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Transcending the Malaise of Psychology by Being for the Other:
An Alternative View for Psychotherapy

Kylie M. Burdge

A dissertation submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy

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ABSTRACT

Transcending the Malaise of Psychology by Being for the Other: An Alternative View for Psychotherapy

Kylie M. Burdge

Department of Counseling Psychology and Special Education, BYU
Doctor of Philosophy

While psychological practice continues to expand, the sobering decline of mental health identified by Hillman and Ventura (1993) is evidenced by increased rates of suicide (Weir, 2019; Hedegaard, 2021; Stone et al., 2018) and psychopathology (Blue Cross Blue Shield Association, 2018; Twenge et al., 2010). Charles Taylor identified, in the same time frame as the noted decline of mental health, a *malaise of modernity* (1991), that is, the loss of meaning and transcendence in the modern world. Throughout the history of psychology and Western thought and culture, increased rates of psychological distress certainly coincide with what I will refer to as the *malaise of psychology*: the reliance on immanence-based theories that locate meaning and purpose within (i.e., emergent from) persons themselves, as opposed to being anchored in any genuine transcendence, that provides meaning and purpose to persons by calling them out of themselves, to something higher. Psychological practice has, ironically, come to reject the autonomous individual in favor of a socially/relationally constructed *persona* while at the same time locating the source of meaning and truth within the individual person and honoring the individual desires and needs as the definitive source of the meaning of life itself. This movement contrasts sharply with a genuinely transcendent approach which recognizes the importance, and even grants the ontological status, of higher goods and commonalities, that is, the existence of something higher in our humanity itself that calls us at once into being and into responsibility. I will propose that to remedy the malaise of psychology, we must locate the foundation of meaning, purpose, healing, and transformative change in our ethical obligations and responsibilities toward others, a recognizing and striving towards *being for the other* (e.g., P. Marcus, 2008) as opposed to being simply for oneself, within oneself, and, thus, merely *with* the other. Furthermore, I argue that being for the particular other cannot occur unless human beings are genuinely responsible moral agents capable of an individual power and potential to act for the sake of that responsibility (Williams et al., 2021). That is, only in the transcending encounter with the other wherein we are called out of our self to something greater beyond us can we achieve fundamental and lasting change in mental health and healing for self and others. I will support this assertion by drawing on the work of Emmanuel Levinas, Charles Taylor, and C. Terry Warner, as well as others. Psychology, I will argue, must include this conception of an inherently moral system of human relationships in which each human being is responsible (i.e., able to respond) to the felt moral imperative from the other. Such obligation one might only be able to fulfill as one is attuned to and disposed to be *for* the other. This mode of being is distinctly not a systemic, nor a technological, solution to be achieved by strategic inner change or insight. Rather, it consists in the recognition and amalgamation of many individual acts of being for the other—by unique individuals for the sake of other unique individuals. I will end by outlining one possible model of application of this approach to clinical practice, viz., Alterity Focused Therapy© proposed by Burdge, Burdge, and Major (2022).

Keywords: transcendence, alterity, psychotherapy, Levinas, C. Terry Warner, Charles Taylor

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CHAPTER 1

Malaise of Modernity

We've had a hundred years of analysis, and people are getting more and more sensitive, and the world is getting worse and worse. Maybe it's time to look at that. We still locate the psyche inside the skin. You go *inside* to locate the psyche, you examine *your* feelings and *your* dreams, they belong to you. Or it's interrelations, interpsyche, between your psyche and mine. That's been extended a little bit into family systems and office groups—but the psyche, the soul, is still only *within* and *between* people. We're working on our relationships constantly, and our feelings and reflections, but look what's left out of that. ... What's left out is a deteriorating world. So why hasn't therapy noticed that? Because psychotherapy is only working on that "inside" soul. By removing the soul from the world and not recognizing that the soul is also in the world, psychotherapy can't do its job anymore. (Hillman & Ventura, 1993, pp. 3–4 emphasis in the original)

This excerpt from Hillman and Ventura's 1993 book, *We've Had One Hundred Years of Psychotherapy – And the World's Getting Worse*, begins to illustrate the problem entailed in what Philip Rieff (1966) referred to as *The Triumph of the Therapeutic*, a problem that he argued has ushered in the modern age of the "psychological man" (p. ix). Hillman and Ventura's claim, that the world (or, more specifically, the United States) is getting psychologically and emotionally worse is corroborated by the increase in use of (and dependence on) psychotropic medication (Brauer et al., 2021), the increasing incidence of completed suicides (Alicandro et al., 2019; Centers for Disease Control and Prevention, 2016; Stone et al., 2018), and the increasing number of those who suffer from anxiety, depression, and other maladies (Lebrun-Harris et al., 2022;

Mojtabai et al., 2016).¹ Furthermore, a recent survey estimated that 90% of Americans believe that the United States is currently in a mental health crisis, especially in light of the recent pandemic (McPhillips, 2022). The field of psychotherapy² continues to train more therapists, develop more models, interventions, and techniques, reduce the stigma around receiving help for concerns regarding mental health, and yet the problems continue to mount, or at the very least have never seemed to decrease significantly enough to indicate things are headed towards genuine and lasting improvement of the contemporary human condition.

It is true that psychotherapy, overall, has been found to be helpful and effective in many ways, though it is important to note that confidence in such findings has waned in recent years as researchers continue to account for the impact of various biases in therapy outcome research (Barkham & Lambert, 2021). Various researchers and theoreticians have further proposed that all psychotherapeutic approaches are more or less equally effective (Wampold, Mondin, Moody, & Ahn, 1997; Wampold, Mondin, Moody, Stich et al., 1997)—a phenomenon termed the dodo bird effect (Luborsky et al., 1975; Rosenzweig, 1936; Wampold, Mondin, Moody, Stich et al., 1997). Though the accuracy of this claim has been challenged by some (see de Felice et al., 2019;

¹ Some might dismiss this increase in psychological distress not as reflective of mounting problems but of improved diagnosis. While that may very well be the case in explaining the increase in psychological disorders such as depression and anxiety, improved diagnosis does not account for phenomena that do not depend on diagnostic criteria, such as increased suicides (Weir, 2019; Hedegaard, 2021; Stone et al., 2018), divorces (Schweizer, 2020), and rate of prescription drug abuse for psychotropic medications (Hughes et al., 2016), etc.

² Because of the ever-burgeoning subfields/subdisciplines of psychology and the marked lack of cohesiveness among them, some have suggested that it may be more apt to refer not to the enterprise of psychotherapy as the *field* of psychotherapy but as the mental health *industry* or the psychotherapy/psychology industry. Though others argue that more than anything, perhaps, this lack of cohesion and a common paradigm co-incident with an increase in both supply and demand for psychological services, argues that we are indeed, in the early decades of the 21st century, living in a psychological world complete with a psychological *market*.

Luborsky et al., 2002; D. K. Marcus et al., 2014), it remains the case that the effectiveness of psychotherapy (i.e., positive therapeutic outcomes) has been attributed, at least in part, to some kind of common factors between psychotherapies, as opposed to factors unique to individual therapies and techniques (Bailey & Ogles, 2023; Elkins, 2019; Rosenzweig, 1936). Common factors vary from scholar to scholar (Elkins, 2019); however, the most well-researched and significantly impactful common factor is the therapeutic alliance or relationship (Flückiger et al., 2018; Horvath et al., 2011). This being the case, it is clear that Emmanuel Levinas's (1961/1969, 1989; Levinas & Nemo, 1982/1985) philosophy offers a worthwhile substantiation of the reasons this common factor makes therapy effective; the therapeutic relationship gives occasion for a concrete instance of what Levinas (1961/1969, 1989) calls the *face-to-face relation*, an encounter in which each participant sees him or herself as responsible for the other *as* other. The therapy room focuses the situation such that it becomes the most basic occurrence of the face-to-face encounter. If nothing else, it seems that this relation is at the core of what makes psychotherapy a worthwhile or useful endeavor. I will continue to make this argument, as well as provide further insight into the face-to-face relation, as the thesis proceeds.

In the excerpt quoted above, Hillman and Ventura also observe the focus psychology has had on the *inner* world—the psyche—and the connection that focus may have to “the world’s getting worse.” Charles Taylor also noted the phenomenon identified by Hillman and Ventura, dubbing it symptomatic of what he termed the “Age of Authenticity,” (Taylor, 2007, pp. 473–474) saying,

Intellectual and artistic élites have been searching for the authentic way of living or expressing themselves throughout the nineteenth century. What is new is that this kind of self-orientation seems to have become a mass phenomenon. Everyone senses that

something has changed. ... A majority of Americans believe that communities are eroding, families, neighborhoods, even the polity. ... The causes cited for these changes are many. ... But whatever the correct list of such precipitating factors, what interests me here is the understandings of human life, agency, and the good which both encourage this new (at least seeming) individuation, and also make us morally uneasy about it.

Our increasingly psychological age has somehow either facilitated or accompanied a privileging of the self and individual/inner world at the expense of others, family, and community.

Post-Modern Approaches as Insufficient

Many have suggested a solution to this inward focus in terms of critical theories and intersectionality (see DiAngelo, 2018; Kendi, 2019), social constructionism (Burr & Dick, 2017; Gergen, 2015) or via an assortment of other post-modern approaches (Fee, 2000; Whitley, 2008).³ However, I will instead take up a focus on the concrete *other*, as a concrete embodied alterity (i.e., otherness of the other). This is opposed to the abstract linguistic layers of immanent mediating material that fills the lived space between self and other. The latter is an understanding upon which critical, social constructionist, and other postmodern approaches all rely on to provide an original source of, so-called, material from which meanings, selves, and relations can arise.

This is to say that while the aforementioned approaches often succeed in providing a radical alternative to the traditional individualism proposed and maintained by one reading of the modernist tradition to which the previously cited thinkers and writers seem to be referring, they do not succeed in providing transcendence of the sort that Taylor (2007) articulates: “meaning exists already outside of us, prior to contact; it can take us over, we can fall into its field of force.

³ While those avenues are attractive alternatives to the inward or radically individually focused path, they are not the ones I will take up here as will be justified later.

It comes on us from the outside” (p. 34). In other words, transcendence is that which lies beyond or *rises above*, and thus can be said to have origins beyond the purely human and/or closed system of nature. Etymologically, “transcend” means to “escape inclusion in; lie beyond the scope of,” (Harper, n.d.-b). According to the Cambridge Dictionary of Philosophy, “[t]ranscendence [is], broadly the property of rising out of or above other things ... the property of being, in some way, of a higher order” (Audi, 1990, p. 925). Thus, that which is transcendent has import and impact outside the individual self or outside any purely material thing. The critical, social constructionist, and many post-modern theories I have mentioned above do not provide this sort of transcendence because they ultimately can only provide an empirically larger setting in which the individual exists, not a genuinely transcendent realm that provides the stuff of genuine, otherness. Therefore, these types of theories are immanent or based in immanence.

Immanence is defined as that which is “entirely within” (Encyclopaedia Britannica, 2017) the closed system of nature and arises out of bounded, natural or purely human origins. Something that is immanent might also be referred to as being inherent within something or within a person. Etymologically, immanent means “‘indwelling, remaining within, inherent,’ ... or ... ‘to dwell in, remain in’” (Harper, n.d.-a). Taylor (2007) articulated the idea of immanence of what he calls a disenchanted world, thus:

For us [in a disenchanted world], things in the world, those which are neither human beings, nor expressions of human beings, are “outside” of mind. They may in their own way impinge on mind—really, in two possible ways: (1) We may observe these things, and therefore change our view of the world, or be stirred up in ways that we otherwise wouldn’t be. (2) Since we are ourselves as bodies continuous with these external things, and in constant exchange with them, and since our mental condition is responsive

causally to our bodily condition in a host of ways (something we are aware of without espousing any particular theory of what exactly causes what), our strength, moods, motivations, etc. can be affected, and are continually being affected, by what happens outside. But in all these cases, that these responses arise in us, that things take on these meanings, is a function of how we as minds, or organisms secreting minds, operate. (p. 33)

Because post-modern theories are immanent, these theories continue and further complicate the problematization of the other introduced by modernist thought (e.g., beetle in the box; Wittgenstein, 1953/1986, p. 100). In short, postmodernist theories of the critical and social constructionist sort only succeed in providing a *flat*, though extensive, realm of otherness which is produced by one's own individual engagement with the world, and is, therefore, immanent. The transcendence proposed by Taylor (2007) and Levinas (i.e., alterity; 1961/1969) is possible, conversely, because of the vertical and metaphysical otherness (alterity) they invoke and the understandings of world and self that they offer is a *calling out* rather than a reflection from within. By *vertical*, what is meant is an experience of otherness as holding a preeminent position, a moral height; this is not simply a recognition of mutual or equal humanity, but a demand to answer for oneself in the face of the other. This vertical otherness, therefore, actually provides one a way *out* of one world, or one way of being, and into another. A merely linguistic alterity (otherness), of which many post-modern theories rely, however, will always be immanent because linguistically created otherness (alterity) is flat and will always merely reflect, and indeed require for its very existence, the creative participation of individual persons in a shared, co-created, that is, flat, linguistic lived reality.

Within the critical theory framework (which will be articulated in more detail in Chapter 3) generally, *otherness* has a different meaning that refers to a problem of a very different sort than the alterity identified by Levinas (1961/1969). The concept of otherness is taken to be a root problem. Critical theories often speak of the idea of *othering* as being a process whereby a person is objectified, reduced, differentiated and dismissed, or in some way misunderstood by a majority group (Dervin, 2012; Gülerce, 2014).⁴ A less technical articulation of othering refers to one person's (person A) identifying some other person (person B) as being part of an "out-group" as opposed to the "in-group" to which person A belongs (i.e., "us" vs "them;" paras. 1–3, Cherry, 2023). Critical theory approaches to psychotherapy, then, discourage "othering" (Dumke & Neuner, 2023, p. 655; Rohleder, 2016, p. 65), particularly in the therapeutic relationship, suggesting it negatively impacts the mental health of those who are *othered* (Dumke & Neuner, 2023; Rohleder, 2016). This use of the word *other*, however is not the one developed in this thesis.

Within social constructionism, the other is typically considered as simply another participant in the construction of our social reality. While this paradigm challenges much of the modernist paradigm in potentially helpful ways—acknowledging the importance of a social, cultural, and historical context for meaning, agency, and dialogue (Gergen, 2015)—its philosophical bases still do not allow for the kind of transcendence necessary for genuine meaning and change. Social constructionism fails in this way for several reasons. First, social constructionism does not solve the problematization of the other: within social constructionism, the self and other remain simply companions in the "local moral order" (Harré, 1987, p. 11) or

⁴ It is to be noted that this evaluative dimension of *other* and *otherness* is flat, i.e., immanent, and reflects no transcendence at all, and thus no origin for its problematic properties other than the rules and regulations of the narrative world itself.

community. Within this framework, the other cannot call the self out of this local moral order and into transcendence because the self and the other are equally engaged in and informed by a set of socially negotiated realities all emergent from and of a common metaphysical order. Similarly, to the case of critical theories, the world is broadened, but there is no portal opened to vertical transcendence.

Furthermore, social constructionism understands the other only in terms of the meanings the local moral order has made available to everyone (e.g., I understand an other who is a mother by virtue of what meanings my community has assigned to the social construct of *mother*). We can only understand the other in terms of the understanding provided by our social reality even as that reality may be modified by linguistic interactions with, for example, a particular mother, and, thus, by definition, there is no transcendence within a social constructed world merely an expansion of a single flat meaning/reality dimension. In other words, social constructionism fails to acknowledge the genuine and irreducible reality of the other and the obligations one holds in response to another that are *not* socially constructed, at least not in general terms (i.e., context matters and individually held meanings may impact the way in which obligation manifests itself). For social constructionism, any felt moral obligation can run no deeper than one's social setting, that is, there is nothing transcendent about the felt moral obligation. One's moral obligation is defined by one's setting and thus cannot be *defining of us* in any transcendent way, or, in other words, our moral obligation is not defining of us in any way that calls us out of the world that we, ourselves, create and maintain. In other words, one's local moral order(s) may provide the basic or generic moral content within a community, but it is not entirely clear how communal standards might account for how or why any one individual feels personally obligated to act on such obligations in particular and personal ways. In such a socially constructed

immanent world, the question of *why* one should not *other* another can only be answered with *because we flatlanders* (e.g., Abbott, 1884) *have decided not to do that*.

Crucial to the argument of this thesis is that the alterity (otherness) as described by Levinas (1961/1969, 1989; Levinas & Nemo, 1982/1985), provides a kind of vertical transcendence of our world and helps one escape from one's problematic world in a way that critical theories and social constructionist theories do not. From his in-depth phenomenological description and analysis, Levinas concludes, "The relation with the Other alone introduces a dimension of transcendence, and leads us to a relation totally different from experience in the sensible sense of the term..." (Levinas, 1961/1969, p. 193). In contrast to critical theories, Levinas maintains that recognizing the other as other is essential in avoiding totalizing the other, recognizing one's obligations, and in understanding what it means to be a self. When compared to social constructionism, Levinas's thought suggests that narratives (whether on an individual or cultural level) begin with an obligation that one faces when coming face to face with the other—as a reality that exists independent of socially constructed narratives. As Levinas has said:

I have been bent on emphasizing that alterity is not purely and simply the existence of another freedom next to mine. I have a power over such a freedom where it is absolutely foreign to me, without relation to me. The coexistence of several freedoms is a multiplicity that leaves the unity of each intact, or else this multiplicity unites into a general will. (Levinas, 1989, pp. 53)

For Levinas, narratives derive from an inherent sense of obligation (whether any one person recognizes the obligation or the role of obligation at any point in the narrative or the narration). For social constructionists and critical theorists, any sense of obligation is derived *from* narratives. For Levinas, social structures are produced in response *to* obligation. For social

constructionists and critical theorists, obligations are *produced by* social structures (e.g., the discourse within local moral orders).

I note here that an extensive treatment and evaluation of critical theories, social constructionism, and other post-modernist theories in light of the thought of Levinas, Taylor, and others is not within the scope of this thesis. However, thoughts and questions related to this conflict are likely to arise in the minds of informed readers. Additionally, some discussion of this conflict will be necessary insofar as these theories pervade and make direct contact with the common conceptions of theories of psychotherapy in the 21st century. Therefore, the ideas underlying these positions will be addressed periodically throughout the thesis as appropriate but only in an abbreviated fashion aimed at addressing specific issues as they arise in the thesis.

This dissertation, however, directly explores the issues of the malaise of modernity or the malaise of psychology as they may be seen within and around phenomena related to clinical diagnosis and treatment. The malaise of psychology, as I define it here, is the reliance on theories based on immanence, that locate meaning and purpose within, and emergent from, persons themselves, as opposed to being anchored in any genuine transcendence, that provides meaning and purpose to persons by calling them out of themselves, to something higher. Transcendence and Otherness are at the core of the psychotherapeutic response to the malaise and its attendant issues as it will be presented in this thesis.

Defining the Malaise of Modernity as a Template for Therapeutic Understanding and Practice

Central to the cultural phenomenon that has come to be referred to as the *malaise of modernity* (Taylor, 1991) is the presumption that the individual self is best characterized in terms of a radical form of autonomy. This radical form of autonomy is centered around the idea that the

self has claim to the real power to create various aspects of itself. These aspects of the self include, significantly, the self's own identity and whatever aspects of the individual self's being-in-the-world are necessary to construct and maintain that identity. At the same time, postmodern perspectives such as social constructionism are conceiving of the self of being, to a great extent, the product of social realities, constraints, and affordances outside the purview of the self. These two views of the self are essentially irreconcilable so that the contemporary self becomes at once the product of its own creation and the product of social circumstances. This is the fundamental crisis of identity in the contemporary world and in the world of contemporary psychological theories and practices. This project grants that, to a great extent, the self has this power to construct reality—what is taken to be a real “self-world” as well as a social world. However, these two perspectives on the self give rise to the fundamental question: what self and what world are worth constructing? In its constructive work, the self is assumed to be endowed with the power to create his- or herself (i.e., identity, one's being-in-the-world), unconstrained by particular understandings of the outside world, without a way to be confident in the virtue or value of what is being constructed (Taylor, 1985; Williams, 2017). The contemporary world asks of the self, in a sense, to construct itself and then forget that it did so; or we are asked to construct ourselves and acknowledge at the same time that we are products of social forces. Both leave out or ignore the issue of just what kind of self and just what kind of world are worth constructing in the first place.

