. W. Norton.
- Panepinto, A. R. (2009). A constructivist conceptualization of meaning reconstruction after a rape. In L. M. Leitner & J. C. Thomas (Eds.), *Personal constructivism: Theory and applications* (pp. 229-252). New York, NY: Pace University Press.
- Thomas, J. C., & Schlusmeyer, M. W. (2004). A place for the aesthetic in experiential personal construct psychology. *Journal of Constructivist Psychology, 17*, 313-335.
- Tillich, P. (1952). *The courage to be*. New Haven, CT: Yale University Press.
- Walters, J. W. (2003). *Martin Buber and feminist ethics: The priority of the personal*. Syracuse, NY: Syracuse University Press.

Watkins, M. W. (2000). *Invisible guests: The development of imaginal dialogues*. Woodstock, CT: Spring.

Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books.

## Bios



**Alexandra L. Adame** is an assistant professor of psychology at Seattle University (Seattle, Washington). She earned her PhD in clinical psychology at Miami University (Oxford, Ohio). Her research interests include the psychiatric survivor movement, dialogical and existential approaches to psychotherapy, and alternative conceptualizations of psychopathology and healing.



**Larry M. Leitner** is a professor of psychology at Miami University (Oxford, Ohio). He is a Past President of the Division of Humanistic Psychology and past editor of *The Humanistic Psychologist*. His research focuses on experiential constructivist approaches to psychopathology and psychotherapy.