

Psychotherapy Guidebook



# MEETING PSYCHOTHERAPY

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# Meeting Psychotherapy

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## DEFINITION

Meeting Psychotherapy is a general name for all those psychotherapies that emphasize meeting — the direct, open, mutual trusting contact between therapist and client(s) as the central, as opposed to ancillary, source of healing. Healing through meeting implies that meeting must also be a goal as well as the means to therapy.

## HISTORY

Freud built direct meeting between psychoanalyst and patient into the very foundations of psychoanalysis. To C. G. Jung, the dialogue in which the therapist must engage and risk himself as a person was an essential part of therapy. Swiss psychoanalyst Hans Trüb, a former Jungian, made healing through meeting his life's work. Others who have contributed to the field are: Swiss existentialist psychoanalyst Ludwig Binswanger, the German-American founder of psychodrama J. L. Moreno, the American psychologist Carl R. Rogers, the American psychoanalyst Leslie H. Farber, the Hungarian-American family psychiatrist Ivan Boszormenyi-Nagy, and the English family

therapist Ronald Laing.

In *The Undiscovered Self* (1958) Jung says, “All over the world, it is being recognized today that what is being treated is not a symptom, but a patient.” The more the doctor schematizes, the more the patient quite rightly resists; for the patient demands to be dealt with in his uniqueness. In *On Becoming a Person* (1961) Carl Rogers tells how he changed his approach to therapy; instead of asking how he could treat the client, he recognized that changes come about through experience in a relationship. He found that the more genuine he was in a relationship, the more aware he was of his own feelings, and the more willing he was to express his own feelings and attitudes, then the more he was able to give the relationship a reality that the person could use for his own personal growth. Under the influence of Martin Buber, as well as of Soren Kierkegaard and his former mentor Harry Stack Sullivan, Leslie Farber has developed an original theory of “will and willfulness” as the center of psychiatric diagnosis and healing. At the same time, Farber has gone further than anyone in recognizing the factual limitations of healing through meeting to which Buber pointed in his “Dialogue with Rogers” (Buber, 1965).

Ivan Boszormenyi-Nagy (1973) follows Buber in distinguishing between relationships that are merely functions of individual becoming, normalcy, adaptation, and perspective and relationships that are ontological

in the sense that they have a reality, meaning, and value in themselves. This leads Nagy to forceful and repeated emphasis of Buber's distinction between intrapsychic guilt feelings and interhuman existential guilt. The traditional therapist often removes certain manifestations of psychological guilt only at the price of increasing the patient's existential guilt; for the reality of a disturbed order of the human world can only be affected by action and existential rearrangement, if at all. In Nagy's family therapy, this means: "The individual can be liberated to a full and wholly personal relationship only to the extent that he remains capable of responding to parental devotion with concern." Thus, what is central to Buber's philosophy of dialogue — learning to meet others and to hold one's ground when one meets them — is central to Nagy's "reciprocity in intergenerational family therapy."

## TECHNIQUE

Meeting is a two-sided event that is not susceptible to techniques, meaning that a therapist does not manipulate the client in order to bring about a certain result. What is crucial is not the skills of the therapist but what takes place between the therapist and the client and between the client and other people. In every respect in which the therapist makes an object of the person — "whether by diagnosing him, analyzing him, or perceiving him impersonally in a case history," says Rogers — he stands in the way of his therapeutic goal. The therapist is deeply helpful only when he relates as a

person, risks himself as a person in the relationship, and experiences the other as a person in his own right. “Only then is there a meeting of a depth which dissolves the pain of aloneness in both client and therapist.”

To embark seriously on healing through meeting is to leave the safe shores of the intrapsychic as the touchstone of reality and to venture on to the high seas in which therapy is no longer seen as something taking place in the client. Although the client hopefully becomes wholer in the process and the therapist has a special role as initiator, facilitator, and confidant, the healing itself takes place in that sphere which Buber calls the “between.”

In his family psychiatry, Nagy espouses a “multidirectional partiality” in which the therapist will be partial at one time to one member of the family and at another time to another. The family therapist must be strong enough to be included in the family system yet remain outside in the role of facilitator for emotional change and growth. Buber says he must have that “inclusion” or “imagining the real” by which he experiences the patient’s side of the relationship without losing his own.

The therapist open to healing through meeting will feel that more is demanded of him than his professional methods and role. At the same time he will feel that whether the healing does or does not take place is not a result of his success or failure.



## APPLICATIONS

The readjustment and integration of the intrapsychic sphere is a by-product of Meeting Psychotherapy, but the locus of healing is the interhuman, the interpersonal, the social, the cultural, and even the political. Thus, healing is not limited to client alone or even to the relationship between therapist and client. Real healing must enter into all relationships: the interhuman, the family, the group, the community.