Conversely, the selfhood assumed within this thesis is at once transcendent, called into being, not from within the self but from the other based in the and moral obligation found in the alterity (otherness) of the other which gives rise to a radical form of freedom (i.e., freedom to

respond, Williams, 2002) common and applicable to all human being that is contextual and intensely personal. As Goodman (2012) articulates:

I argue for a version of the self that is inherently demanded. In this version of the self, moral demandedness constitutes self/identity before and more prominently than natural and discoverable processes. The self is most free, most alive, and most awake when exposed to and called forward in responsibility to the other. (p. 3)

This contrast is well articulated by George (2023),

In the wake of the rise of liberationist and consumerist, and now identitarian ideology, people make the mistake of associating the self with wants, desires, feelings, and emotions—the sub-rational aspects of our humanity. That’s not who, in essence, we are. It’s a mistake to think it is. You are not your feelings and desires, fundamentally. They are yours, but you are not them. You are not reducible to them. They must not be allowed to control you. ... You might be free, at least in your own head, even if you’re under someone else’s control, so far as what your physical movements can be. You can still think for yourself. You can still have integrity. But when you’re enslaved by your own desires, when you’re a slave of your own passions, that’s a terrible form of slavery. It’s a gross form of unfreedom. *To be truly free, we have to be self-transcending.* We have to be masters of ourselves, not slaves. So true liberation, true authenticity, genuinely being true to yourself, if I can put it that way, means being liberated from that slavery to desire. It means reason being in control, *it means acting on the basis of freedom and reason to construct a character that is noble and virtuous—one that you and your parents and your community can be proud of.* (paras. 32–35 emphasis added)

It is clear in this quote that the autonomous self is transcendent in the realm of moral judgment, moral obligation, commitment to something higher, and yet firmly rooted and grounded and inevitably confronted by the realities of social existence, culture, etc. This thesis can be seen, in part, as an attempt to get right the relationship between agentic selves capable of seeing and acting upon transcendence while yet being thoroughly engaged in cultures, situations, and histories. Getting that issue right is crucial in understanding transcendence and tapping the power of moral obligation in successfully navigating the moral world.

Presently this substantive power of autonomy and self-creation has been granted to the individual person even as the traditional anchoring or moorings for the self and its world, that previous generations of human beings have enjoyed, have given way, or have simply been removed (Trueman, 2020, p. 27). Such anchors (e.g., the nuclear family and other societal institutions) previously provided a foundation for human purpose, and even for humanity itself, and thus a firm basis from which to evaluate and prosecute one's life and meaning. Or, at least, these social institutions provided to persons a sort of *lens* through which to understand themselves, and, indeed, understand their *selves*.

However, in our post-modern world, any higher, transcendent organizer of the universe, or framing of life and universe, not of one's own making (individual or cultural), has been challenged, and for the most part, discarded by the analyses and self-understandings on offer in the current and common post-modern renderings of human persons and the world they occupy. This transcendent frame has been destroyed by alternative conceptions and re-thinkings, or, indeed re-makings of life, world, and reality itself, a process often referred to in the literature as de-construction (see Derrida, 1967/2016). Ironically, any kind of intelligent design or transcendent, telic meaningful order in the moral/human sphere has been rejected even while

impassive cosmic orderings have risen to prominence in the physical/material sphere in the form of the Big Bang and its resulting cosmic lawfulness (Gantt & Williams, 2014), principles of natural selection (Gantt, 2018; Gantt et al., 2021), and a number of abstract constructs in the social sphere of life, such as “intersectionality,” (Pluckrose & Lindsay, 2020, p. 126) and social forces and identities of various sorts (e.g., Crenshaw, 1998; Williams et al., 2021).

An Ungrounded Self

Not only does our contemporary world lack grand transcendence, but a focus on the individual self has eroded the kind of transcendence that can exist among individual persons and within families and communities (which is, to be sure, related to the lack of grand transcendence as well). The movement towards social constructionism and relationality in recent decades has, to some degree, tempered many of the problems that are rampant with radical individualism, some of which were outlined previously. However, this movement has not been able to completely escape focusing on the individual self either. Within this attempt to escape individualism, relationships remain largely instrumental (whether facilitative instruments or obstacles) that provide context for individual, self-focused healing and change (Fowers, 2010). Relationships viewed this way—as primarily instrumental and constitutive of the self—do not provide any kind of grounding transcendence for grand moral supra-individual ordering because whether working upon or working from within individuals, the type of formative forces that are seen to arise from the facticities of cultural givenness are already part of the individual self-world and offer no invitation out of such a world, much less an alternative to it. The self-world becomes larger and more complex, but still largely focused on the individual as the nexus of individual relational reality. This idea will continue to be explored in later sections that delve

deeper into the immanence that is inherent in many contemporary approaches to psychology and psychotherapy.

This abandonment and rejection of any kind of fundamental ordering principle in the psychic/social/moral order has taken with it any grand sense of meaning and purpose from human activity regardless of how social or relational such activity may be—even the activity of self-determination and self-creation. As Taylor (1991) has said, “The affirmation of the power of choice as itself a good to be maximized is a deviant product of the ideal [of the authentic self]” (p. 20). In other words, to ground meaning solely in the human power of choice is to misunderstand the nature of meaning and the necessity of a *wherefore* in the act of choosing⁵ (Williams & Gantt, 2014). Otherwise, every individual’s life becomes not only self-focused, but, in terms of the meaning of one’s life, it becomes essentially an echo chamber: the only person one must reference in order to assess any sort of value, meaning, or identity is oneself. Within this worldview, the universe does not have a telos, a *wherefore*, a purpose for which it exists. Therefore, human beings, aside from the dictates of personal preference or whim, also lack an ultimate *wherefore* (see, e.g. Rychlak’s [1994] notion regarding the essentially telic nature of all human behavior).

Taylor (1985) refers to a similar issue, in terms of the lack within the mode of being of individual persons, of the ability to make what he referred to as “strong evaluation[s]” (p. 16) of their actions, their relationships, and their lives. As Williams (2017) notes:

⁵ The fact that agentic acts are exercised in socially meaningful ways and contexts does not detract from the fundamental agentic nature of the act nor does it diminish the inherent agency of the actor. To say that agentic acts always reflect and flow from an agent’s involvement in the world does not mean that agentic acts derive from the agent’s meaningful involvement in the world. Neither sociality nor context can itself alone solidify or give meaning to a human act or a human self-world.

Taylor (1985) described our innate capacity as human beings to exercise our powers of rationality in evaluating the elements, or expressions, of our lived world. He distinguished (see Taylor, 1985, chapter 1), however, between “weak” and “strong” evaluations. By “weak evaluation,” Taylor meant that we do have a capacity by our very rational nature to assess, that is, to attach value and importance to things, actions, and states of affairs. “Strong evaluation,” on the other hand is the capacity by which we not only attach meaning and value to the things of our lives, but by which we judge some things to be worthy of making, adopting, or pursuing. This process requires that we have not only evaluations, but also grounds for those evaluations and reasons for privileging some over others as more worthy, or better. Part of the modern predicament is that, for a host of reasons having to do with the complex of meanings and understandings that constitute modern life, including a focus on individualism, a focus on fulfillment as a good in itself, and a reluctance to make moral judgments. For these reasons, among others, we find ourselves with a significantly diminished ability to make strong evaluations. This means that we have, in a sense, lost our way in regard to knowing and choosing what is true and good, what is to be affirmed and cherished—thus there is a leveling off of value and moral worth, and all can easily seem morally relative and morally indistinct. (p. 24)

Furthermore, Taylor (2007) also differentiates between a world in which human beings assume there to be an inherent order and telos and a world in which human beings assume the opposite—that the world is raw material for human beings to construct whatever they please—using the terms *mimesis* (p. 359) and *poiesis* (p. 114). A mimetic view of the world is one in which the world is assumed to have inherent order and meaning—in such a world, strong evaluations are

both possible and particularly relevant. A poietic view of the world, on the other hand, is one in which human beings assume the world is composed of “raw material out of which meaning and purpose can be created by the individual” (Trueman, 2020, p. 39). As such, a poietic view of the world might consist of people only making weak evaluations.

It is worth noting that the strong evaluations Taylor is describing are distinctly different from post-modern deconstruction’s local moral orders, language games (Wittgenstein, 1953/1986), and the linguistic narrative turn (infinite play of context) because strong evaluations are made always within contexts that acknowledge and embody a mimetic framing of the world. Strong evaluations can only be made on the basis of grounds which exist outside of oneself (i.e., in the context of a transcendent cosmic order, one’s community, etc.) whereas deconstruction is simply the rejection and overcoming of the value and authority of such transcendent of grounds.

While previous cultures, especially prior to Descartes and the birth of modern philosophy, were quite mimetic, the contemporary culture inhabited by most in the west is much more poietic (Taylor, 2007, pp. 352–376 & pp. 473–504; Trueman, 2020, pp. 39–42). The raw material of the world, additionally, is not limited to materials such as lumber, steel, and canvas used for building houses, for transportation, etc.—though the technological landscape surely had a great deal to do with human beings’ understanding of the organization of the world (Trueman, 2020, pp. 40–42)—but includes the raw materials of culture, desire, aesthetics, etc. that one might use to construct his or her identity, reality, and morality. With a poietic understanding of the world and a lack of any transcendent *telos* or *wherefore*, those within our common Western culture construct their own morality largely out of minimally examined cultural practices or mere subjective preference (i.e., primarily weak evaluations).

While the social constructionist movement has alleviated many concerns and problems around the assumption that each individual is, in a fundamental sense, siloed and isolated from other individuals, there remains in psychotherapy and within our larger culture an emphasis on the importance of the self, however genuinely individual it may or may not be. In other words, in spite of any grander movement toward some sense of so-called relationality or some type of social constructionism, in the culture at large, in the therapy room, the focus of treatment goals, outcomes, and interventions is still on the self. For example, the most prevalent therapy outcome research focuses on an individual's change in symptoms or distress and utilizes measures that are predominately focused on individual functioning to measure symptoms or distress (Crawford et al., 2011; Froyd et al., 1996; M. L. Smith & Glass, 1977).⁶

Social relationships and sociality are acknowledged as real and important in essentially all contemporary therapeutic contexts; however, they are also viewed as instrumental for the healing of the self instead of a part of the fundamental grounding for a flourishing life (Fowers, 2010). Doherty (1995) makes the argument that this view of relationships as instrumental has been the result of therapists attempting to stay out of the realm of morality,

The result [of therapists having done their best to stay out of the morality business] has been a reflexive morality of individual self-fulfillment, with relational and community

⁶ Outcome measures based on the thoroughgoing assumption of relationality would focus more on persons in context, in their relationships, the formulation of their identity by virtue of their relationships, regular patterns of interpersonal relating, and so forth. Such measures have been proposed (Muran, 2002; Muran et al., 1998) with the Inventory of Interpersonal Problems (Horowitz et al., 1988) being one of the most widely used of such measures (Lo Coco et al., 2018). However, it does not appear that these kinds of measures are the primary measures favored by clinicians. The *Mindset Styles Assessment* created by the Arbing Institute (n.d.) is another example of what a relational outcome measure might look like, however, this measure has not been marketed to nor is it being used regularly by therapists or psychological researchers. It is also worth noting that many measures that seem to be relational in nature maintain a focus on how others affect the respondent as opposed to the way in which the respondent relates to others.

commitments seen as means to the end of personal well-being, to be maintained as long as they work for us and discarded when they do not. (p. 9)

Fowers (2010) has argued similarly in highlighting the impact of the pervasive assumption of instrumentalism in psychological theories on human relationships and sociality.

It would seem, then, that the combination of a radical focus on the self (constituted individually, relationally, or otherwise) and the effort of many psychologists to stay morally neutral⁷ has left most psychological interventions and the assessment of successful therapeutic work focusing on the satisfaction and actualization of the self at the expense of most if not all else, even at the acknowledgment of the importance of the context of the social world. For example, a therapist may encourage a lonely and depressed college student to join a club to cope with his loneliness and depression, as opposed to joining the club being the goal or the end or a genuine and meaningful good-in-itself. More cynically, a therapist might encourage a middle-aged husband and father to divorce his wife to be with the woman with whom he has been having an affair if that woman facilitates his ability to esteem or love himself better than his family has been able to. This idea of contemporary theories' focus on the self will be further illustrated in chapter three, *Immanent Theories*.

Critical theories and social constructionism, too, view relationships and sociality more generally as instrumental, though more often as an obstacle to rather than an instrument for self-fulfillment. The concept of intersectionality is a clear example of such; it is not about genuine

⁷ While many have acknowledged the impossibility of a therapist remaining value neutral (Bergin et al., 1996; Fisher-Smith, 1999; Jackson et al., 2013), the idea that therapists can and ought to remain neutral in terms of issues of morality—typically, though erroneously, narrowly defined as telling a patient explicitly what is right or wrong—continues to pervade the practice of psychotherapy in terms of emphases on practices such as unconditional positive regard, affirmation, validation, etc. (see Dalrymple, 2015, Doherty, 1995, and Doherty, 2022 for further discussion on the inherently moral nature of the therapeutic enterprise).

relationships but about the effect of socially constructed categories upon individual people. Furthermore, individuals are often viewed as instrumental—whether helpful instrument or obstacle—to the healing of the world as a whole. Therefore, some predominant critical theories and social constructionism approaches encourage activism in the name of liberation, freeing people from oppressive systems and institutions. One such theory, called liberation psychology, was founded on the idea that explicit action was necessary to transform the discipline of psychology (Burton & Guzzo, 2020; Martín-Baró, 1994).

It is not my desire to argue against the goodness of liberation or changing the world for the better for all peoples—it is obvious that liberation from genuine oppression is a good thing. However, if liberation is only aimed at allowing people to be free to do whatever they please (i.e., make weak evaluations), free from psychic pain, free to be validated, etc., there is a high risk for a continual cycle of aiming for liberation without a reason for which to be free and, therefore, no possibility for attaining liberation that is satisfying or lasting. That is, because desires (i.e., the desire for liberation) are in principle insatiable (Levinas, 1961/1969; Westin, 2020), there is no guarantee, whether in a global context or a therapeutic one, that once a society or a person is liberated from an oppressive system, that they will not find the next system oppressive and seek, yet again, for liberation from *that* system, or, indeed whether socially constructed systems which construct persons can ever actually liberate them.

Levinas (1961/1969) illustrates the importance of the individual level of the phenomenological reality, rather than that of systems or constructs, as he articulates the idea of desire thus:

The metaphysical desire tends toward *something else entirely*, toward the *absolutely other*. ... The metaphysical desire does not long to return, for it is desire for a land not of

our birth, for a land foreign to every nature, which has not been our fatherland and to which we shall never betake ourselves. ... It is a desire that can never be satisfied. ...

Desire is desire for the absolutely other. ... For Desire this alterity, non-adequate to the idea, has a meaning. It is understood as the alterity of the Other and of the Most-High.

The very dimension of height is opened up by metaphysical desire. (pp. 33–35)

Such desire aimed towards the *idea* of liberation as opposed to the *concrete* other, enhances our vulnerability to further oppression because it does not provide any transcendent value against which such values or systems can be evaluated. When Levinas speaks of desire, he argues that desire, at least desire that is properly oriented, is grounded in the very alterity of the other and one's ethical obligation to the other. As Slocum (2015) notes:

In desire, we are asked to give, even our very lives, while not looking to the Other for fulfillment in a consuming way. Our fulfillment in terms of the Other is always an attempt to figure out how to improve the Other's life experience. (p. 203)

While such desire can never be satisfied because of its inherent infinity and insatiability, such a desire has a concrete transcendent referent—the face of the other—which allows us to make strong evaluations. Strong evaluations then allow us to assess the properly oriented course of action toward a well-defined end. The desire for liberation for the sake of liberation, on the other hand, falls into the same trap as much of the critical theories: it is a desire that is tautological. Both desire and satisfaction are products of the same facticity; the want-er and the wanted originate from within the same closed system. Thus, satisfaction is more like a change of address than a transformative change in the state of being.

In large part because of the influence of mid- and late-20th century therapists (A.T. Beck, 1993; Ellis, 1992, 2002; Perls, 1978; Rogers, 1951), many within the fields of psychology and

psychotherapy assume healing originates from within the Self (see Bohart, 2000; Bohart & Tallman, 1999). This idea will be further explored in later sections. For now it suffices to say, even though most schools of clinical thought acknowledge that the social world has import as source and context of people's feelings and reactions and that we are social beings, from the point of view of the contemporary perspectives reviewed within this thesis, people are still caught in a web in which their satisfaction and happiness is individual and therefore the search for it is focused on the individual, within the individual. As illustrated above, this idea pervades critical psychology, or liberation psychology specifically, as well: for nearly all psychological theories, the source of and/or reason for healing is ultimately the self. This being the case, the foundation for health and morality remains heavily caught up in one's subjective preference and the individual hedonic value of one's individual way of living.

In summary, both radical individualism and many post-modern theories of relationality do not provide a viable grounding for human beings to understand what it is to be a self with both meaning and purpose because neither provides an ultimate telos or wherefore of human being (see Appendix A for further discussion on individualism versus individuality).

An Ungrounded Morality

A culture that takes morality to be grounded in self-orientation, subjective preference, and instrumentalism is destined to orbit around only itself, thus courting a high likelihood that it will collapse in on itself and, therefore, leave its adherents with nowhere to anchor meaning because any meaningful claim cannot justify itself by reference only to itself. Philip Rieff (2006) describes this idea in identifying what he called "third world"⁸ (p. 6) cultures, that is, cultures that have abandoned adherence to the idea of a sacred order such that "they do not root their

⁸ Rieff's idea of third world cultures is not to be confused with the colloquial use of this term to refer to developing nations.

cultures, their social orders, their moral imperatives in anything sacred” (Trueman, 2020, p. 76). Whereas what Rieff calls, first and second world cultures justify their cultures and moral codes in terms of something transcendent (e.g., pagan myths or the will of God, respectively), third world cultures give up any such transcendence such that they must justify their culture and moral order in themselves (2006, pp. 5–7). Rieff articulates the precarious and unprecedented nature of this kind of culture—of which he argues our own contemporary, largely Western, culture is one. He states:

Culture and sacred order are inseparable, the former the registration of the latter as a systemic expression of the practical relation between humans and the shadow aspect of reality as it is lived. No culture has ever preserved itself where it is not a registration of sacred order. There, cultures have not survived. The third culture notion of a culture that persists independent of all sacred orders is unprecedented in human history. (Rieff, 2006 p. 13)

Taylor (2007) makes a parallel analysis to Rieff’s as he discusses secularization, highlighting the shift from an enchanted world to a disenchanted or secular one:

[T]he enchanted world [is] the world of spirits, demons, moral forces which our predecessors acknowledged. The process of disenchantment is the disappearance of this world, and the substitution of what we live today: a world in which the only locus of thoughts, feelings, spiritual élan is what we call minds; the only minds in the cosmos are those of humans (*grosso modo*, with apologies to possible Martians or extra-terrestrials); and minds are bounded, so that these thoughts, feelings, etc., are situated “within” them. (pp. 29–30)

As James K. A. Smith (2014) states:

Taylor’s account of disenchantment ... [suggests] ... a shift in the *location* of meaning, moving it from “the world” *into* “the mind.” Significance no longer inheres in things; rather, meaning and significance are a property of minds who perceive meaning internally. ... Meaning is now located in *agents*. (pp. 28–29)

In other words, the disenchantment of western cultures was not simply the subtraction of transcendent persons or forces, but the substitution of such transcendence with encapsulated, self-contained, or, as Taylor says, “buffered selves” (2007, p.33). Therefore, the only source for meaning is located within and between human beings (Taylor, 2007, p. 34).

The modernist aim of removing a higher power and a purposeful cosmic design from our understanding of world and self (logically and metaphysically required by the modernist argument) was ostensibly to empower and liberate the human being. It aimed to empower the human being to form the raw material of the world, and the self, into whatever might be desired, including the self (i.e., identity) itself. It aimed to liberate human beings such that they have complete freedom to decide who they are. The problem, however, is that with complete autonomy and a lack of telos⁹, human beings have every choice at their disposal but no reason to choose any of them (over any other of them) because all their resources for evaluating meaning of an order higher than their own preferences and projects have been stripped away—along with grounds for choosing at all.

[Philip Rieff] (p. 79) summarizes the predicament brought about by the self-understanding offered in all species of modernism as “[the] absurdity of being free to

⁹ It is worth noting that by telos, I intend to communicate a purpose beyond practical, evolutionary, or self-generated ends in order to distinguish between meaningful purpose and mere utility (e.g., a hammer has an intrinsic use or purpose but would not necessarily be said to have an inherent telos, or meaningful purpose).

choose and then having no choice worth making.” (1966, as cited in Williams, 2017, p. 25)

That is to say, while human beings have been freed, in a sense, to make any choice at their disposal, any transcendent justification for making one choice over another has been removed—by that very freedom—so as to effectively obfuscate our understanding of a genuinely meaningful choice, a choice that matters in some deep and essential way, that is, beyond the level of simple desire or preference itself. Indeed, human beings are left with only their own subjective preferences as justification for their choices.

In his highly influential book *After Virtue*, Alastair MacIntyre (2007) identified this phenomenon as *emotivism*. He wrote:

Emotivism is the doctrine that all evaluative judgments and more specifically all moral judgments are nothing but expressions of preferences, expressions of attitude or feeling, insofar as they are moral or evaluative in character. (pp. 11–12)

These sentiments or feelings (i.e., *weak evaluations*), in the absence of transcendent reasons or purposes that provide occasion for *strong evaluations*, are elevated to a stature normally reserved for objective or transcendent truth and morality. The relevance of immanence and transcendence to the issue of meaning will be discussed at more length in the following section. For now, it suffices to say that whereas many previous cultures in human history have grounded their moral understandings in some kind of transcendent reality and the related intrinsic meaning in the cosmic order, the contemporary postmodern culture of the West lacks any firm grounding in transcendence. Furthermore, the culture also rejects the possibility of any such grounding, a grounding necessary to support the cultural and moral values it can only purport or assert but not

justify because of a thorough-going commitment to a radically autonomous self—or, as Taylor (1985) might say “the agent of radical choice,” (p. 35)—operating in a merely immanent world.

It is also worth noting that a commitment to the idea of the radically autonomous self is not incompatible with a recognition of the importance and impact of culture and context espoused by many post-modern thinkers. Those committed to these various postmodernist theories see relationality and culture as playing exclusive roles in the formation of identity but assume that their chief impact can be realized only if such culture and context are taken up as something to be used instrumentally by the individual for his or her best chance at individual pleasure/fulfillment (Fowers, 2010; Gantt, 1996). Culture and context, as understood by many within a post-modern or critical-theory, merely provide a framework for viewing and understanding the oppressive realities that constrain full expression of (or the short-circuiting of complete fulfillment of the self). It is fundamental to this view that no transcendent realities are at play in the world itself or in our comprehension of it because to invoke a genuine transcendent reality that exists outside of local moral orders would abandon the very foundational resistance to transcendence upon which many postmodern theories, including critical theories, rest.

In other words, theories and thinkers can (and often do, in our post-modern world) assume both the existence of a radically autonomous self and oppressive cultural realities that constrain (or even sometimes create) such a self. Within this framework, morality (e.g., concerns regarding justice, equity, fairness, right and wrong, the good life, etc.) can exist; however, morality does not exist because of any reliance on a transcendent reality. Moral codes exist as instruments to enable personal pleasure and freedom of expression.

The Malaise of Psychology

The conflict that modernism and post-modernism create in explaining and understanding human behavior can be illustrated by examining how we might respond to two questions that seem to be at the heart of the problem introduced as constituting the malaise of psychology:

1. What constitutes meaningful change in the lived experience of human beings? and
2. What is the source and impetus for such change?

In other words, as Taylor might ask, do people only change based on the weak evaluations they make or are strong evaluations, and the transcendence they provide, possible and operative in psychological change? Similarly, is genuine meaning possible or compelling via weak evaluations alone?

This thesis will focus primarily on the two questions above, in terms of the implications for therapeutic practice. That said, however, I conclude that the solution to the lack of meaning and purpose (i.e., the malaise of psychology) is neither an exaltation of the self nor a dissolution of the individual self into the greater good or body of society, but rather being called out of oneself by the face-to-face encounter with the transcendent other.

Being-for-the-Other

Unfortunately, what began with faith in the power of Reason, as exercised by individual minds, articulated by Enlightenment thinkers beginning in the 17th century has contributed to the isolation and alienation of the individual, the hollowing out of the self, and the problematizing of meaning at least since the latter half of the 20th century. This dissertation argues that there is an essential answer to the questions posed by the malaise of modernity (Taylor, 1991), the malaise of psychology, and the two questions posed above regarding the possibility of genuine change in our human being.

My proposed response to these issues begins with a basic premise. It is this: one *ought* to change for the purpose of being better for the *other* and inviting him/her into a more truthful way of living or into a more truthful world and one *can* change via recognizing the transcendent possibility afforded to the self by virtue of the *otherness* of another itself. That is to say, the answer to the question, “What constitutes meaningful change in the lived experience of human beings?” is that change is constituted by the agentic derivation of possibilities for being otherwise as human beings come face-to-face with the alterity, or otherness, of an other person. The answer to the second question, “What is the source and impetus for change?” then, is implicit—that is, one ought to change for the sake of the other, to become better (e.g., more responsible, more ethical, less absolving of responsibility) for the sake of the other in order to help bring the other into a more truthful way of being as well in recognition of the fact that the other, in turn, has many others before whom he or she has responsibility (Levinas, 1961/1969). As Williams (2002) argues:

Understanding of our being does not begin with our being. It does not begin with an understanding of the totality of the “in itself” into which we fit. Nor does it begin with an understanding of our “for-itself” faculties, or sentiments. Rather, it begins with the absolute alterity of the other. It is the alterity of the other (the infinity of the absolutely other than I) that provides the grounds for my being, and it is the face of the Other (the other person as a particular instantiation of alterity) that provides the occasion for my coming to be an agent. (p. 154)

The possibility of the other beyond my own subjectivity exposes me to the possibility of being otherwise than I am. Additionally, the face of the other—for Levinas (1961/1969), not merely a face but the experience of another embodied in “the poor one and the stranger” (p. 213)—against

whose very existence I cannot argue, confronts me with a reality that is beyond my own making or control. If there is a reality beyond my making or control, it constitutes the very possibility of genuinely moral, truthful living; that is, living in accordance with what is true or false manifest most forcefully in the responsibility for the best interests of the other—as I understand them at whatever level of reason and sentiment of which I am capable.

In other words, perhaps, more than any other thing, the otherness of the other can offer a psychologically real and compellingly clear possibility that an individual can do and be otherwise than he/she is now. While other schools of thought make similar promises—the Enlightenment and its privileging of the autonomous self, for example—adopting the disposition of being for the other assumes that one can only be exposed to the possibility of genuine change by virtue of encountering others, not simply by willing oneself to change and be different regardless of context, circumstance, or constraint.

Sayre (2005) gives an elucidating example of this phenomenon in speaking of his work with a patient given the pseudonym Shelly, who had a strained relationship with her mother due to various interactions during her childhood. As adult wife and mother, Shelly went home to visit her mother after her mother fell ill:

The day after returning, [Shelly] called her mother to see how she was doing. Her mother was not feeling well and was being very negative about the care she was receiving. This was the type of situation that Shelly had the hardest time dealing with. Shelly explained how she would usually become terribly tense and guilty when her mother was critical. This particular time, however, she imagined how hard it must be to be dependent on others. She also found herself sad that this woman did not know how to express herself in any other way. She saw her mother as frightened. She told her she loved her and hoped

that she felt taken care of. After Shelly hung up the phone her daughter, Emma, bounded into the room with a new stuffed animal. She wanted Shelly to help her make a tea party for her bears. What surprised Shelly was that she could turn from sadness to join in with her daughter's joy so quickly. (p. 44)

As illustrated in Shelly's story, it is in recognizing and responding to the call of the alterity of the other that one can change and that one has meaningful purpose for doing so. In Shelly's case, genuine concern for her mother—not processing her feelings or exerting some power of will—overcame and overpowered her self-concern, history, etc. allowing her to heal and change. Therefore, I will argue that it is by recognizing and responding to the call of the alterity of the other that fundamental and lasting healing and change we hope for in the therapeutic setting can occur. In other words, the proper psychotherapeutic response to issues that have their origin in the salience of the individual self and its perceived needs and the alienation from any sources of help outside that self—which, could be argued, is most pathologies with which patients present—is to turn people outward toward the other. As Sayre (2005) has articulated:

The notion of therapy as a de-centering ... resonates with my experience as a therapist, and my own life. So much of our suffering, at least that which is avoidable, seems to be grounded not in the failure to get our needs met, but in our obsession with having them met. I am by no means dismissing the damage done by trauma and deprivation [sic], but I am considering the much more frequent, every day, injuries we cause to ourselves and those around us, in our attempt to preserve ourselves. ... In rejecting the ego-logical ethic of therapy and moving toward a de-centered understanding, we are better able to understand people within the reality of their lives. (pp. 41 and 46)

Thus, the solution to the malaise of psychology is not a dissolution of the self but rather a locating and recognizing of the meaning and purpose of the self outside the self, beyond the self. Importantly, recognizing the meaning and purpose of the self as residing outside the self would not be commensurate with one moving towards an impersonal and communal movement or crowd, nor towards a socially defined or assigned role of victim or victimizer because of the very fact that these conceptions of self are abstract, impersonal, and instrumental. The solution would instead be to find the meaning for the self that only comes from the call of a particular other.

From a Levinasian perspective, the call of the other—the encounter with another person, especially in his or her vulnerability and need, that demands an ethical response transcendent of self-interest or self-concern—will help alleviate the malaise not only because responding to another is often helpful and healing, but also because it frees the person from the confines of the echo chamber of the modern self and its own concerns. Having one's subjective, individual experience disrupted by the very otherness, or alterity, of the other, one is exposed to a world full of possibility beyond those available to oneself as one's own. In this way, the call by and to someone other than oneself presents the individual with the irrefutable existence of a meaningful world that the subject most certainly did not create, and calls, or pulls the self to action for the non-self, for the other that transcends the self. Levinas argues that this ethical demand is not derived from any pre-existing moral law or rational calculation, but from the immediate, face-to-face encounter with another human being. By engaging with the other in this way, the individual breaks free from the confines of his or her isolated subjectivity and participates in a shared, meaningful existence.

CHAPTER 2

Immanence and Transcendence

As articulated in the previous chapter, *immanence* is defined here as that which *lies within* a closed system of nature, and arises out of bounded, natural or purely human origins. In other words, something that is immanent might be referred to as being inherent within something or within a person. The immanent world is metaphorically flat, that is, stretching before us in only a “horizontal” (Taylor, 2007, p. 481) dimension. The relationship between flat, horizontal immanence and vertical transcendence can be described in terms of Søren Kierkegaard’s description of *leveling*:

a passionate age *accelerates, raises up and overthrows, elevates and debases*, [whereas] a reflective apathetic age does the opposite, it *stifles and impedes, it levels*. ... In modern times leveling is reflection’s correlative to fate in antiquity. ... The dialectic of the present age is oriented to equality, and its most logical implementation, albeit abortive, is leveling. (Hong & Hong, 2000, p. 259 emphasis original)

In other words, both the age in which Kierkegaard found himself and the age in which we find ourselves are ones that value a kind of equality or sameness such that everything is taken to be of the same value, with nothing being more or less worthy of being chosen, all of which are located on the same flat plane of existence.

For purposes of this discussion, it is important to distinguish between qualities that are inherent in and thus can arise from material things such as stones, wind, neurochemicals, neurons, and so on within a horizontal dimension from qualities that seem not to inhere in material things (i.e., they are transcendent in some way) as do immanent properties. For example, the immanent properties of stones might be hardness, and heft, or wind, strength and

direction, and of neurochemicals, their atomic number and chemical properties. Even a casual acquaintance with the world that includes human beings and their engagement in the world of immanent things and other humans, suggests immediately that there must be some other realm or mode of existing for certain things with one type of being that exceeds or extends beyond their immanent properties. Such a mode extends in what might be represented as a *vertical* dimension, or as a nature or reality beyond the particularity of things-in-themselves, and, thus, not reducible to such things. This dimension transcends the particularity and physicality of material things and inheres not within things-in-themselves, like immanent properties, but in being encountered, understood, named, categorized, and evaluated by a sentient, meaning-making being.

In contrast, the mode of being-in-the-world among things in the way that human beings naturally are, is referred to here as *transcendence*. Transcendence is thus a property of both the sentient human experience of the world which is a (non-physical) property of the world itself and a tie between or a unity of subject and object or of thought and thinking. It is in the transcendent world that we find a dwelling place for unembodied things like meaning, morality, purposes, identities, and such things.

Something that is immanent, conversely, has no source or meaning within itself. It just is what it is and does not spread beyond the limits of that within which it is immanent. In the realm of psychology, things such as intelligence or love, while unembodied, might be spoken of as immanent because they are assumed to arise entirely from, and be adequately reducible back to, some natural, physical, historical, social characteristic of a person or the world the person inhabits. Explanations grounded in immanence lay no claim to purpose or meaning—both of which require interaction of sentient, meaning-making beings. The dimension of immanence alone cannot bear the burden of meaning, purpose, implication. Pure immanence is solipsistic.

Furthermore, all materialist positions which must claim that the ultimate reality is simple physical material, must just grant that all the unique qualities that have always defined our humanity are simply immanent—they just arise out of the meat and chemical of the material human being that seems to reflect that quality.

Transcendence, in contrast to immanence, is defined as that which lies beyond or *rises above*, (i.e., that *vertical* dimension of life and meaning referred to above) and thus can be said to have origins beyond any particular person and certainly beyond or outside the material world, and thus as having import, and impact outside the individual self or outside any material thing. It is for this reason that Levinas presents the face-to-face relation as coming from a moral height, from above and beyond one's own ego, and as a command: *Thou shalt not kill*. The other takes metaphysical priority and, thus, stands above me creating an asymmetrical relationship (Krycka, 2015; Orange, 2010; Williams, 2002). Thus, immanence and transcendence will be used in this thesis as dialectically opposed, describing opposing phenomena or ideologies (i.e., alternative ways of conceptualizing and understanding the nature, origins, and location of our humanity itself).

For clarification, it is important to note that in employing the terms immanence and transcendence, I am not attempting to invoke any kind of theological argument (see Kim, 1987, for a discussion of the theological argument regarding immanence and transcendence). I do not intend these terms to be taken in the theological sense but in the plain sense. There is a spectrum of what is meant by immanence and transcendence. The spectrum of immanence and transcendence can be taken very narrowly (e.g., my rose versus roses in general) or very broadly (e.g., a world completely explained by naturalistic phenomenon versus a world intelligently designed by a Creator). In this project, I mean to contrast persons understood as encapsulated

concatenations of material facticity and experiences (i.e., immanence) versus persons understood as intelligent, moral agents inherently possessing capacities, sensibilities, and concerns beyond themselves and beyond the mere satisfaction of self-interested desires, who participate in a meaningful and purposive reality whose source resides above, outside, and beyond themselves (i.e., transcendence).

As noted earlier, much of contemporary culture relies on conceptions of reality that privilege immanence over transcendence; indeed, any conception of our humanity, or any understanding of human actions as arising merely from the material substrate of our beings (or which are simply the results of causes and forces inherent in the world itself and our interaction with it), must rely on immanence as the only viable account of how and why things happen. For example, the performance of some act that has been learned is an account that relies on the presumption of immanence if the act and the learning happen just because of the reinforcing power of some reward for performance (Flagel et al., 2011), and all these things—learning, acting, reinforcement—are produced within the individual person. Parental protective feelings toward one's children, for example, are seen to be immanent when those feelings are taken to arise largely (or solely) from evolutionary instincts created and conditioned by human natural history and human nature (Hahn-Holbrook et al., 2011). Likewise, feelings of romantic love are immanent in any being in which certain tactile, visual, or auditory signals produce a rush of oxytocin, the chemical held responsible for the romantic feelings (Scheele et al., 2013). The point here is that actions or so-called responses such as those just described do not provide a firm anchoring for any deep meaning that transcends in any way the simple facts of the processes and materials that produce responses by virtue of *something* immanent—within them (i.e., visual images, reinforcers of all sorts, and chemicals, all have their effects via what are taken to be

natural processes and factors attached to the givenness of the material beings they are). These immanent explanations in themselves do not provide the basis for genuine meaning because they are tautological; that is to say, the causes and effects define each other. “[R]einforcing power” (Tasimi & Young, 2016, p. 1) is immanent in the thing that it reinforces, exciting power is immanent in the chemical that itself produces excitement, protective feelings are immanent within the presumed perceptive processes working as a parent sees the face of his or her child. The kinds of immanent things and processes described here are at once too thin to carry rich meanings, and they are of a metaphysical category different from one in which meaning can arise.

Immanent conceptions of selfhood do not ground meaning because, as Taylor (1991) articulates, such conceptions are ultimately incoherent and self-stultifying. He writes:

In the light of the ideal of authenticity, it would seem that having merely instrumental relationships is to act in a self-stultifying way. The notion that one can pursue one’s fulfilment in this way seems illusory, in somewhat the same way as the idea that one can choose oneself without recognizing a horizon of significance beyond choice. (p. 38)

In other words, if the source of one’s meaning is solely grounded in oneself, significance and meaning is not possible because such a grounding for meaning relies on a certain “just-is-ness” and thus does not extend into the wider context in which meaning is made and choices are, therefore, significant. To put it another way, in a world of mere imminence, “*this world* is all that there is, and so moral discourse cannot find its justification or root its authority in anything that lies beyond it” (Trueman, 2020, p. 77, emphasis in the original). Accounting for context and the horizon of significance beyond choice is crucial because it enriches our understanding of meaning and morality. Absent such a horizon beyond choice, choice and fact are

indistinguishable. By recognizing a broader context, individuals can situate their actions within a larger framework that extends beyond the givenness of immediate desires or subjective inclinations.

Immanent Frames

One overarching example of immanence, what Taylor (2007) calls “the immanent frame” (p. 542), is “exclusive humanism” (p. 19). Exclusive humanism, or “self-sufficient humanism” (Taylor, 2007, p. 18) are terms used by Taylor to describe “a humanism accepting no final goals beyond human flourishing, nor any allegiance to anything else beyond this flourishing. Of no previous society was this true” (Taylor, 2007, p. 18). J. K. A. Smith (2014) further clarifies this idea, changing Taylor’s quote to read: “I mean by this a humanism accepting no final goals beyond [individual] human flourishing, nor any allegiance to anything else beyond this [personal] flourishing” (Taylor, 2007, p. 18, as cited in J. K. A. Smith, 2014, pp. 22–23). In our contemporary culture—and within much of our therapeutic training within the helping professions—many have accepted the idea that the only goal worth pursuing is that of human flourishing—most often defined quite personally and subjectively—without any purpose or goals beyond maximizing a personal sense of well-being, pleasant experiences, and overall life and relationship satisfaction. In other words, human flourishing is defined as recognizing, accepting, and even capitalizing on what is immanent in the individual as a human organism, and does not reach beyond the immanent as to what might be, or ought to be. There is little consideration given to the question of the transcendent, for example, or of what might be perfective of our human nature and would thus be flourishing of a much more profound kind (Aristotle, ca. 340 BCE/2011; Fowers, 2005; Fowers et al., 2024; Heidegger, 1988/2013).

Furthermore, while some in psychology and philosophy have utilized religion or a similar commitment to something beyond the self in their ideological and clinical work, they have employed religion/transcendence not as an end in itself but as a tool for individual human coping (see, e.g., Hart & Singh, 2009; Pardini et al., 2000; Weber & Pargament, 2014). In other words, religion, spirituality, community, and sociality are viewed as essentially the same as other coping mechanisms rather than as a response to the underlying problem: life without a transcendent call or purpose to pull one out of the self that merely copes. This is abnegation of openness to and desire for transcendence itself reflects a focus on the secondary benefits that transcendence may often bring about for an individual. Therefore, while those who see religion or any kind of transcendent reality as a beneficial coping mechanism employ the language of transcendence, they remain within an immanent frame.

As Taylor articulates it, prior to our Modern era, reliance on immanence for human flourishing has never before been the case in human history. Drawing on David Foster Wallace's work, J. K. A. Smith (2014) paints a picture of the immanent world—what Taylor (2007) calls a secular age—in which many of us find ourselves. He describes a world of:

almost suffocating immanence, a flattened human universe where the escapes are boredom and distraction, not ecstasy and rapture. Hell is self-consciousness, and our late modern, TV-ized (now Twitter-ized) world only ramps up our self-awareness to an almost paralyzing degree. God is dead, but he's replaced by everybody else. Everything is permitted, but everybody is watching. So most of the time the best "salvation" we can hope for is found in behaviors that numb us to this reality: drugs, sex, entertainments of various sorts. (J. K. A. Smith, 2014, p. 14)

In a world that finds its meaning and value in an immanent frame, we are left with moral relativism from which the only escape (from the meaninglessness that inevitably flows from moral relativism) is a cycle of distraction and boredom as opposed to transcendence and genuine flourishing; that is, a flourishing that is perfective of our human nature itself, as noted above.

Transcendent Frames

There also exist ideologies rooted or grounded in transcendence. Such ideologies, Trueman (2020) argues, “have a moral, and therefore cultural, stability because their foundations lie in something beyond themselves (and therefore beyond us, and beyond every aspect of the Self). To put it another way, they do not have to justify themselves on the basis of themselves” (p. 76). Such ideologies present a framework through which the world has meaning and purpose, or a *telos*. As noted above, Taylor (2007) uses the term *mimetic* to describe such a world. One of the most prominent examples of a mimetic or transcendent ideology can be found in Christianity “with its notion that human life in this earthly sphere is to be regulated by the fact that humanity’s ultimate destiny is eternal communion with God” (Trueman, 2020, p. 40). We see transcendent frames manifest throughout human history (and in the Western tradition, as early as the ancient Greeks). In these framings of reality across time, we encounter differences among particular understandings, and conceptions of transcendent realities, and sometimes of the nature of transcendence itself. But all of them call us and point us “outward and upward” (Williams, 2007, p. 694) rather than inward and downward.

This thesis will argue that one viable source of transcendence is the alterity, or otherness, of the other,¹⁰ particularly as articulated by Levinas (1989) when he writes:

¹⁰ Critical theories/multiculturalism wants to both recognize the otherness of the other and treat him or her humanely while simultaneously arguing against *othering* (Powell & Menendian, 2018; Wuthnow, 2020) those that are different than oneself. This is a distinctly different meaning of *other* and *otherness* than what Levinas introduces in his discussion of the other and otherness.

The Other as Other is not only an alter ego: the Other is what I myself am not. The Other is this, not because of the Other's character, or physiognomy, or psychology, but because of the Other's very alterity. ... Does not the essential difference between charity and justice come from the preference of charity for the other, even when, from the point of view of justice, no preference is any longer possible? (p. 48)

For Levinas, the source of transcendence and ethics resides in the otherness of the absolutely Other, but that exact otherness resides equally in the otherness of any and every particular other. Because the particular other is, in his or her very being, possibility beyond my possibility, he or she provides a transcendence that calls me out of myself. To put it simply, to move toward the other (physically, psychologically, ethically) is to move toward transcendence. Particular alterity is the threshold of transcendence.

Levinas articulated this idea in several ways including his illustration of the face-to-face relation, the ideas of infinity and totality, and how the excess that overflows and interrupts the self and calls us into responsibility. Levinas's idea of the face-to-face relation is the notion that it is when we come face to face with another person—with an *other*—he or she elicits within us a sense of responsibility and ethical obligation. “[T]he relation to the face is straightaway ethical. The face is what one cannot kill, or at least it is that whose *meaning* consists in saying: ‘thou shalt not kill.’” (Levinas & Nemo, 1982/1985, p. 87 emphasis original). In encountering the face of the other, we are immediately faced with moral responsibility. The face represents the unique, vulnerable, irreducible presence of the other, and this encounter demands a response that goes beyond abstract ethical principles—it is a direct call to ethical obligation, or action that is directed to attending to the needs of the other.

As discussed briefly in Chapter 1, the therapeutic relationship or encounter could be the most fundamental aspect of therapy as a primary instantiation of the face-to-face relationship. For this to be the case, the therapeutic relationship must be situated within a Levinasian perspective in which the therapist goes beyond offering sympathy, validation, and symptom relief. As a therapist, I feel an obligation to respond to the suffering of my patient—to comfort, to hold accountable, to lighten his or her burden—in the best way I know how; to take responsibility for the impact of my presence, my words, and my actions on each patient; and to maintain the relational boundaries that most readily ensure healing. While I have some understanding of the patient and his or her experience, I am still no expert on his or her experience and always seek further knowledge and understanding and admitting when I do not understand. The act of accounting for oneself, telling one's story, in the face of another seems to have a healing effect. Furthermore, and most importantly, I aim for the therapeutic encounter to be one in which the patient is not simply accountable to me as an other but to the others in his or her life; to highlight the ways in which the patient impacts his or her siblings, parents, partners, friends, and coworkers. This is where we see the profound effect of a *Levinasian* therapeutic relationship on healing: as the patient is met with a therapist who is being-for-the-other (the patient), the patient is given an example, and, therefore, exposed to his or her own possibility for being for *his or her* others. The Levinasian view of the therapist-patient relationship allows the therapist to discharge the ethical obligation to the other but also seeks to avoid driving the patient inward into him or herself. Within this view, the therapist seeks to invite patients outward and focus them on seeing and fulfilling their own obligation to the others in their lives.

For example, many new mothers present in therapy with concerns regarding intrusive thoughts about their baby. That is, they have distressing compulsive thoughts calling for action or

restraint. A mother might wash a bottle ten times, believing that doing any less would cause her baby significant harm. Instead of seeing the face of the child—an other to whom she has obligation—the mother is seeing her flaws and histories in place of the face of the child. She is taking up a kind of false responsibility within her own anxieties that drives her further inward as opposed to genuinely responding to the face of the other and allowing herself to be called out. As a Levinasian therapist, I dispose myself to being-for-the-other as I witness to the mother's distress and encourage her to reorient herself genuinely toward her child.

The ideas of totality and infinity are expounded most directly in Levinas's early work, *Totality and Infinity* (1961/1969). Totality, according to Levinas, refers to the tendency of human thought and systems to try to encompass everything within a unified and comprehensive framework. It is the idea that we often seek to understand the world, ourselves, and others by fitting them into predetermined categories or systems, reducing them to elements within a totality. However, Levinas is critical of this tendency because he believes it can lead to a kind of violent reductionism of infinite individuals. "Thematization and conceptualization, which moreover are inseparable, are not peace with the other but suppression or possession of the other" (Levinas, 1961/1969, p. 46). Infinity, on the other hand, is associated with the Other. "It is therefore to receive from the Other beyond the capacity of the I, which means exactly: to have the idea of infinity" (Levinas, 1961/1969, p. 51). The Other, according to Levinas, is not a *thing* we can fully grasp or assimilate into our existing egoistic projects or structures. The Other's infinite nature means that he or she always exceeds our attempts to comprehend him or her. This excess disrupts our self-contained worldviews and calls us to recognize and respond to the Other's uniqueness and transcendence. Levinas argues that our typical totalizing approach to understanding the world, wherein everything is encompassed within a system or framework, is

disrupted by the infinite responsibility to the Other. The Other, as infinite and transcendent, resists being assimilated into our preconceived categories or systems.

This infinity, or excess, of the Other, that emanates from the face, Levinas argues, is what calls us into responsibility: “[I]nfinity, overflowing the idea of infinity, puts the spontaneous freedom within us into question. It commands and judges it and brings it to its truth” (Levinas, 1961/1969, p. 51). The excess of the Other— his or her infinite and unassimilable nature— disrupts our self-contained existence. This excess calls us into a state of responsibility. Responsibility emerges because the Other is more than we can comprehend or control—the Other transcends us and our self-contained subjectivity—and this recognition of his or her excess demands that we respond ethically.

Transcendence versus Transcendent Principles

I want to note here that in the various examples that I will give of attempts to save meaningfulness via immanence that have been adopted by psychology—and our larger culture to some extent—each contains an element of transcendence. This is not to say, however, that these attempts meet the requirements of a genuine transcendence of the kind alterity provides. Behaviorism, for example, ascribes to the overarching belief that a behavior that is followed by a pleasurable, reinforcing stimulus will become a reinforced behavior. Behaviorism does not make this argument about one *person in particular*, but about *people in general*. Therefore, this principle is transcendent because it is universal to all human beings. This kind of transcendent principle has also been identified by Nelson (2009) as “weak transcendence” (p. 4; i.e., lowercase “t” transcendence). Therefore, for the purposes of this project, the term *transcendent* (lowercase “t”) will be used to refer to those things that are beyond particulars and achieve the level of what might be called generalizations, or general principles.

Conversely, an ideology or approach will be referred to as capital “T” *Transcendent*, only when it assumes an ultimate *wherefore*, purpose, or order beyond routine generalizing across immanent humans, their innate properties, and facticity—some such purposes and some ordering principles may be conceived of as universal natures or the rightness of transsituational and morally binding principles. This Transcendence anchors our humanity and thus provides a source of meaning and understanding of that very humanity. While transcendence can provide meaning at some level—as in the example of behaviorism, recognizing categories of things like *rewards* or *reinforced behaviors*—it cannot provide the ultimate meaning for our very humanity. These transcendent categories of meaning can only provide self-transcendence based on qualities that arise out of the things themselves, that is, immanence (Gantt & Williams, 2022). Conversely, Transcendence cannot be found within a person but must call—or orient—a person from outside of him or her self. This Transcendence is the experience of overflow, otherness, a beyond that calls, humbles, and even threatens (Levinas, 1961/1969, p. 199).

Christianity, for example, while arguing for the dignity of each human being, and thus teaching that each human person be treated with love and respect (transcendent principles), also provides a *wherefore* and a greater order in the context of which this idea becomes significant: Each human being is a creation of a God who governs the universe, yet distinguishes human beings as being(s) in His own image, and having a purpose (Transcendence). Transcendence, in this way, gives an anchor for the transcendent principles that govern our humanity, morality, meaning, and possibility. In the case of this thesis, the genuinely Transcendent under consideration is the alterity, or otherness, of the other (see Appendix A for further discussion on the possibility of Transcendence without reference to theology/God). Any ideology that is truly and completely immanent could not really be an ideology at all because valuing immanence

would itself invoke, and indeed require a transcendent value in order to bestow it on some immanent property. Therefore, it would be accurate to say that a thoroughly immanent ideology does not exist but for the purpose of this thesis, ideologies that only maintain weak transcendence as opposed to genuine Transcendence, will be identified as immanent ideologies or theories.

Clinical Relevance

One powerful example of how these ideas—immanence and transcendence—are relevant in a therapeutic context can be seen in the case of a suicidal patient in which the therapist is seeking to develop a safety plan with the patient that includes providing reasons for and resources to stay alive. This, of course, is also manifest when someone has, among his or her presenting concerns, what sounds like a crisis of meaning (“I don’t know what I’m doing with my life,” or “What is the point of all of this?” etc.), which describes a significant portion of patients, but we will briefly focus exclusively here on suicidal patients.

When therapists assist their patients in identifying people for whom they want to stay alive or perhaps a religious reason for which to stay alive (e.g., “God does not condone suicide, My mother would be crushed,” or “There is meaning and value in every human life,” etc.), they are directing patients toward Transcendence (intentionally or not). In other words, the therapist is helping the patient identify reasons or purposes beyond the patient him or herself for which he or she should not end his or her life. There is a greater call, coming outside the patient, for him or her to stay alive.

When a therapist assists their patient in identifying personal reasons for which to stay alive (e.g., “Dying would be painful or uncomfortable,” or “You would miss out on things you have not yet accomplished that you want to accomplish,” etc. as opposed to “My dying would

impact those who care about me and deprive them of me or You have not yet gotten to accomplish thus and such goal which would fulfill my ethical obligation to others”), they are directing a patient toward immanence. In other words, the therapist is helping the patient identify egoistic reasons or purposes *within* him or herself for which he or she should not end his or her life. The immanent call to stay alive comes from within and is *independent* of what others or any greater power might demand.

In this same vein, it is important to highlight, again, that while psychotherapists have recently begun inviting spirituality, religion, and other transcendent principles (e.g., relationships, community, etc.) into the therapy room, contrary to their previous negative relationship with religion and spirituality,¹¹ mental health professionals continue to operate within an immanent frame. In other words, therapists are encouraged to acknowledge their patients’ spiritual and/or religious context because of its place in their intersecting identity, culture, or social context (Vieten et al., 2013). For example, a therapist might incorporate Latter-day Saint scriptures or recommend a schedule of daily prayer to a patient who is a member of The Church of Jesus Christ of Latter-day Saints in the same way that the therapist would recommend Eastern medical interventions (such as acupuncture and herbal remedies) and/or practices in meditation and mindfulness to a patient from an Eastern culture (Hall et al., 2011).

To place religion and spirituality within the realm of multiculturalism reflects a commitment to immanence because such a position makes health and well-being reliant on things already within the patient or his or her cultural milieu. Such a view does not maintain spirituality and religion as beneficial because they provide Transcendence and a call from outside

¹¹ See Cummings et al. (2009) for a more in-depth discussion of psychology’s history with religion and spirituality and, as the authors argue, psychology’s continued hostility towards religious peoples and ideas.

the person, but rather because they comprise a sort of peripheral social reality that might benefit the patient's mental health. By definition, Transcendence *transcends* the peripheral benefits of the sociality or existentiality of religious or spiritual commitment. Transcendence itself lasts longer than the side benefits of the sociality of religion because the side benefits may eventually dissipate or no longer help, or be "outgrown," whereas Transcendence may well transcend all the patient's problems.

This immanent view is the view taken up by psychology because, as Taylor argues, modern Western society exists within an immanent frame, Transcendence is not part of our *social imaginary*, that which we take for granted. Similarly, J. K. A. Smith (2014) points out:

This ... view ... seeps into our social imaginary — into the very way we image in the world, well before we ever think reflectively about it. We absorb it with our mother's milk, so to speak, to the extent that it's very difficult for us to imagine the world otherwise, "once we are well installed in the modern social imaginary, it seems the only possible one" (p. 168). And yet, Taylor's point is that this is an *imaginary* — not that this is all just a fiction, but rather that this is a "take" on the world. While we have come to assume that this is just "the way things are," in fact what we take for granted is contingent and contestable. (pp. 45–46, emphasis in the original)

Additionally, psychotherapy has almost always relied on transcendent principles.¹² This seems to have come about with recent concerns centering on respect for multicultural values and intersectional identities. In other words, those in the field of psychology have come to recognize the transcendent principles, or better yet intrinsic characteristics, of communal and social realities that include cultural practices and worldviews, that are beyond a single individual's

¹² See above example regarding behaviorism. This logic applies to any theory of change that is said to apply to human beings in general.

experience. However, even with multicultural acknowledgments, psychology's tried and true interventions do not rely on a Transcendent moral order; rather, communal and social realities are important most of all as influences in or components of individual personal identity. They are based largely on the transcendent principle/value of holding respect for differing values and adjusting therapeutic interventions to a patient's language and culture. Thus, while interest in the socio-cultural *could* be based on a common assumption of a Transcendent or sacred order (for example, tolerance or patience are part of the Transcendent order professed in many religions), they typically are not. Therefore, at least in terms of the research and writing engaged in this project, most psychological theories are immanent theories; in that, they assume that all that a therapist needs to know to be effective is what is immanent in the patient's mental/emotional/behavioral life whether its sources be more or less personal or more or less cultural. This will be discussed further in the next section.

Psychological theory and practice lacks Transcendence, in large part, because scholars and practitioners in the discipline have been unwilling to acknowledge or grant significance to any meaningful *a priori*. Many, perhaps the majority, within the field of psychology want the field to be purely reductive and attribute everything about human beings to the effects of experience, evolution, neurochemistry, etc. and resistant to *a priori* agency, moral sensibility, or the fundamental moral obligation entailed in the otherness of other persons.

CHAPTER 3

Immanent Theories

Because of psychological theorists' and practitioners' apparent discomfort with meaningful *a priori* intelligent (i.e., agentic, purposive) functions innate to our humanity, as well as their apparent preference for pursuing solely immanent explanations, the discipline has developed most of its theories and models within an "immanent frame" (Taylor, 2007, p. 542). This intellectual commitment of the discipline reflects the influence of Darwinian perspectives from the late 19th century to the present and the development of the Behaviorist movement of the early 20th century (D. N. Robinson, 1995). As D. N. Robinson (1995) states:

Indeed, even in human affairs many occurrences can be explained without any reference to mind or consciousness. This is not to say that human beings lack either, but that a scientific psychology may confine itself to the observed behavior and to the neurophysiological processes by which it comes about. So far, the picture that emerges from this review of [Lloyd] Morgan's comparative psychology [and could be said of many contemporary psychologists] is one of an utterly modern psychologist, behavioristically inclined, and confident that the theory of evolution and the science of physiology will give psychology all it needs to attain scientific status. (p. 303)

Even when contemporary psychology recognizes the lack of meaning and purpose in our contemporary age, efforts to remedy the problem seldom, if ever, include discussion of a truly Transcendent order or purpose within which human beings might find meaning and purpose and identity themselves. Instead, psychologists have proffered several types of theories that are, essentially, immanent or immanent theories. Such theories all attempt to provide responses to, among other things, the issues of human nature, change, meaning, and liberation in varying

ways, but are united in their commitment to immanent forms of understanding. To paraphrase Kierkegaard, “Every [psychological theory] lies either in a logical immanence or in an immanence within a [T]ranscendence that it is unable to explain” (Hong & Hong, 2000, p. 145).

Immanent theories, by their very nature, do not point toward a Transcendent reality. However, it is important to note that there have almost certainly been clinicians (perhaps many) who have—usually by trusting and adopting a sort of eclectic stance toward theories, treatment techniques, and even toward people and the meaning of their lives—used techniques and tools from various immanent theories within a larger Transcendent framework, one that both the therapist and client find comfortable. And it is likely they have done so without either adequately considering the conceptual gulf between the immanent and Transcendent understandings of life and meaning. In general, however, immanent theories are typically seen to be value-neutral or, at the very least, value-neutral enough to be adaptable to various spiritual/religious traditions. While this is seldom explicitly stated, to argue for a Transcendent reality is often seen as preaching religion to patients, especially if the conversation is religious-sounding (i.e., virtue-based, morally situated, or transcendent; Cunningham, 2019) in a way not explicitly derived from the patient’s cultural or spiritual tradition (Peteet, 2014). It is considered at the very least an imposition of values on the patient which is to be strictly avoided (Kocet & Herlihy, 2014). Additionally, while these immanent theories often acknowledge the importance of human relationships, they do not acknowledge the relationships within a larger Transcendent moral order but rather conceptualize relationships in a largely instrumental way, as they do with most other aspects of life (i.e., as source or grounds for a personal fulfillment consistent with the immanent character and function of human life itself).

Three highly influential immanent theories that I will review here include behavior modification theories, insight-based theories, and critical theory-based theories. I will review each theory's (a) primary assumption regarding human nature, and thus human behavior, (b) conception of and explanation of the nature and possibility of change, (c) the theory's approach to meaning, and (d) the conceptualization of the theory's method for achieving liberation of some kind.

It is my hope that my review of these common immanent theories will provide an adequate and informative summary with which most psychotherapists can identify in terms of its relevance for how they conduct themselves in the therapy room. It is also important to note that with the recent movement towards integrationist and eclectic approaches to psychotherapy in the last 15 to 20 years, not many theories as currently practiced fit neatly into one of the previously articulated categories (i.e., behavior modification theories, insight-based theories, and critical theory-based theories). Each of these categories are trends seen throughout psychotherapy and the examples given are only some of the therapeutic approaches that employ such ideological trends.

Category 1: Behavior Modification

Primary Assumption Regarding Human Nature and Behavior

Behavior modification theories rest on the assumption that suffering, unhappiness, and/or counterproductivity result from poor habits or conditioning. This idea is based on behavioral modification's assumption of an essentially mechanistic determinism and the nearly exclusive reliance on the knowledge produced via scientific methods. Behavioral modification approaches to human behavior most openly find their salient aim in predicting and controlling behavior, and it is assumed that such control and prediction are the fundamental goals possible in a therapeutic

context. Such an approach to patients and to therapeutic outcomes is most reasonable if we assume human behavior to be essentially determined by factors over which the patient has virtually no agentic control.

The Nature and Possibility of Change

Theories based in behavior modification find their origin with thinkers such as John B. Watson and Ivan Pavlov as well as B. F. Skinner and others. Psychological theories based on the idea of behavior modification, namely behaviorism, were in vogue from the mid- to late 20th century. We see its influence manifest today in a wide variety of behavioral therapies such as applied behavior analysis (ABA), cognitive behavioral therapy, acceptance and commitment therapy, and rational emotive behavior therapy.¹³

The classical, signature phenomenon of behavioral modification is behavioral conditioning which posits and relies upon the reality of certain principles invoking the reality of *stimuli* and *responses*. In basic terms, the assumption of behaviorism is that behaviors that are pleasurable, or lead to desirable outcomes, that is, result in something that can be construed as a kind of reward, are likely to continue whereas behavior that results in pain or some kind of punishment will eventually be discontinued by the organism manifesting such behavior. B. F. Skinner, one of the pioneers of behaviorism and the father of operant conditioning, believed “his research showed that ‘good things are positive reinforcers’ (p. 98). Bad things, as Skinner further notes, are those things that are not reinforcing or even negatively reinforcing (p. 99)” (Skinner, 1971, as cited in Slife & Yanchar, 2019, pp. 8–9). Therefore, human behavior can be predicted, and thus, even controlled and changed, if reinforcements are properly delivered.

¹³ As stated previously, some of these therapies belong equally in other parts of this section as well and should not be considered to be exclusively based on the ideological trend of which it has been used as an example.

Approach to Meaning

Within this framework, there is very little concern for meaning as a substantive phenomenon. While some of the cognitive and rational approaches to therapy work at the level of meaning as understood from within that perspective (see, e.g., A. T. Beck, 1993; J. S. Beck, 2020; Ellis, 2002 and those descended from them), the mechanisms for change are still immanent approaches because they rely on the evoking of pleasant or unpleasant feelings and circumstances in which persons find themselves. Pleasurable experiences arise not because of anything Transcendent but because of the immanent properties of reinforcement. For example, in the case of a more cognitive or rational approach to behavioral modification, if a patient presents with a core belief that he or she is worthless, a therapist's goal in challenging and revising this belief would be due to the negative affect such a belief has on the person's effectiveness in achieving pleasure or satisfaction, not due to any kind of Transcendent truth or falsity of such a core belief.

A behavior modification framework is not concerned with addressing the content of persons' lived experience but only with the functional efficacy and outcomes of their behavior. Such a framework is pragmatic, hedonistic, and instrumental. The functional performance and outcomes overlay the hedonic valence of the life that arises from those ideas. Therefore, a behavioral modification approach substitutes meaning with a "felicific calculus" (à la Jeremy Bentham) or attempts to game the system in some way to create the algorithm (i.e., an effective method or formula) so that human beings are not miserable from experiencing negative reinforcements (Crimmins, 2021). In other words, criteria for whether a behavior is good or bad are primarily grounded in the functionality of the behavior, that is, in its pleasure production.

Theories based in behavioral modification are inherently immanent because the source of evaluation of behaviors and cognitions is only meaningful in terms of so-called objective functionality, which is always tied to pleasure production or hedonic advantage. This is purely immanent because one does not need to transcend the level of the individual person, and his or her hedonic sense grounded in the givenness of the body and its functions, or the acquired hedonic valence of a particular thought and its real-world consequences.

Method for Achieving Liberation

Within this framework it is understood that liberation of an individual entails liberation from dysfunctional behaviors and the pain and negative hedonic tone that results from them in the real world in which the person exists. One can change one's behavior to produce more positive feelings and experiences. But such a change is not taken to result from anything more transcendent than hedonic memory and pragmatic alternatives that can be arranged in the concrete world. The cognitive behavioral move in the clinical disciplines applies this same analysis—grounded in immanence—to conceptualizing thoughts and feelings as behaviors, but the fundamental source of both problems and solutions is the extant situatedness of the person, and the management of aspects of that situatedness. No Transcendence is needed above the level of the obvious separation of one's person from one's world of which he or she is a part. A better outcome in behavior and in life is the result of doing something different—modifying the behaviors that can be modified, managing reinforcement differently, thinking differently, etc. These things can be accomplished quite easily without straying too far from the confines of one's own mind and environment—little transcendence is required.

However, this approach fails to provide significant meaning, that is, meaning above the level of immediate experience and recognition of the surrounding state of affairs in which the

individual self is imbedded. This was highlighted by those who pushed back against psychology during the latter part of the 20th century (Laing, 1965; Maslow, 1965; May, 1965; Rogers, 1951, 1965; Szasz, 1967), in favor of other theoretical approaches that understood human beings as more than products of their reinforcement schedules. As they saw it, “[b]ehaviorism entails the systematic denial of meaning, a denial which does violence to both the evidence and the everyday experience of humanity” (Dalrymple, 2015, p. 31). Behavioral modification alone fails to provide meaning because it reduces the human experience to one aspect (i.e., its hedonic value) and assumes human beings behave deterministically. This framework met with resistance from established Freudian/psychoanalytic clinicians in terms of fundamental differences in conceptions of human beings and pathology. Explicit pushback against this kind of framework also came from those in the “third force” of psychology, (Wedding & Corsini, 2019, p. 114) specifically, humanism (Maslow, 1965; Rogers, 1965), and existentialism (May, 1965) or, as I will refer to them in this project, the insight-based theories.

Category 2: Insight-Based

Insight-based theories are united in their understanding that psychological change and healing occur when the patient has been allowed to come to fruitful insights, typically, through the process of talk therapy. Insight-based theories vary widely but include humanism, psychoanalysis/psychodynamic, existentialism, and various cognitive therapies. While each of these therapies have stylistically or technically different approaches to psychotherapy, they share a common philosophical and historical lineage and, therefore, common assumptions and goals regarding human nature, change, meaning, and liberation. Most salient for this analysis is the shared assumption that healing comes via insight into the thoughts and meanings produced in or resident in one’s own mind.

Primary Assumption Regarding Human Nature and Behavior

In one way or another, all insight-based therapies assume that the patient has (i.e., somehow possesses within him- or herself), whether known to him or herself or not, whether fully formed or vaguely sensed, whether temporary or long-lived, the answers to his or her own problems and the path to change, even if they need to be recognized, reformed, or analyzed. Along with this comes the assumption—originating with Jean Jacques Rousseau (1782/2000)—that (to a greater or lesser extent) it is society that shackles and corrupts human beings, the solution being a turn inward to a discovery and expression of one’s true inner self (Trueman, 2020).

Psychoanalysis assumes the existence of a subconscious which contains the suppressed desires of the patient that operate outside of his or her awareness. It is learning to express subconscious thoughts and desires appropriately that leads to lasting change. Freud purported that “society, civilization, culture, and religion all melt into one ... constricting people by imposing unattainable standards on them” (Rychlak, 1981, p. 92). The cure to pathology induced by such restriction, then is insight in which a patient is provided “with an understanding of [the] hidden meanings (which are known to the unconscious, of course)” (Rychlak, 1981, p. 93). Thus, there is assumed to be an internal source of knowledge and healing that, if allowed to be more fully explored and/or expressed would reduce pathology. Freudian psychoanalysis would not argue that the answers to healing are available within the person/patient but rather that the psychoanalytic therapist is required to provide his or her expertise, analyses, and solutions to the patient. This approach, however, remains highly individual and internal as the entirety of the psychic world is assumed to be contained within the person and any such solutions provided by a

psychoanalytic therapist must be taken on, or better yet taken in, by the patient into his or her internal psyche to effect change.

Contemporary with psychoanalytic approaches, humanistic or client-centered therapies are, in contrast, based on the idea that the patient *is* the ultimate source of knowledge, understanding, and healing. Carl Rogers argued:

we may say that the counselor chooses to act consistently upon the hypothesis that the individual has a sufficient capacity to deal constructively with all those aspects of his life which can potentially come into conscious awareness. This means the creation of an interpersonal situation in which material may come into the client's awareness, and a meaningful demonstration of the counselor's acceptance of the client as a person who is competent to direct himself. (Rogers, 1951, p. 24, as cited in Rychlak, 1981, p. 509)

Because the patient's internal world and self are viewed as sufficient resources to address whatever problem the patient faces, the therapist's role is to create an environment in which the understanding of this internal world and self can come to the patient's conscious awareness.

Additionally, existentialism—another insight-based approach—assumes that while the human world lacks inherent meaning, the world provides occasion and raw material for an individual to create his or her own meaning in and of the world. Therefore, existentialism prioritizes a patient's individual ability to create his or her own meanings. The *only* meaning and purpose that can exist for a patient must be self-created (Sartre, 1943/2018). Existentialism puts great value in human freedom and the inevitability of death, for example, as assisting in this process of creating meaning. However, this meaning does not arise from a genuine Transcendence (i.e., a call outside oneself), instead it arises out of givenness of freedom and death, and the fact that such things are immanent to all human being-in-the-world. Thus, it is a

kind of transcendence (i.e., it transcends individual and personal experience) but it also remains immanent because such ideas and subsequently made-meanings are self-generated and self-contained. That is the content, form, focus, and intensity of this content it only operative within the individual engaged in the world.

As Gantt and Thayne (2014) have argued, there are similar issues present in what they call positive psychologies (i.e., humanistic and other client-centered approaches) and existentialist psychologies:

[B]oth positive and existentialist psychologies manifest a deep and abiding commitment to a fundamentally egoistic [privileging the individual ego or self] depiction of human nature insofar as both approaches focus their adherents inward, looking to the self as the fundamental starting point for research, understanding, and meaning. Although both these schools of psychology differ in exactly how they characterize the nature of the self and how it is to be nurtured therapeutically, both traditions firmly assert the primacy of the individual self in the origins, purposes, and meanings of behavior. Thus, while we are clearly dealing with two different schools of psychological thought that have spawned two very different sets of therapeutic practices, each nonetheless derives its basic conceptions of the nature of human nature from the philosophy of egoism. (p. 197)

Existentialism, along with the other insight-based theories view the individual self as the most salient source for meaning, behavior, and change.

The focus of existential analysis is thus on self-understanding or insight, but this is of an immediate, current nature. “How am I existing in the present? What are my assumptions about life and how do I see them in operation ‘right now’? What does my experience disclose to me if I am open and just ‘let it happen’?” (Rychlak, 1981, p. 653)

Once this analysis and exploration of possibilities is complete, it is assumed that something akin to existential guilt (e.g., missed opportunities and the dreariness of givenness and facticity) may well arise within the patient from the realization of unfulfilled possibilities which will then, in turn, lead to changes in behavior. Existential approaches share similarities with client-centered therapy, viewing a warm and permissive relationship as essential to self-discovery, and with psychodynamic therapy, adopting similar techniques such as dream analysis.

Cognitive therapies, as another example, aim to help the patient understand his or her (internal) illogical cognitive, behavioral, and emotional processes and then learn to refute them. In cognitive therapies this is done through rational refuting of problematic automatic thought processes. This is often combined with some kind of behavioral training such as that discussed previously in the framework of behavioral modification. According to Wedding and Corsini (2019):

Cognitive therapy initially addresses symptom relief, but its ultimate goals are to remove systematic biases in thinking and modify the core beliefs that predispose the person to future distress. ... The cognitive therapist does not tell the client that the beliefs are irrational or wrong or that the beliefs of the therapist should be adopted. Instead, the therapist asks questions to elicit the meaning, function, usefulness, and consequences of the patient's beliefs. The patient ultimately decides whether to reject, modify, or maintain all personal beliefs, being well aware of their emotional and behavioral consequences. (p. 252)

Here again, we see that the source of understanding a person and his or her pathology, and the resolution of that pathology, are *both* located within the person. Additionally, while a core element of cognitive therapies is reality/hypothesis testing which is somewhat transcendent in

nature, it is worth noting that this is not a genuine Transcendence in that it does not call the patient outside of him or herself (see Personal Construct Theory by George Kelley as an example of this so-called transcendence [Rychlak, 1981, pp. 728–729]).¹⁴ As discussed in chapter two, lowercase “t” transcendent categories of meaning only provide self-transcendence based on inherent qualities that arise out of things themselves (Gantt & Williams, 2022).

The Nature and Possibility of Change

Ultimately, throughout all these different types of insight-based therapies, it is the discovery, understanding, and proper expression of one’s inner world—typically with the help of a skilled therapist—that facilitates worthwhile change. Carl Rogers (1951), considered to be a father of client-centered therapy, argued:

Every individual exists in a continually changing world of experience of which he is the center. ... An important truth in regard to this private world of the individual is that it can only be known, in any genuine or complete sense, to the individual himself. (p. 483)

In other words, the individual patient is radically, ontologically individual, the center of his or her world and, thus, the ultimate expert on his or her own experience.

Psychoanalysis assumes similarly. As Rubin (1997) articulates, “The vast majority of psychoanalysts ... agree that a fundamental aspect of analysis is an expanded and nuanced experience and understanding of ‘I-ness’” (p. 79). There have been many versions and adaptations of psychoanalysis since Freud; however, in general, psychoanalysis stipulates that relationships, particularly early relationships with parents, are of the utmost importance in determining psychological well-being. Psychoanalysis asserts that spending significant time

¹⁴ See Gantt et al. (2024) for an insightful discussion on bringing Levinas into conversation with George Kelly’s personal construct theory in a way that preserves the very transcendence for which this thesis argues.

recounting and analyzing past events, dreams, or repressed desires with an expert therapist is necessary to make the unconscious conscious such that one can be less controlled by one's unconscious. These assumptions, across insight-based theories, are typically manifest by a focus on exploring, expressing, affirming, and/or correcting a patient's inner world.

A. L. Robinson et al., (2015) explain this phenomenon, in context of the in-session activities with an emotion-focused therapy (EFT) therapist in this way:

Specifically, EFT promotes in-session experiencing of emotion with the goal of fostering, with the supportive guidance of the therapist, an acceptance of experienced emotion, a capacity and proficiency in regulating emotion and in self-soothing, and a transformation of destructive or "maladaptive" emotions to more healthy alternatives. (p. 2)

This pattern of therapy in which the patient is aided by the therapist in examining the patient's internal (emotional, subconscious, or meaning-making) world and then aided in learning to alter the processes taking place to give way to more adaptive processes, thus giving way to change and healing, is clear across the spectrum of insight-based therapies.

While it is apparent that one has privileged access to his or her individual experience, the existence of this privileged perspective that each individual has on his or her individual world does not necessarily mean that that phenomenological world reflects nor presents what can be taken as the truth of humanity itself or even of this particular human being. Psychoanalysis argues for the ultimate expertise of the therapist while client-centered therapies argue for the ultimate expertise of the patient. Within these extremes, however, both approaches deny the necessity of collaboration with the other for a new world of possibility to be open to both patient and therapist. It is important to preserve the integrity of the inner world and recognize its existence and it is equally important to acknowledge the *continuing constructed* nature of the

inner world. That is, human beings are engaged in an ongoing process of *doing* in which how we see and understand the world is constantly shifting and changing based on what we do and with whom.

Within this common pattern of therapy, the patient-therapist relationship is instrumental insofar as the therapist is an instrument used by the patient to facilitate his or her understanding of his or her inner world. The therapist fades into the background in the performance of that instrumental function, that is, facilitating and validating the kind of self-reflection that is said to take a person deeper into his or her own self. For Rogerian therapists, specifically, the therapist's role is analogized with a mirror (Arnold, 2014), that is, something that reflects to the patient his or her thoughts, feelings, values, and desires while maintaining authentic unconditional positive regard for the patient.¹⁵ The practical techniques of reflective listening and unconditional positive regard are principles that respect or encourage patient self-determination, or autonomy, and are seen across a wide variety of training programs regardless of therapist's theoretical orientation. These skills fit especially well when a therapist values insight-based therapies.

Fowers (2010) has articulated the instrumental nature of simply reflecting a patient's values and goals and allowing for patient self-determination. He writes:

Although instrumentalism is usually portrayed as ethically neutral, it is an ethical endeavor because it dictates that choices of values and goals should be left to individuals. The injunction to leave goals and values to individuals is at the core of the modern ethical project of increasing individual freedom of action and potential for success. Moreover, instrumentalism is an ethical perspective because it defines the nature of individuals'

¹⁵ The idea of *reflective* and *empathic* listening is not just taken as a basic counseling skill by most client-centered therapists but is pervasive throughout most psychotherapist training across the field of mental health services, regardless of theoretical orientation (see McLeod & McLeod, 2011).

relationship with the world and with each other in means–ends terms, suggesting that strategically pursuing subjectively desired ends is the central business of life. (p. 105)

That is to say that insight-based therapies' assumption of healing and change via insight into one's inner world and, therefore, instrumentalism encourages patients and therapists alike to define a patient's relationship with others and the world as *means to ends*. This is an inherently non-transcendent position to take as it gives the individual sole responsibility and power to determine who and what others are without having to answer to any higher order or call. Within the context of the therapeutic relationship, this instrumentalism is clear—the therapist is a means to the end of a patient's self-understanding and healing/change.

Approach to Meaning

As previously stated, Rogers argued that the only person who might know someone completely is him or herself. It logically follows from this then that the only person who can determine what a person ought to do to heal, change, and find meaning or, in humanistic terms, self-actualize, can only be the person him or herself. As Fowers (2010) notes:

Among psychologists who grant human agency, [such as those who practice insight-based therapies,] individuals or groups are viewed as choosing their goals subjectively according to their personal aims and values. ... Although chosen or determined ends are seen as activating behavior, most psychologists avoid analyzing, questioning, or elaborating ends because they believe that doing so would impinge on individuals' autonomy if humans have free will. (p. 106)

Because one's values and goals (what Fowers deems *ends*) are determined subjectively, it would be inappropriate for a therapist to analyze, question, or elaborate upon a patient's values, goals, or meanings and put them in context of a transcendent cosmic order. Rogers notes:

An internal locus of evaluation, within the individual himself, means that he is the center of the valuing process, the evidence being supplied by his own senses. When the locus of evaluation resides in others, their judgment as to the value of an object or experience becomes the criterion of value for the individual. (Rogers, 1959, as cited in Rychlak, 1981, p. 591)

Because no one else has the same subjective experience as the patient, only the patient can determine the values, goals, and meanings that he or she ought to have and the best path to change and healing.

Method for Achieving Liberation

Furthermore, many insight-based theorists argue that it is society that corrupts the individual and prevents the individual from achieving true happiness, thus warranting liberation from oppressive societal moral codes:

[Freud] sees [traditional sexual codes] as problematic because of their individual consequences—they inhibit the basic drive for personal sexual satisfaction and therefore preclude the possibility of society allowing individuals to achieve true happiness.

(Trueman, 2020, p. 213)

The therapist's role, then, is to facilitate self-understanding and to help the patient align his or her behavior with those internal and personal values and goals as best as he or she can. This may in many instances necessarily come with the need of the patient to throw off the values, morals, or call of Transcendence of any other person, group, culture, or institution.

That is to say that the insight-based therapies are based on the idea of expressive individualism—that when push comes to shove, healing will ultimately come from expressing, understanding, and living out one's own inner world and values. The therapist is in a position in

which he or she ought not to further shackle the patient—he or she should provide the unconditional positive regard or whatever safe place for exploration such that the patient is free to live in accordance with his or her authentic or so-called true self, free from the constraints and oppressive forces of others and institutions.

In summary, insight-based therapies are based grounded by two primary assumptions: (a) insight into one’s internal world is necessary for healing/change and (b) those insights are assumed in some way to be already latent within the individual him or herself and therapy serves to provide a place where they can be discovered. Because of those assumptions, insight-based theories prioritize the inner life, and a logic designed to be in the best interests of the person and his or her happiness and satisfaction, and thus lead to the prioritization of self over others. Because of a perceived lack of acknowledgement of the importance of a person’s context, culture, and wider society, psychology has begun to adopt the thought of critical theorists—particularly regarding race and gender—into everyday clinical practice.

Category 3: Critical Theories

Critical theories¹⁶ are a somewhat unique category of ideologies among these three immanence-focused theories because, in light of the multicultural and intersectionality movement in psychology, these theories have been argued to be necessary to integrate into every theory regardless of a therapist’s theoretical orientation. In other words, whether a psychologist

¹⁶ It is important to note that here we are discussing critical theories as descended largely from the Frankfurt School of Social Thought (see Bronner, 2017) whose influence can be seen throughout the humanities and social sciences. These ideas were brought from the Frankfurt school to the United States, primarily through the work of Herbert Marcuse (1955/2012, 1964/2013), which played a major part in the post-modern revolution of the 1960s. The critical theories are a broad school of thought that cannot be explicated in full in this project. For those in the humanities, critical theories are coincidental with post-modernism in their effort to critique literature, art, religion, and political/social institutions. In the social sciences, the more politically informed (neo-Marxist) aspects of critical theory have become influential in the social sciences and our broader culture.

is a full-fledged Freudian psychoanalytic therapist or a contemporary applied behavior analysis technician, they should be integrating multicultural competence and awareness into their practice. To appropriate a famous passage from evolutionary philosopher Daniel Dennett (1995), critical theories—in the form of *multicultural competence*—have become a “universal acid” that “eats through just about every traditional concept, and leaves in its wake a revolutionized world-view, with most of the old landmarks still recognizable, but transformed in fundamental ways” (p. 63). These theories are manifest in APA-accredited university’s competency requirements for students (i.e., multicultural/diversity competence; Roysircar et al., 2010) as well as in specific theories such as liberation psychology (see, e.g., Martín-Baró, 1994).

To clarify, multicultural competence and awareness is not something that is inherently problematic. In fact, I will argue that it is very important to take account of persons and their contexts to understand the way they are being-in-world. However, the way in which multicultural competence is deployed in contemporary social science, including clinical mental health practice, includes, not only holding culture to be the source of psychological problems, but also the source of all self-knowledge and awareness and, therefore, the source of any helpful change or intervention. Examples of this phenomenon are readily available in the application of ideas such as White fragility to psychological phenomena. In this case, the source of the problem for White and Black individuals is the inherent systemic power possessed by White individuals and the inherent lack of systemic power of Black individuals. Thus, the solution is to challenge White individuals’ resistance to discussing or addressing racism by proposing a framework through which power can be better understood and articulated (Ford et al., 2022). In other words, people develop problems because cultures give rise to individuals’ problems; cultures are largely the source of individual problems because they are the source of individual consciousness itself. The

system-level solutions to such problems, then, are also cited as the only reasonable solution to these problems because the problems are understood to be solely or predominately culturally derived and systemic in scope. Multiculturalism/multicultural competence, then, is problematic in contemporary psychology because a critical-theory approach to cultural issues dominates our modern-day understanding of cultural and, thus, interpersonal dynamics. This is the case because, to paraphrase Hanisch (1970) and the second-wave feminist activists, the personal is systemic—and the systemic is personal.

In the therapy room, there are many ways in which this might manifest. For example, it might translate to a narrow focus on power dynamics, oppression, and social structures, which might potentially overshadow other important factors that contribute to an individual's mental well-being. This might be evident in a Black female patient in a romantic relationship with a White male, who feels obligated to confront the supposed oppressive social dynamics between them to avoid betraying her community and identity, behaving differently than she would if she understood their relationship as between two individuals rather than through the lens of racial and gender oppression. Multicultural competence, as discussed, might also be applied in a way that minimizes the role of individual agency in shaping one's experiences. This could lead to an oversight of personal choices, preferences, and capacities in favor of attributing everything to cultural influences. Additionally, a critical theory approach could manifest as therapists' emphasizing cultural interventions as the primary solution for an individual's mental health concerns. For example, recommending traditional practices without considering individual variations or the effectiveness of other therapeutic approaches. Again, it is not that considering a patient's context is at all contraindicated for successful therapeutic practice. However, a narrow

theory of multiculturalism, such as critical theories, broadly applied to most clinical interactions, may well be contraindicated.

To fully understand how and why it is the case that a critical theory approach to cultural issues dominates our modern-day understanding of cultural and interpersonal dynamics, it is necessary to briefly review the ideological landscape of the 20th and 21st centuries. It was during this time that we began to see a critical response to the ideas of objectivism, the traditional scientific method, any kind of authority (scientific, theological, etc.), and the entire enterprise of reason itself. This broader movement is known as postmodernism, as noted in Chapter 1, and it is the intellectual perspective (i.e., mode of understanding of the human condition) that dominates the early 21st century. “Postmodernism raised such radical doubts about the structure of thought and society,” Pluckrose and Lindsay (2020) note, “that it is ultimately a form of cynicism” (p. 22). This radicalized cynicism and skepticism regarding societal institutions coincided with and, in some ways was facilitated by, continued technological advance and concomitant civil unrest and disillusionment. Whereas some higher cosmic force, such as God or Theos, might have been previously seen as the source of order in the universe and cosmos, a societal institution like religion, reflective of such an overarching reality, began to be rejected because of what were, as per critical theories, its inherently oppressive qualities.

The earliest manifestation of this rejection of Transcendence for these reasons can be seen in Marx’s claims that religion is “the sigh of the oppressed creature, the heart of a heartless world and the soul of soulless conditions. It is the opium of the people.” (Marx, 1843/1970, p. 131). He viewed religious ideas as being a false consciousness in which the oppressed identify with the oppressor. For contemporary psychology, Sigmund Freud (1907/1961) popularized the idea of religious belief as pathological when he wrote:

In view of these similarities and analogies one might venture to regard obsessional neurosis as the pathological counterpart of the formation of a religion, and to describe that neurosis as an individual religiosity and religion as a universal obsessional neurosis. (pp. 126–127)

This general idea was held up by atheist behaviorists (e.g., Skinner, 1987) and secular humanists (e.g., Ellis, 1992) of the latter half of the 20th century. This cultural attitude has become codified in various critical theories, offshoots of the original Critical Theory of the Frankfurt School. The aim of such a framework is ultimate liberation from any semblance of restraint of expression based on universal realities or principles, both within and outside oneself. Thus, critical theories reject Transcendence.

Primary Assumption Regarding Human Nature and Behavior

“The postmodern view,” Pluckrose and Lindsay (2020) point out, “largely rejects both the smallest unit of society—the individual—and the largest—humanity—and instead focuses on small, local groups as the producers of knowledge, values, and discourses” (p. 42). In other words, postmodernism and critical theories simultaneously reject the focus on individual responsibility and on the possibility for genuine Transcendence, focusing instead on the explanatory value of small, local groups, (i.e., any group of human beings smaller than all of humanity) and their role in the creation of not only moral order, but, essentially of the psyche itself. Said another way:

The intense focus on identity categories and identity politics means that the individual and the universal are largely devalued. While mainstream liberalism focuses on achieving universal human rights and access to opportunities, to allow each individual to fulfill her potential, applied postmodern scholarship and activism is deeply skeptical of these values

and even openly hostile to them. ... The “individual” in applied postmodernism is something like the sum total of the identity groups to which the person in question simultaneously belongs. (Pluckrose & Lindsay, 2020, pp. 60–61)

In clinical training, we see this manifest in an overwhelming concern for multicultural sensibilities centered around “intersecting identities” or “intersectionality” (see Mena & Quina, 2019; Puig et al., 2022). The American Psychological Association (2017) defines intersectionality in their *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* as:

A paradigm that addresses the multiple dimensions of identity and social systems as they intersect with one another and relate to inequality, such as racism, genderism, heterosexism, ageism, and classism, among other variables. Intersectionality is organized around the location of self within a set of co-constructed social identities (e.g., Black/African American/Black American, gay, older adult, male), and proposes ways to identify, challenge, and resist various forms of oppression. (p. 166)

Because critical theories, or what Pluckrose and Lindsay (2020) refer to as “applied postmodern[ism],” (p. 61) and, therefore, contemporary psychological conceptions of multiculturalism, disregard the importance of the individual and, at the same time, any kind of universal human experience, such theories reduce the individual to a nexus of his or her group identities. Such a reduction does not allow for transcendence because such identities are exclusively socially produced and historically rooted; it not only robs the human being of a transcendent (or, similarly, universal) reality with which to align him or herself but it abdicates the human being from being capable of choosing to transcend him or herself in the first place. It provides no substantive grounding for the nature of the human being, but just the particularity of

individual humans. It sees human beings as the sum of their group identities and fundamentally oppressed or oppressive, depending on group identity.

It also offers no grounding for the nature of a greater cosmic order to which one might (or ought to) align oneself. As Pluckrose and Lindsay (2020) argue:

The postmodern approach to ethically driven social critique is intangible and unfalsifiable. As the idea of radical skepticism shows, postmodern thought relies upon Theoretical principles and ways of seeing the world, rather than truth claims. Because of its rejection of objective truth and reason, postmodernism refuses to substantiate itself and cannot, therefore, be argued with. The postmodern perception, Lyotard writes, makes no claim to be true: “Our hypotheses, therefore, should not be accorded predictive values in relation to reality, but strategic values in relation to the question raised.” In other words, postmodern Theory seeks not to be factually true but to be strategically useful: in order to bring about its own aims, morally virtuous and politically useful by its own definitions. (pp. 38–39)

In fact, in many ways, postmodernism—the foundation on which critical theories have grown—negates itself, the larger its literature grows.

The Nature and Possibility of Change

While postmodernism originally aimed to observe and deconstruct power structures, critical theories and social justice doctrines aim to deconstruct *and then reconstruct*, through activism of varying kinds, structures of various sorts created and maintained by power—now located in its proper place within critical theory. One could argue, then, that the oppressed have become the oppressors. Critical theories—gender theory, queer theory, post-colonial theory, critical race theory, etc.—“are centered on a practical aim that was absent [from the postmodern

movement] before: to reconstruct society in the image of an ideology which came to refer to itself as ‘Social Justice’” (Pluckrose & Lindsay, 2020, p. 46). Thus, it is understood that the only way that true change can occur is through radicalization and subsequent activism. As articulated in one textbook on counseling supervision, “the final stage of multicultural supervision must be social justice for clients, supervisees, supervisors, and institutions. This means also preparing supervisees so that they, too, are prepared to be social justice advocates” (Bernard & Goodyear, 2019, p. 124). This radicalization and activism are the prescribed method of achieving a radical deconstruction and reconstruction of society and its structures.

Critical theories are manifest in therapeutic practice most obviously in the language of multiculturalism, especially intersectionality, positionality, and privilege. Multiculturalism requires that the diversity created by virtue of thousands of possible combinations of intersecting identities be acknowledged by requiring therapists to adjust their therapeutic approach such that it is sensitive to each person’s particular culture/identity (see e.g., Sue & Sue, 2015). Therapists are encouraged to discuss the power and privilege dynamics between themselves and their patients, particularly in areas of race, gender, and sexuality. Therapists are instructed to process and explore traumas patients have endured by virtue of systemic marginalization and mistreatment based on race, gender, sexuality, culture, etc. Furthermore, multiculturalism (through a critical-theory framework) is a core competency for psychologists and psychologists are very strongly encouraged to act as activists for social justice (see American Psychological Association, 2017). Change is ultimately achieved through the deconstruction of oppressive social structures and the reconstruction of new ones.

Approach to Meaning

Immanence is the *sine qua non* of critical theories because these theories are highly skeptical of and seek always to deconstruct former resources and institutions that have been associated with transcendence. Behavioral modification and insight-based theories might suffice in providing moral and transcendent grounding if they had not been superseded by the introduction of critical theory and their absolute rejection of the possibility of genuine Transcendence. Behavioral modification and insight-based theories might be able to survive within a Transcendent frame if our ideas of teleology and morality were consistent—that is, if we all agreed what behaviors ought to accomplish or where good insights ought to lead us. However, as Trueman (2020) shows, regarding Rousseau’s conception that we can rely on emotions to ground morality, “[t]ake away the notion of human nature [as Nietzsche, Darwin, Marx, and others did], and all that is left is free-floating, subjective sentiment” (p. 195). In other words, if there is a common understanding regarding what morality, mental health, values, etc. ought to look like for a good and flourishing life, behavior modification and insight-based approaches to therapy and change may prove helpful. However, if we have no Transcendent authority in which to ground the direction or goal of these therapies—of which critical theories strip us—they collapse in on themselves with only the subjective preferences of therapist and patient guiding therapeutic intervention.

Method for Achieving Liberation

The ultimate aim of critical theories’ deconstruction and reconstruction of traditional sources of authority and meaning is to liberate those who are marginalized, oppressed, and underprivileged from the systems that marginalized, oppressed, and put them in an underprivileged position in the first place (Moisio, 2013). Being liberated from such systems

means that those previously oppressed groups will be free to live however they please with equal power to those who were previously oppressors. However, as articulated in a previous chapter, the difficulty in this aim is that there is no guarantee people and groups will not fall into or become another equally oppressive system. Thus, an endless cycle of escaping and falling back into systems is inevitable. We see evidence for this in the rise and fall of Marxism—the flagship political system of critical theories—originally making the promise to free the oppressed eventually becoming an oppressive, or at least controlling, system in many areas of the world. Although critical theories present an optimistic end as their aim, there is no body of philosophical analysis nor historical account that gives us confidence that the end result of our deconstruction has an inevitably positive ending point, or an ending point at all. Thus, a clinician must ask patients to enter a “faith-based” relationship in which patients must take a leap of faith into a critical theory cultural ideal. This approach, then, requires a surrender of autonomy and thus a complete denial or giving up of self, as articulated by Marx (1859/1904) himself, who wrote:

In the social production of their existence, men inevitably enter into definite relations, which are independent of their will. ... The totality of these relations ... constitutes the ... real foundation ... of social consciousness. ... It is not the consciousness of men that determines their existence, but their social existence that determines their consciousness.
(p. 11)

In a therapeutic context, therapists aim to liberate patients from these oppressive forces by helping them recognize the role of such oppressive forces, helping patients navigate the world within the constraints of the oppressive forces and, when necessary (which is often), and act as an advocate and/or activist in support of one's patient through research (i.e., action research,

Bradbury, 2015), action, and other avenues. When necessary, therapists will be called to, in effect, radicalize their patients as they work towards broader cultural deconstruction and reconstruction. For example, in the case of a domestic violence situation in which a husband is abusing his wife, while any good therapist would enable and empower the wife to keep herself safe by whatever means necessary, the theoretically consistent critical-theory-informed therapist would argue for such in terms of fighting patriarchal structures and/or female or feminist empowerment. They might examine the privilege and power structures (in the critical theory sense) present in the relationship that prevented the wife from leaving or fighting back sooner and later encourage the wife to participate in activist groups or events that aim to dismantle the patriarchal structures of traditional marriage. This is not to say that examining the dynamics in the relationship, empowering the patient to leave, or encouraging service to other abused people in her community would be wrong or unique to critical theory. It is to say that critical theories are not necessary to keep the patient safe and work towards the patient's psychological and physical well-being.

A Note on New-Age Approaches

In addition to the therapeutic approaches delineated above, there are plenty of new-age approaches that do not fit cleanly into the categories outlined above. In other words, because of the emphasis on eclecticism and various kinds of technical and theoretical integration (Zarbo et al., 2016) in addition to the emphasis on the inclusion of multiculturalism/critical theories across the board, many of the newer therapeutic approaches incorporate aspects from many of the primary historical approaches. These approaches include but are not limited to Acceptance and Commitment Therapy (ACT), Compassion Focused Therapy (CFT), Dialectical Behavior Therapy (DBT), Emotionally Focused Therapy and Emotion-Focused Therapy (EFT),

Interpersonal Psychotherapy (IPT), Internal Family Systems (IFS), Motivational Interviewing, Positive Psychotherapy, and Solution-Focused Brief Therapy (Sussex Publishers, 2024). Despite the wide variety of available psychotherapeutic approaches, the fact remains that such theories are united in their underlying goal of helping patients explore their inner world and utilizing the outer world for its therapeutic possibilities, as opportunities for repair, development, and restoration of the inner world. This is opposed to treating the outer world as a major aspect of one's own being-in-the-world or the source or aim for healing of the individual. These approaches often treat getting outside of oneself as merely therapeutic as opposed to viewing the outside world as offering a new realm of being where real therapeutic progress can be made. That is to say, many of these new age approaches, or at least those which have come to prominence in the mainstream, have yet to break from former theories in their assumption of and operation within an immanent frame (Taylor, 2007).

CHAPTER 4

Change via Transcendence: The Call of the Other

Taylor and others (e.g., Buber, 1923/1996; Gantt & Williams, 2022; Levinas, 1961/1969; Marion, 2003) have made the argument that genuine meaning is not possible without Transcendence. That is to say, genuine meaning is impossible within a merely immanent frame because there are no transcendent grounds to anchor meaning and prevent its evaporating into relativism.

To clarify, there is an important distinction between *genuine meaning*—or capital “M” Meaning—and what might be called *superficial or merely subjective meaning*— lowercase “m” meaning. Genuine Meaning is meaning that is based on the intentionality of the actor, the purpose and the origin of an act. In accordance with Gantt and Williams (2014), I wish to clarify that by using the word *intentionality*:

[I] do not refer to the common sense of the word as merely conscious rational deliberation directing decisions and action. In the phenomenological tradition, intentionality means that consciousness is always consciousness *of something as something*. All mental activities ... by their very nature as consciousness, “make sense” of the lived-world. ... [I]ntentionality refers to the fact that consciousness ... never acts in a pure, or detached, sense disconnected from the world, but that it is always contextual at the same time it is individual and telic. ... Intentionality, in this sense, [is] the idea that human action is always actively directed toward the accomplishment of a purpose important to the person. ... The concept of intentionality arises from, and thus, brings with it into any theory or explanation, the ontological presumption that human beings are

by nature, and from the beginning, moral agents ... engaged in ... giving meaning to human action. (p. 91)

Understood this way, intentionality is what allows human behavior to be genuinely Meaningful. It is genuine Meaning that we seek when we ask questions such as, “Why me?” and “What does this mean?” Superficial meaning, conversely, is meaning that is based on the hedonic valence or pragmatic effects of an act. These meanings have to do with how one feels about an action or event, which meanings are self-contained in oneself or within the event. As Gantt and Williams (2021) argue:

[I]n the case of human actions, only if persons were in some fundamental sense genuinely capable of both intending and acting otherwise would it then be possible for there to be any genuine meaning in their intentions and actions. For our acts to *mean* something requires that there be genuine possibility *and* intention born of our own essential agentic being-in-the-world. (p. 64, emphasis original)

While this is a discussion of explicitly human action, this same principle applies to phenomena in general as human beings make meaning of things.

As human beings, superficial meaning is what we attach to things that just occur, intentional or not. For example, it would be superficially or subjectively meaningful if a hurricane came and destroyed my home because it means that I will have to arrange for certain pragmatic solutions: finding a place to stay, spending the money to have my house repaired, etc. However, *genuine* Meaning-making comes as we consider the intentionality or purpose of the phenomena. If I had prayed that the hurricane pass over my house, for example, I may now interpret this event to *mean* that God does not care about me and begin to question my worthiness as a human being.

Furthermore, I want to emphasize that the kind of meaning an event takes on is not dependent on the nature of an activity, but the degree to which such events and activities are understood and placed within a Transcendent frame. Therefore, pragmatic solutions as *merely* pragmatic solutions (e.g., arranging for a place to stay after my house is destroyed) is only *superficially* meaningful, that is, meaningful to someone privately and personally as are all events in which he or she is engaged, whereas pragmatic solutions that make contact with the ethical and are thereby placed within a Transcendent frame (e.g., arranging for a place to stay after my house is destroyed, considering the welfare of my family members who have been displaced and/or praying for God's guidance in finding the right place), are *genuinely* Meaningful.

With this difference between genuine Meaning and superficial meaning, there is also a difference between genuine Mattering and superficial mattering. That is, it matters that the hurricane destroyed my home because it (superficially) means that I will have to pay a contractor a large amount of money, but if I do not see it as an unanswered prayer from God or connected in any way to my relationships or larger community, it does not (genuinely) Matter much at all. Therefore, without genuine Transcendence, there can only be superficial meaning and mattering. Marion (2003) argues that "this assurance ['Does anyone love me?'] can by definition only come upon me from an elsewhere that is definitely anterior, other, and foreign to me, an elsewhere that I lack and that defines me by this lack" (p. 42). While Buber (1923/1996) articulated the idea similarly when he wrote:

All doctrines of immersion are based on the gigantic delusion of human spirit bent back into itself—the delusion that spirit occurs *in* man. In truth it occurs *from* man—*between man and what he is not*. As the spirit bent back into itself renounces this sense, this sense

of relation, *he must draw into man that which is not man*, he must psychologize the world and God. (p. 141; emphasis added)

Taylor (2007), in particular, argues that such immanent (i.e., “bent back into itself”) ways of being-in-the-world will always be haunted by the question of something greater, something beyond, something more than one’s immanent existence and subsequent superficial meaning and mattering. He also suggests that without Transcendence, fulfillment—meaning the sense of fullness that comes from living a good and flourishing life articulated within a framework that adequately captures and makes coherent sense of one’s being-in-the-world while also exceeding or overflowing one’s individual being-in-the-world—is not possible, though our pursuit of it, he argues, is inescapable. Commenting on this argument by Taylor, J. K. A. Smith (2014) notes:

Because Taylor thinks “there is no escaping *some* version of ... fullness,” our debates are really about “what real fullness consists in” (p. 600). He suggests that what’s really at issue here is the telos of human life, “the ends of life” (p. 602). In other words, the debate about “real fullness” is a debate about how to understand our “ethical predicament”: what counts as “fulfillment” (playing on “fulness”)? It is here that Taylor’s argument seems to take a decidedly “apologetic” turn, pressing the question of whether “closed” takes on the immanent frame have sufficient resources to account for fullness. Taylor will consistently pose this as a question: whether one’s ontology is adequate to support a sense of fullness. “Can you really give ontological space for these features short of admitting what you will want to deny, for instance some reference to the transcendent, or to a larger cosmic force, or whatever? In other words is the intermediate position really viable?” (pp. 104–105)

In other words, is understanding human ontology and telos as ultimately immanent adequate for us to feel fulfilled and, I might add, changed, healed, and at peace? Or, as Taylor suggests, will a

nagging dis-ease always be present in a framework that does not acknowledge a Transcendent reality? He writes:

There is a specter haunting our secular age, “the spectre of meaninglessness” (p. 717)—which is, in a sense, a dispatch from fullness. And because this won’t go away, but rather keeps pressing and pulling, it generates “unease” (p. 711) and “restlessness” (p. 726).
(Taylor, 2007, as cited in J. K. A. Smith, 2014, p. 129)

With the understanding that a lack of genuine Meaning is born of a lack of genuine Transcendence in our secular culture—most notably the subculture of mental health which has continued to locate meaning and purpose within an immanent frame, as articulated in detail previously—we come to understand that psychopathology may, in large part, be a manifestation of the dis-ease many feel as they strive to make genuine Meaning from within an immanent frame. Might it be the case, then, that psychotherapy’s purpose ought to be striving to open up a Transcendent frame for individual patients in which genuine meaning can readily be found and anchored?

I will build my argument on the assumption that Taylor’s assertion is correct, that is, that fullness can only be found as we acknowledge a Transcendent telos and that we will continue to feel a nagging dis-ease as we inhabit an immanent frame. Furthermore, and more importantly, I also assume that Taylor’s assertion is *convincing* to those willing to honestly examine their own and others’ lived experience. This issue of meaning and its implications cut to the heart of what it means to be a human being—to not only make meaning but to connect such meaning which is not merely one’s own meaning and connect to a higher plane and purpose and as determinative of how one ought to live. As Aleksandr Solzhenitsyn (1973) observed, “Gradually it was disclosed to me that the line separating good and evil passes not through states, nor between

classes, nor between political parties either—but right through every human heart—and through all human hearts” (p. 615).

I will take Taylor’s argument further by drawing on the thought of Emmanuel Levinas (1961/1969, 1989; Levinas & Nemo, 1982/1985), primarily, as well as others who have drawn on or referenced his work (e.g., Buber, 1923/1996; Krycka, Kunz, & Sayre, 2015a; Warner, 1995, 2001) to suggest that not only Meaning but fundamental change and, therefore, lasting therapeutic healing cannot occur without Transcendence either.

Meaning lacks foundation when located within an immanent frame because it is located within oneself, it is self-created, and one becomes solely self-responsible. Being self-referential in nature, the immanent meanings we create cannot be genuine Meanings but only superficial, subjective/descriptive ones. If what one does is not meaningful because it is not anchored to anything other than itself then *whatever* one does, does not matter more than in a superficial, similarly confined sense. In some immanence-based theories (e.g., behaviorism), not only does what one does not (genuinely) Matter but one *cannot* do otherwise, while in other theories, one *can* do otherwise such that one can do whatever one pleases (e.g., humanism); but either way what one does, cannot Matter in a genuine sense. If what one does, does not Matter then there is no reason, beyond the subjective pragmatic hedonic valence, for which to change. If it does not Matter because one cannot do otherwise, then one literally *cannot* change.

Therefore, once we acknowledge Transcendence, genuine and anchored—anchored, to something stability outside of oneself—Meaning is made possible which subsequently makes it possible for one’s actions to be Meaningful because what one does Matters, and one could always do otherwise. As Gantt and Williams (2021) argue:

If human agency is not, in some fundamental sense, inherent in human action and intention by virtue of the fundamental ontological status of human beings as moral agents, if our various intentions and acts are just derivative of necessarily egoistic drives or needs, it becomes difficult to legitimately ascribe meaning to any human behavior or social relationship in more than a purely subjective, self-deceptive sense. Unfortunately, once the conceptual door is shut on the possibility of genuine agency and meaning in our psychological accounts of human action and intention (or motivation), the only conceptual/intellectual door left open is the one that leads to nihilism, or the death of meaning. In other words, once the possibility of making meaningful moral distinctions between one behavior and another, between one form of life and another, is erased ... then the vitality of meaning itself is snuffed out. (p. 65)

Secondly, if there is something outside of oneself that is greater and makes demands on oneself, that holds oneself responsible, one then has the ability and purpose to do otherwise, to change because one has a telos, both reason and opportunity outside oneself. In speaking of Levinas's conception of responsibility (i.e., one's ability to respond), Williams (2002) suggests:

It is the alterity of the other (the infinity of the absolutely other than I) that provides the grounds for my being, and it is the face of the Other (the other person as a particular instantiation of alterity) that provides the occasion for my coming to be an agent. ... The presence of the face of the Other brings about an "upsurge in me of a responsibility prior to commitment, that is, a responsibility for the other" (Levinas, 1998d, 103). This responsibility is not a product of reason guided by some moral principle such as reciprocity or a categorical imperative. Rather, it is the prior and inescapable ethical grounds from which I might perceive a need to formulate moral principles at all. Because

of the other, the alterity, I am placed in a position I did not create nor choose, of being responsible—in two senses. I am *able* to respond because there is an Other to whom to respond, and thus response is both possible and sensible. Further, I am *required* to respond because the presence of the Other constitutes a relationship which I neither created nor chose and from which I cannot escape. (p. 154)

Just as the other provides the occasion for one's being an agent and for one's perceived need to formulate moral principles, so too does the other provide the occasion or reason for one to change.

With the importance of Transcendence being established for both the meaning and capability to change, the discussion turns to articulating *which* Transcendent reality could provide such an avenue to change. Levinas describes Transcendent reality as the call of the face of the other. According to Levinas (1996), the other exposes me “to the summons of this responsibility as though placed under a blazing sun that eradicates every residue of mystery, every ulterior motive, every loosening of the threat that would allow evasion” (p. 104). The other's very existence Transcends me, and provides me an opportunity to respond, presenting me with a very personal reality that is nonetheless beyond myself (or, more precisely, my *self*) to which I am responsible. Levinas (1961/1969) claims that “the relation with the Other alone introduces a dimension of transcendence, and leads us to a relation totally different from experience in the sensible sense of the term, relative and egoist” (p. 193). It is, thus, only by virtue of our relationship with others that we can transcend our egoistic experience. The face-to-face relation is the context in which we are confronted with the infinite alterity (otherness) of the other, and, therefore, grounded in a Transcendent ethical relationship, a relationship that calls us to responsibility. Levinas (1961/1969) says:

The conjuncture of the same and the other, in which even their verbal proximity is maintained, is the *direct* and *full face* welcome of the other by me. This conjuncture [of transcendence] is irreducible to totality; the “face to face” position is not a modification of the “along side of. ...” Even when I shall have linked the Other to myself with the conjunctions “and” the Other continues to face me, to reveal himself in his face. *Religion* subtends this formal totality. And if I set forth, as in a final and absolute vision, the separation and transcendence, ... these relations, which I claim form the fabric of being itself, first come together in my discourse presently addressed to my interlocutors: inevitably across my idea of the Infinite the other faces me—hostile, friend, my master, my student. Reflection can, to be sure, become aware of this face to face, but the “unnatural” position of reflection is not an accident in the life of consciousness. It involves a calling into question of oneself, a critical attitude which is itself produced in the face of the other and under his authority. We shall show this further. The face to face remains an ultimate situation. (pp. 80–81)

It is not by insight and self-reflection that we come to transcend our existence but by answering the Transcendent call of the face-to-face. One’s place in relationship to the other, in the face-to-face relation, is best understood as “hypostasis” which literally means to stand under (Williams, 2002, p. 155) because the other speaks from a moral height (Orange, 2010). In every sense, the other is preeminent and metaphysical and moral priority belongs to him/her. It is by responding to the call of the other, by recognizing and responding to our ethical obligation as manifest in the face of the other, that our egoic being-in-the-world is called into question and we are called to ethical action, which may necessitate some self-reflection.

One of the primary problems with an immanence-based theory or, in general, an immanent frame, is that it must always be the “just there,” devoid to meaning and purpose, and without a “and therefore what?” so that its focus is not unlike a mirror trained on oneself (or being-for-itself, as Levinas calls it). As Levinas (1961/1969) says:

Metaphysics therefore does not consist in bending over the “for itself” of the I to seek in it the solid ground for an absolute approach to being. It is not in the “know thyself” that its ultimate movement is pursued—not that the “for itself” be limited or be of bad faith, but because by itself it is only freedom, that is, arbitrary and unjustified, and in this sense detestable; it is I, egoism. To be sure, the atheism of the *I* marks the break with participation and consequently the possibility of seeking a justification for oneself, that is, a dependence upon an exteriority without this dependence absorbing the dependent being, held in invisible meshes. This dependence, consequently, *at the same time* maintains independence; such is the face to face relation. (p. 88)

By focusing on the self we miss out on moral agency, that is, the moral responsibility we have toward others that grounds or gives purpose to our freedom. Levinas argues that being-for-the-other (as opposed to being-in-the-world or being-for-itself) provides an escape from immanence, therefore suggesting that being-for-the other allows, that is, provides a foundation, indeed both reason and means for fundamental and lasting change. Levinas (Levinas & Nemo, 1982/1985) articulated his realization of this idea as follows:

From whence an entirely different movement: to escape the “there is” one must not be posed but depose; to make an act of deposition, in the sense one speaks of deposed kings. This deposition of sovereignty by the *ego* is the social relationship with the Other, the dis-inter-ested relation. I write it in three words to underline the escape from being it

signifies. I distrust the compromised word “love,” but the responsibility for the Other, being-for-the-other, seemed to me, as early as that time, to stop the anonymous and senseless rumbling of being. It is in the form of such a relation that the deliverance from the “there is” appeared to me. Since that compelled my recognition and was clarified in my mind, I have hardly spoken again in my books of the “there is” for itself. But the shadow of the “there is,” and of nonsense, still appeared to me necessary as the very test of dis-inter-estedness. (p. 52)

In other words, it is only through recognizing and responding to one’s responsibility for the other that one might find the transcendence necessary to shake off the dis-ease that Taylor (2007) cites as characteristic of our secular age.

While psychology spends a significant amount of time articulating, teaching, and emphasizing the importance of ethical rules of practice, it is important to note that this is insufficient in Levinas’s account of our ethical and moral obligation, not just as clinicians but as human beings. Therefore, I will distinguish the rationalist understanding of morality, consisting of clearly delineated, rationally constructed, and universal rules for ethical behavior such as those espoused by everyone from Immanuel Kant to the American Psychological Association (Slife & Yanchar, 2019, pp. 10–11) from the disposition of being-for-the other that ought to provide the entire foundation from which we take on the world. Levinas’s idea of being-for-the other, or “morality [as] ... first philosophy” (1961/1969, p. 304) is not an attempt to give us a set of universal rules to follow as we engage our fellow human beings. Instead of trying to dictate *how* we ought to respond (prescriptive rules for behavior), Levinas instead focuses on continually reminding us that we *are responsible* by virtue of the very existence of the other whose nature calls our nature. According to Levinas’s conception of our responsibility, “I do not

have a choice in being called; I do have a choice in how I respond” (Krycka, Kunz, & Sayre, 2015b, p. 2). Once we recognize our responsibility, *how* we respond is a matter of unique context and persons. To this point, Levinas (1961/1969) notes:

To utter “I,” to affirm the irreducible singularity in which the apology is pursued, means to possess a privileged place with regard to responsibilities for which no one can replace me and from which no one can release me. To be unable to shirk: this is the I. ... The accomplishing of the I qua I and morality constitute one sole and same process in being: morality comes to birth not in equality, but in the fact that infinite exigencies, that of serving the poor, the stranger, the widow, and the orphan, converge at one point of the universe. Thus through morality alone are I and the other produced in the universe. (p. 245)

While ethics (as “first philosophy,” [Levinas, 1961/1969, p. 304]) and being called into responsibility by the other are universal human experiences, the particularity of the unique infinite other (i.e., Transcendence) to which we are responding informs all ethical action henceforth.

CHAPTER 5

Summary & Precis of an Alternative View for Psychotherapy

Levinas contends that “[t]he ideal of Socratic truth thus rests on the essential self-sufficiency of the same, its identification in ipseity, its egoism. Philosophy is an egology.” (Levinas, 1961/1969, p. 44). Nearly all western philosophy is *egology*. In other words, Western philosophy has a strong tendency to be self-oriented. Because every psychological theory reviewed in this work—including the more sociologically inclined—finds its roots in just such paradigmatic Western philosophy of the sort Levinas refers to, the sort Levinas seeks to remedy, it is not surprising that our tradition leads to or even encourages self-focus or, more radically, egocentrism. Even in acknowledging the importance of human relationships, these contemporary theories give them importance because of their effect on the individual within their immanent frame. Therefore, what most psychological theories lack is an acknowledgment of the ethical and moral (except as the ethical and moral are aimed at allowing the self to feel better about itself, and comply with a largely pragmatic social contract designed to allow the individual to prosper), and an understanding that the ethical concern, the face-to-face encounter with the Other, precedes and gives occasion for the formation of the self, and thus is the format for morality itself. Levinas argues that the ethical precedes the whole of philosophy; philosophy is an answer to the ethical call to justify oneself in the face of the other.

I contend that this ethical obligation, this call to respond, is what ultimately motivates psychological theory as well: psychology has developed theories in response to an ethical call from the face of one who suffers.

Responding to the other's destitution, my testimony testifies to the Infinite, to the transcendence of the other over me. We testify to the glory of the Infinite when we welcome the other in her or his need. (Orange, 2010, p. 85)

However, few if any predominating theories in psychotherapy explicitly acknowledge and integrate such an ethical foundation, instead preferring to, in Levinas's vernacular, "totalize" (Levinas, 1961/1969, p. 40) and "murder" (p. 162) the other by the deployment of manualized approaches, diagnostic labels, and overgeneralized assumptions, all in the recognition of the ascendant position of the self (or the *same*, as Levinas prefers to express it).

It is rare that an ethical obligation is acknowledged in psychotherapy past the point of recognizing the importance of adhering to professional ethics and generally seeking to act in a patient's best interest. The idea of ethical responsibility as an avenue for change rarely, if ever, constitutes the foundational goals for therapy on the side of the clinician *and* the patient. It is my contention that without such a foundation, psychotherapy cannot lead to the kind of fundamental and lasting change that most who seek psychotherapy desire. It is only by acknowledging and learning to respond to the call of the face of the other—not by treating others as objects or means to the ends of our own mental health—that one can find essential healing.

In summary, most mainstream theories of and approaches to psychotherapy have failed to alleviate "the world's getting worse," (Hillman & Ventura, 1993) in large part because they are based in immanence. Immanence makes all problems pragmatic and immediate which means that the aim of therapy ultimately becomes symptom reduction, to make patients feel better. Interventions that are employed, relational or otherwise, then, are used instrumentally toward this end. Conversely, Transcendence pulls people out of and beyond themselves towards otherness

and, therefore, toward possibility and living in the world truthfully, as it really is, or, as Heidegger argues “as the unhiddenness of beings.” (1988/2013, p. 63).

Levinas’s work (1961/1969) suggests that it is in coming face to face with the other that we are exposed to this kind of alterity (i.e., otherness), Transcendence, and, ultimately, truth—as the way things are or reveal themselves to be (Heidegger, 1988/2013). Because the other exposes us to possibilities beyond our own, it provides the context in which our genuine or truthful agentic nature is called forth. It is in giving ourselves over to the Other that the essential Transcendent nature of our humanity is manifest. In other words, immanence can only lead to sophisticated kinds of coping with things as they are and must be whereas Transcendence via the alterity of the other provides both the possibility and reason for fundamental and lasting change and healing: *we can* be otherwise because of otherness (i.e., the essence of change which then allows for healing), and we *ought* to be otherwise for the other’s sake.

Understanding ourselves as capable of and responsible to being for the other, opens an agentic conception of our being-in-the-world. Therefore, speaking in agentic terms, our distress becomes something we are doing (as opposed to something we have) and because it is something we are doing, we can do otherwise (Williams et al., 2021). Oftentimes, however, we are not aware of non-distressing ways of doing and being in the world or, at the very least, do not see a clear possibility for doing otherwise. It is by being introduced to the alterity of the other that we are called out of our narrowed self-understanding and exposed to possibilities beyond our own. This works because when our distress is something we are doing, the way we are actively and creatively understanding ourselves, the world, and others is the problem. By breaking this way of understanding in some kind of comprehensive way (i.e., via the call of the other and being for the

other) we are drawn out of our limited understanding of the world that results from a reliance on our own immanence and reminded of our agentic nature.

Agents are beings for whom things matter, who are subjects of significance. This is what gives them a point of view on the world. ... Once one focuses on the significance of things for agents, then what springs to view is that persons have qualitatively different concerns. ... [W]hat is clear is that there are some peculiarly human ends. Hence the important difference between men and animals cannot simply consist in strategic power; it is also a matter of our recognizing certain goals. Consciousness is indeed essential to us. But this cannot be understood simply as the power to frame representations, but also as what enables us to be open to these human concerns. Our consciousness is somehow constitutive of these matters of significance, and does not just enable us to depict them. This supports a quite different reading of the essentially personal capacities. The essence of evaluation no longer consists in assessment in the light of fixed goals, but also and even more in the sensitivity to certain standards, those involved in the peculiarly human goals. The sense of self is the sense of where one stands in relation to these standards, and properly personal choice is one informed by these standards. The centre of gravity thus shifts in our interpretation of the personal capacities. The centre is no longer the power to plan, but rather the openness to certain matters of significance. This is now what is essential to personal agency. (Taylor, 1985, p. 104–105)

And it is the other, and the world the other opens by calling us radically outside our selves—not only for a new perception but to a new moral obligation in a newly meaningful moral world—that grounds those matters of significance. In other words, things hold significance in our lives because they are morally relevant, that is, they matter to others, and to ourselves. What we think,

do, believe, understand, become, etc. makes a difference in the lives of those around us and the faces of those around us make a call on our consciousness and our conscience at once.

With Levinas and Taylor's ideas together, we come to understand that we are not fully human, fully agentic, except as we recognize and act upon the call of the other, begin being for the other, and thereby have access to Transcendence and genuine meaning in our day to day lives. This means that what we do matters and that we can always do otherwise, not simply because we have the power to, but because we have the other person as a grounding reason for which to change and the possibility of being otherwise found in the face of the other. Therapy done under this assumption and towards this end helps facilitate patients' healing as they come to live in accordance with the best and fullest of their nature: agentially being for the other.

The fundamental philosophical assumptions and three core tenets or rules of Alterity Focused Therapy© (AFT) as will be outlined below, address the lack of attention to ethical obligation, genuine agency, and Transcendence found therein by allowing therapists to collaboratively foster an other-focused disposition within their patients. AFT first demarcates always acting in the best interest of others as the ultimate guiding principle or rule which ought to guide a patient's decisions and the way he or she lives as well as provide a context in which decisions matter and impact self and other (strong evaluations). This principle is not an abstract principle in the traditional understanding—some kind of contextless, universal principle that can be readily applied in the same way in every situation—but a principle that directs patients back to the concrete human other that they face every day. Secondly, AFT honors the agentic nature of patients with the understanding that proper moral decisions in the best interest of others cannot be properly made without sufficient accurate information of many forms. Finally, AFT is built on the assumption that helping others do what is best for others is in *their* best interest. Overall, it is

built on the assumption that this helping others is not the sole prerogative of the clinician but also of the patient for others in his or her life. As such, the final rule is to live, share, and support—to live in accordance with principles one and two, share them with others, and support others in their development of an other-focused disposition.

As illustrated above, most theories of psychotherapy on offer assume human beings and their healing to be entirely immanent both in its source (i.e., healing comes from within in some capacity) and in its goal (i.e., one ought to seek healing for one's own sake). AFT, on the other hand, is built on the idea that human healing and flourishing necessitates Transcendence. Those theories based on immanence assume that everything needed for the maintenance of the human being is already built *into* the human being which will emerge sooner or later. Conversely, AFT suggests that everything we need is *not*, in fact, inside. What we need for a flourishing life will have to be created. The raw materials of social emotional reality are not found inside of us already, they require we move outside of ourselves, beyond ourselves.

If it were indeed the case that we each individually possessed inside of us everything necessary for emotional, social, and psychological growth and development, then there would be no concerns about raising humans in isolation (see U.S. Department of Health and Human Services, Office of the Surgeon General, 2023). It is evident that AFT takes Transcendence seriously because it says that the healing, completion, or salvation of the person will be found outside the person, mostly from other persons and relationships. It must come from a source that is not the same, not the self: from the other and his or her very alterity (otherness). No person is already complete in and of him or herself and thus cannot flourish simply by being allowed to unfold. The agentic assumption of AFT is that human beings make and remake themselves and the necessary materials for doing so are found in the concrete alterity, or otherness, of others.

Furthermore, this Transcendence taken up by AFT that requires a reaching out and beyond oneself is not an instrumental reaching out in which there are pre-determined kinds of relationships and connections that have been prescribed in order to achieve improved mental health for oneself (e.g., such as is found in attachment theory). This is a self-forgetting reaching out that does not presuppose what the ends and possibilities in doing so might be. The ends might be ones we never would have found had we had a preconceived notion of what we needed.

C. S. Lewis (1952/1980) articulates this idea well when speaking of true humility:

Do not imagine that if you meet a really humble man he will be what most people call “humble” nowadays: he will not be a sort of greasy, smarmy person, who is always telling you that, of course, he is nobody. Probably all you will think about him is that he seemed a cheerful, intelligent chap who took a real interest in what you said to him. If you do dislike him it will be because you feel a little envious of anyone who seems to enjoy life so easily. He will not be thinking about humility: he will not be thinking about himself at all. (p. 128)

It is the other that creates moral opportunity for me. We can think of the face of the other as a manifestation of truth itself: in facing the other, I have the opportunity to see him or her as he or she really is, not as I think him or her to be in my own mind or world. In the face of the other I am called to respond to the other. The proper response is not merely behaving charitably or nicely, but behaving truthfully because the other is a part of the world or exposes me to the world as it really is. The otherness of the other opens the world to me, not as I have assumed the world to be; I must account for the other. If I do not act in accordance with the other as he or she really is, there is an undeniable impact on someone in the world other than me. In other words, the other opens up more truth than was available to me on my own. Mental disorder-ness, for

AFT, then is not the result of one's way of being in the world just not working as some theories might argue (e.g., REBT, CBT)—which is an example of lowercase t transcendence—it is because a patient is in the world *falsely* and needs to be exposed to the truth as made manifest in the face of the other (i.e., Transcendence).

AFT, then, asks patients to go on an open-ended adventure and trust the therapist in doing such. They may need things they did not know they needed or not need things they initially came in thinking they needed. The aim of an AFT therapist opens up a whole realm of munitions/resources that were not available to the patient within the patient and/or that the patient did not know he or she needed in the first place. In other words, because the other exposes the patient to truth and possibility beyond that of his or her own making or to which he or she has access on his or her own, it is in the other and being open to his or her possibilities that a patient can find one of the most powerful and salient ingredients for successful therapy: hope (Bartholomew et al., 2021; Irving et al., 2004).

Therefore, I will spend the remainder of this dissertation providing a brief overview of one possible model for the application of these foundations in a model-like format developed by Burdge, Burdge, and Major (2022)—Alterity Focused Therapy©—and I will end with practical case illustrations in which AFT could be applied.

CHAPTER 6

Alterity Focused Therapy© and Clinical Application

Alterity Focused Therapy© (AFT), is based primarily on the works of Emmanuel Levinas (being for the Other) and C. Terry Warner (living for the other), in addition to others such as Viktor Frankl (1963/2014) (finding meaning “by ... encountering someone” [p. 104]). The development of AFT began at the Utah State Prison by Burdge (2000) and was articulated in its most complete form, most recently, by Burdge, Burdge, and Major (2022). AFT posits that fundamental and worthwhile change can only come about through an organic change of heart such that we consider the other before ourselves (Warner, 1995). This is opposed to a therapeutic theory based on self-focus or self-oriented-ness (i.e., egology). In other words, within an AFT framework, “[p]sychotherapy is the art of helping others face their excuses and discover how their *intended* service to others offers unintended escape for their healing” (Sayre, 2015, p. 239 emphasis original). Simply put, to *be* a flourishing human is to *be for the other*.

AFT assumes that “ego-centrism is the basis for pathology and ethical responsibility the basis for health” (Krycka, Kunz, & Sayre, 2015a, p. 3). Such an assertion is supported by the literature of self-focused attention (attention to one’s own feelings, beliefs, reactions, etc.) which generally finds that prolonged self-focused attention is correlated with a wide array of pathology (Ingram, 1990; Mor & Winqvist, 2002; Muraven, 2005; Perona-Garcelán et al., 2008; Woodruff-Borden et al., 2001). AFT’s conception of human health and change is based on a particular conception of ontology, metaphysics, epistemology, and ethics (as explicated in previous chapters) which puts ethics as first priority (i.e., ethics as first philosophy, Levinas, 1961/1969, 1989).

AFT Foundations and Process

The foundation for a therapeutic process that takes up this theory, then, is the foundational idea that “we see our [patients] as people who are ethically responsible to the Others in their lives” (Sayre, 2015, p. 171). Plenty of intervention techniques and styles can be employed by an AFT therapist insofar as they are made to align with this paradigm and reorient patients towards their obligations. There have been several explorations of the application of the foundational ideas presented in previous chapters in this thesis that have found such ideas helpful for clinical populations. In addition to Burdge’s (2000) application in a prison group therapy setting, these include Judd et al.’s (1988) outcome study of the application of Warner’s agentive theory to a population of Utah adults; The Arbinger Institute which has implemented these principles with institutions and families for 35 years and had clients report a great deal of success (The Arbinger Institute, 2017); and theoretical and empirical explorations of the application of these principles in various settings including prison, military, etc. published in the *Military Medicine Journal* (Woo, 2020).

The primary process suggested by Burdge, Burdge, and Major (2022) is to teach patients three rules or guiding principles:

1. Always do what is best for the other (obligation and desire for the other).
2. Always gather more information (allow others and the world to reveal him/her/itself).
3. Live (i.e., be striving to live by and embody the ideas of doing what is best for the other and gathering more information), share (i.e., invite others into genuine Transcendence by providing the opportunity to be for the other), and support (i.e., walking alongside others compassionately).

The third rule accounts for both the patient's being for the other as well as the therapist's being for the patient. Within an AFT approach, the therapist takes time in therapy to explore the impact of the target of the patient's locus of focus on his or her emotional and mental well-being in addition to how he or she is or is not fulfilling his or her obligations to others.

Under this theory, per the third rule, the therapist engages in an I-Thou relationship (Buber, 1923/1996; Warner, 2001) and lives for the other (the patient) by encouraging the patient to act in the best interest of *his or her* others. As George Sayre (2015) has said, "...I endeavor for therapy to be not about their [the patient's] needs, but the needs of another, but not myself [the therapist]" (p. 167). This is done as the therapist helps the patient consider the experience of those others. For example, a clinician could invite a patient to write a letter to his or her children about difficult experiences he or she had endured so that the parent can use his or her suffering to be a better parent and even to protect them now in ways not made available to that parent when he or she was a child.¹⁷

The first rule of AFT—to always do what is best for the other—however, is the heart and soul of AFT. This being said, patients and theoreticians alike often raise the question how one—therapist, patient, or otherwise—might *know* what is in the *best* interest of another. First, it is important to note that from an AFT perspective, it is rare that a therapist would take the stance of ultimate expert by directly and explicitly demanding a patient take a particular course of action. The role of the AFT therapist is primarily to *expose the patient to the moral dimension of life* and the idea that he or she *has* obligations and responsibilities to the others in his or her life even if

¹⁷ This kind of intervention aligns with Levinas's idea of "useless suffering" (Levinas, 2002). Further exploration of the application of this kind of intervention can be found in the *Illustrations of Application* section later in this chapter.

he or she does not explicitly name what those obligations and responsibilities are. With this in mind, it may be helpful to define morality:

Put simply, we will speak of moral as anything that makes a meaningful difference in the lives of other persons (Williams & Gantt, 1998). Thus, all questions or acts that make such a meaningful difference are moral. Clearly, then, all fundamentally social acts are also fundamentally moral to the extent that others are necessarily and meaningfully involved. In fact, it would not be inappropriate to say that the moral and the social are really just two sides of the same coin. (Gantt & Williams, 2002)

Additionally, it is worth noting that the inclination of many to first articulate a rational ethical system by which one might formulate ethical or moral acts (i.e., “How do I know what is best for the other?”) originates in the assumption—which is antithetical to Levinas’s thought—that epistemology must precede the ethical. Williams (2005) warned of the danger of such an assumption:

However, since, particularly in our modern, a.k.a., postmodern world, we have come to a state of uncertainty regarding the truth of propositions and other rational products, and even of the possibility of ever establishing them as true, we are certainly in a state of ethical uncertainty. Thus, ethical questions and answers must wait on the satisfactory resolution to all epistemological matters. Once we have certainty about the state of human knowledge, we can have confidence in our ethics. I fear we may wait too long (Williams, 1998). (pp. 8–9)

To be in the world and engaged in the flow of life is already to be engaged in the moral dimension of life. As the classic story goes, there is no way to step off the turtle to find the bottom-most turtle on which it rests; we can only examine our experience from the vantage point

of our experience and such examining is also a part of our experience. Therefore, the ethical or moral dimension of life is already underway, we are already caught up in it, and, even in this very moment, we are faced with people to whom we are responsible and in whose lives we make meaningful differences.

While the typical approach to acting in the best interest of patients has been helping them articulate and achieve their own goals as articulated by their own perception of their own best interest. This is often accompanied by the validation of the therapist. AFT, on the other hand, takes the approach of giving patients an opportunity to step outside of themselves such that they can gain a new perspective on their own and others' best interest, on who they are, and how they might better come to be a flourishing human being.

William Doherty—a professor, practicing marriage and family therapist, and prolific author—articulates the idea of exposing patients to the moral dimension of life thus:

To engage in moral consultation, therapists do not have to dictate moral rules or claim to have all the answers. Rather, our role is not so different from how sociologist Alan Wolfe (1989) described the role of the social scientist when dealing with moral issues: “to locate a sense of moral obligation in common sense, ordinary emotions, and everyday life ... to help individuals discover and apply for themselves the moral rules they already, as social beings, possess” (pp. 214–215). (Doherty, 2022, p. 9)

Pragmatically, Doherty applies this idea in his LEAP-C model of moral consultation with his patients. An AFT therapist could easily adopt a very similar model:

The Basic Skills: LEAP (Listen, Explore, Affirm, Perspective)

- Listen for the client's ethical language and moral emotions.
- Explore moral intuitions, emotions, beliefs, and meanings.

- Affirm the client's ethical sensibilities and sense of agency.
- Perspective:
 - o Frame both sides of a dilemma.
 - o Encourage the client to emphasize a moral intuition that seems muted.
 - o Invite the client to take the role of someone affected by the issue.

Advanced Skill: Challenge

- Pivot from LEAP interactions.
- Forecast that you are about to say something challenging.
- Affirm the client's autonomy [i.e., agency].
- Express worry about the effects of the client's actions on someone else.
- Switch back to expressing empathy [i.e., compassion].
- Suggest that the client may be temporarily blinded by one set of feelings.
- Directly contradict the client's minimization of the effects on others.
- End most challenges by again affirming the client's autonomy [i.e., agency].

(Doherty, 2022, p. 39)

These basic skills are framed in the acronym LEAP: listen, explore, affirm, and offer perspective. The ... more advanced skill of challenge (C) [is used] when the client does not perceive an ethical dilemma and the therapist decides to bring it up. The LEAP-C skills are generally used in a linear fashion: first, listen, then explore and affirm according to what you are hearing from the client, and only then offer a perspective if that would be useful. (As I note, sometimes the client resolves the dilemma without the therapist offering an explicit perspective.) Using ethical challenges would only be appropriate in certain situations ... and after the LEAP skills have been brought into play. To be clear,

however, I am not offering a prescription that these skills must always be used in sequence; the complexities of clinical conversations allow space for therapist judgment about what to say when. (Doherty, 2022, p. 39)

As similarly emphasized by Doherty, AFT does not view the therapist as an authoritarian moral expert who spends his or her time dolling out ethical rules and dictates to patients. In many ways, it may be enough to simply expose patients to the moral dimension of life—from which they have often been shielded by psychology (e.g., the way in which psychology has treated religious values [Abrams, 2023]) and our broader culture—and then allow the patient to determine how he or she ought to respond in his or her particular context with his or her particular others. As long as truth is contextual, the process of considering what is best for the other must remain in place. That is why AFT cannot be a static model with formulaic behavioral prescriptions, it must be a way of life that grounds itself in the Transcendence of the other as the other moves and functions. Truth is dynamic and we must be continually attuned to it as it is revealed to us in the face of the other.

Through this process of reorientation or de-centering (Sayre, 2005, p. 41), patients find hope as they come to see themselves as moral agents and recognize their role in relationships:

The therapy situation might then not just be a protective environment where one is relieved of distress, but a place where one is called from unreal obligation and false guilt to real responsibility and genuine guilt in the face of the Other. (Halling, 2015, p. 33)

For example, I have had many patients report struggling with perfectionism, particularly in a religious (specifically members of The Church of Jesus Christ of Latter-Day Saints) cultural context (cf. Matthew 5:48). Many patients view the perfection commanded by God as pure flawlessness. To gather more information, I will discuss the meaning of the word *perfect* with

them, as whole or complete instead of flawless. I then often go on to talk about the word *atonement* and that to become *at one* with Christ is to be perfected or made whole in relationship with him. Thus, they see their previous understanding of their obligation to others or to God was false and replaced with a genuine guilt or real responsibility which, in this case within their cultural context, is to rely on Christ. While this is similar, or even identical, to an approach other psychological theories might support (i.e., CBT or REBT), the important distinction is that such belief challenging is done with the ultimate aim of helping the patient act in accordance with what is best for the other, that is, truth, or things as they really are.

Recognizing false guilt and real responsibility also occurs as the therapist utilizes Warner's principles of self-deception, self-betrayal, and collusion. Self-betrayal is "a violation of our own personal sense of how we ought to be and what we ought to do. ... [It] occurs when we ... do to another what we sense we should not do" (Warner, 2001, p. 20). Self-deception "follows a self-betrayal which failure one justifies instead of corrects" (Burdge, Burdge, & Williams, 2022). Collusion is when two or more people are caught up in and rely on each other for the cycle of self-betrayal and self-deception. Taking on false guilt or throwing off guilt and responsibility to the other altogether are both forms of self-betrayal and self-deception in which the patient is not seeing things as they really are.

The therapist can help the patient throw off this cycle by helping him or her to identify it and helping him or her understand the difference between seeing a person as a person instead of an object (i.e., seeing a person needing, wanting, and desiring things in the same real way that I do versus seeing a person as something to be used to fulfill my own desires or as something that is getting in my way). I often teach this concept by utilizing The Arbinger Institute's diagrams in *The Anatomy of Peace* (see Figures 1–5) and/or by inviting patients to read one of The Arbinger

Institute's or Warner's books (The Arbinger Institute, 2010, 2022; Warner, 2001). However, there are any number of other approaches a therapist might take to help the patient see others as real people. For example, imagining the person as a young child who is still learning and growing.

While AFT does not argue for a different process of change for each patient (the therapist will always invite the patient to be for the other), the content of change may be different based upon a patient's context (e.g., ethnicity, family, or faith). Overall, the interventions used with AFT help the patient practice Transcending him or herself in some way: "Therapy shows the possibility of transcending to a better existence with others" (Krycka, Kunz, & Sayre, 2015a, pp. 9–10).

Because the therapist and the patient are moral agents, their relationship is collaborative. Each is an expert. The therapist strives to understand and works from the patient's expertise in his or her experience. The patient takes direction from the therapist, an expert in working with people and inviting him or her to be other-centered. Each desires after the other and reveals him or herself to the other in his or her own way.

Inviting patients to be intuitively other-centered affords them the opportunity to fulfill their potential and moral obligations to the other. Serendipitously, in living this way, patients find the capability and reason to change in fundamental ways because they are anchored within a Transcendent frame of meaning by being for the other.

Illustrations of Application

The following sections contain illustrations of interventions one might employ that are consistent with the framework of AFT with various presenting concerns. It is important to note that the following illustrations are not meant to be prescriptive for the specific clinical contexts in which they are being presented. These illustrations are simply meant to show practical

examples of how an AFT-grounded clinician might utilize certain interventions. AFT is a framework that frames a patient's humanity, his or her brokenness, and his or her problems. In proposing AFT as a model for therapy, I am suggesting an intervention at the level of reclaiming one's humanity and finding it by taking on a genuine concern for the other, climbing outside of oneself and one's inner turmoil and discovering a self both capable and qualified to give something of value to and for others. This approach is not one that produces particular interventions for particular situations. I give the following examples as a few among many possible manifestations of how clinicians might help patients re-order themselves and re-understand themselves as the kinds of beings they are in whatever particular context they are struggling right now. This is to suggest that part of the problem patients face with their presenting concerns is that the way they view themselves has become connected with a whole host of harmful ideas, behaviors, and practices such that insight into their inner world will not lead them to the answer for their healing. As such, breaking out of themselves is the only way to find a new mode of meaning and de-potentiates that which had been scaring them, holding them captive, etc.

Therefore, the following illustrations should be understood as interventions that ought to be employed in specific contexts of specific presenting concerns with a clinician who is working to lay a foundation of helping the patient develop an other-focused disposition in every aspect of his or her lives and in every relationship. An AFT clinician ought not simply target the content of the presenting concern but the process by which the patient is relating to others, the world, and him or herself. It is the assumption of AFT that focusing one's clinical efforts on working to invite a patient into a new world and adopt a new disposition towards others that healing of specific concerns will naturally grow out of such work. Furthermore, in breaking free and

concentrating outside of themselves, patients are likely to find resources that have not been tended to and therefore have been overgrown and lost to them.

Illustration 1: Disordered Eating

Because of the high prevalence rate of eating disorders on college campuses (Berg et al., 2009; Eisenberg et al., 2011; Fitzsimmons-Craft et al., 2019), there is often a high incidence of presenting concerns related to disordered eating including but not limited to anorexia, bulimia, binge-eating disorder, etc. in college counseling centers (Hoyt & Ross, 2003) such as the one I have worked in for 2 years at Brigham Young University. The primary evidenced-based treatment discussed in the eating disorder treatment literature is cognitive behavioral therapy (CBT) with various modifications and adaptations in addition to interpersonal therapy or family therapy of some kind (Kass et al., 2013; Keel & Haedt, 2008). The goals for treatment typically include something akin to challenging and changing a patient's thoughts, feelings, beliefs, and behaviors around food and his or her body. Treatment goals may also include navigating and minimizing the ways in which those within a patient's social circle, typically his or her family, enable disordered eating behavior.

While these treatments are clearly helpful in symptoms reduction to a significant degree and an AFT therapist might utilize some of the skills or interventions presented within these treatment modalities, an AFT therapist would ground such interventions in a different foundation and aim toward other goals in addition to symptoms reduction/patient health. Understanding food as fuel and not labeling foods as good or bad, for example, may be helpful interventions even within an AFT framework if they were employed as information gathering exercises that expanded the patient's agency and ability to be for the other. Another possible intervention I will suggest, involves helping the patient understand eating as an act of love for others.

For example, the clinician might begin by asking the patient to imagine him or herself getting ready to dish up a plate for him or herself at a holiday meal with family and friends. The clinician could collaborate with the patient in listing the foods that would likely be on the serving table. The clinician would then ask the patient to imagine him or herself dishing up his or her own plate and describe this process aloud. At this point, it may be helpful to check in with the patient as to his or her feelings of anxiety or stress, explore such reactions, and take breaks/shift the conversation as necessary. The patient might note his or her feelings of anxiety arising from concern as to what others would think about how much and what kinds of food he or she is dishing him or herself, not knowing how many calories or what the nutritional value is of the dishes and therefore what to dish up and how much, etc. It will be important for both the clinician and patient to take note of these reasons.

After this first imaginal exposure, the clinician would change the imaginary situation such that it is no longer the patient's own plate he or she is dishing up but the plate of a loved one who, for some reason or another is unable (i.e., has a broken limb, is busy with small children, etc.) to dish up his or her plate. The clinician can again help the patient imagine the specifics of this situation and ask the patient to describe his or her behavioral and thought process aloud. The clinician might ask something about how the patient determines what amount to dish up or if he or she is concerned about what people might think about his or her loved one based on the amount of food the patient dishes up on the plate. Again, it will likely be helpful to note the patient's answer to these kinds of questions and compare them to the answers provided in the previous situation. Furthermore, exploring the intensity of the patient's feelings of anxiety or stress, again, compared to the intensity of the anxiety and stress in the previous situation, will likely be helpful in the patient seeing the difference between a self-focus and an other-focus. It

may be the case that the food is not the cause of the anxiety, but *who* the patient is focused on in the context of food and eating.

After completing this exercise, it may be helpful to explore the purpose of food with the patient utilizing the previous imaginary scenarios for content. Asking questions such as “What is the purpose of food?” “What would happen if no one ever helped your loved one get the food they needed?” or “Would you be able to show up for and help others the way they need if you did not eat?” This can help communicate the idea that food is not just fuel for one’s body such that one can do the things one wants to do but it enables one to be available for others.

Because many with disordered eating utilize their weight, nutritional value, caloric content, etc. to gauge their eating, another metric for proper food intake will likely be warranted. On the heels of the previous exercises, it may be helpful to suggest the patient practice eating as an act of love for others. This could be the metric by which the patient can assess how healthily he or she is eating: “How does my body feel when I eat these things or this much and does this allow me to show up in the way I want to for others?” Per the tenets of AFT, these interventions are exercises that can help the patient shift from a self-focused mindset to an other-focused mindset (i.e., eating as an act of love).

Illustration 2: Childhood Sexual Abuse

Childhood sexual abuse has been estimated to occur for 24% of those within a non-clinical population (Pan et al., 2021), though it is reasonable to assume the prevalence is likely higher in clinical populations and simply higher across the board than is reported because of the sensitivity of this experience. Prominent suggested treatment approaches for those who have endured childhood sexual abuse are typically trauma-focused and include psychodynamic therapy, CBT or trauma-focused cognitive behavioral therapy (TF-CBT), prolonged exposure

(PE) therapy, cognitive processing therapy (CPT), eye movement desensitization and reprocessing (EMDR), and supportive therapy (Cowan et al., 2020; Wilen et al., 2017). Overall, the predominant view in the field of psychotherapy is that the most important aspects of treatment for these individuals include validating/normalizing a patient's feelings, offering compassion, and being non-judgmental (Cowan et al., 2020). Furthermore, most trauma-informed approaches tend to encourage a focus on the traumatized individual's self and inner life, aiming to ensure one's needs for safety (physical as well as psychological) are met first and foremost both in therapy and in one's day-to-day life (Wilson et al., 2013). Those who argue for this approach often suggest, implicitly or explicitly, that an other-focused approach (prior to ensuring one's personal needs are met) may only be further damaging, traumatizing, etc. and have their place only at the end of trauma treatment, if at all.

From an AFT perspective, regardless of how a patient has been previously victimized by others, the patient is still responsible (*response-able*), that is, *able to respond*. In other words, having been through a traumatic and dehumanizing experience does not make the patient any less of an agentic human being. As such, the goal of the AFT therapist will be, as always, to help the patients focus outside of themselves in such a way that they recognize who they are and what they are capable of and how they might be able to reclaim previously usurped or surrendered power in order to transform their traumatic experience into one from which they can grow and help others. Therefore, AFT is fairly commensurate with the core principles of what is known as trauma-informed care (Butler et al., 2011): safety, trustworthiness, choice, collaboration, and empowerment.

AFT encourages the clinician to act in the patient's best interest and gather information (i.e., providing an environment of safety, trust and collaboration by extending whatever

compassion and support the patient needs and listening to the patient's story) such that the patient might be able to recognize the choices and responsibility that remains open to him or her in understanding who he or she is and what he or she is capable of (i.e., something akin to empowerment). A comprehensive analysis of trauma-informed care and an AFT view of and approach to trauma will need to be done in a future project. However, it suffices to say that AFT rejects the deterministic nature of trauma-informed care that seems to suggest that psychological traumas are formative wounds that will never fully heal, thus determining a patient to respond to so-called triggers and engage supposed trauma responses indefinitely. Instead, as discussed previously, AFT assumes human agency and the ability of human beings to re-story the events of their lives. Furthermore, AFT rejects the implicit assumption of trauma-informed care that one of the highest priorities is a patient's comfort, understanding that discussing, remaking, and re-understanding adverse experiences—in trauma therapy as much as when treating any other kind of patient suffering—is not and ought not always be comfortable in order to serve the patient's best interest.

One intervention¹⁸ that may help a patient in this situation is that of letter writing. Letter writing has been employed by other clinicians operating under other theories and has been found to be helpful (Bennion, 1998), even specifically for those with a history of sexual abuse (Kress et al., 2008). Within an AFT framework, a patient that has suffered childhood sexual abuse could be invited to write a letter to a loved one with themes or content related to his or her sexual abuse. In employing an intervention such as this with someone who has experienced any kind of sexual abuse, it will first be important to explore the event in as much detail and for as long as is

¹⁸ See *Trauma as Violent Awakening* by Goodman and Becker (2015) and *In the Wake of Trauma: Psychology and Philosophy for the Suffering Other* by Severson et al. (2016) for further examples of and discussion surrounding psychological trauma and the healing power of being for the other.

warranted with the patient. This is not only a way for the clinician to show compassion for the patient and to embody acting in the best interest of another for the patient, but also assists both patient and clinician in gathering information that informs the content of the therapeutic work and helps both parties understand the meaning that the patient is making of the abuse.

Part of gathering information for this intervention will be finding out who is important to the patient that they would value using his or her own experience to help. If the patient is a parent or hopes to be one someday, it may be particularly powerful to have him or her write a letter to his or her (future) children. If not, even writing to a child or a person he or she has a parent-like relationship with can also be powerful. Whoever is chosen, the patient should be invited to write a letter to this person and be given the freedom to write the letter however makes the most sense and will be the most meaningful to him or her. It would be important to clarify that, unless clinically indicated for some reason, the patient is in no way required to write any details about his or her abuse. The patient may simply choose to write about how he or she hopes to protect this loved one in the future better than he or she was protected or to let his or her loved one know that there is nothing his or her loved one could do to make the patient love him or her any less. The only requirements for the letter ought to be (a) that it is written to someone genuinely other than the patient (i.e., it should not be written to a future or past version of the patient), (b) that it is motivated by love for the person to whom it is written, and (c) that it has something to do with the abuse he or she endured, even if that is only thematically or about what he or she learned. It will likely be best for the patient to write this letter between sessions such that he or she has adequate time and space to write as much and as detailed as he or she chooses to in the privacy of his or her own home.

Once the patient has completed this letter, the clinician should follow up on the patient's experience writing the letter. The clinician and the patient should explore new meanings and new perspectives the patient gained by thinking about and writing this letter, particularly writing it in the spirit of helping someone else. Additionally, it will likely be helpful to explore the patient's feelings about the new meanings or perspectives he or she gained in doing the experience compared to old meanings. It may be helpful to identify and compare the meanings and feelings born of self-focus versus an other-focus.

Final Thoughts

In conclusion, the following allegory is illustrative of the heart of both the failings of contemporary self-focused psychology and the promise of an other-focused therapeutic approach:

It is said that the wise Rabbi Haim of Romshishok—an itinerant preacher—spent many years rummaging through the books of Hebrew wisdom in search of a way to cross the veil that separates us from the other world. He wanted to know what ‘the other side’ was like, in order to better explain to his audiences the deepest mysteries of the spiritual life. Finally, one day, after decades of tireless searching through thick volumes and deep meditations, he managed to reach his goal: he created a sharp blade with magical properties, capable of tearing the veil that separates both worlds. And, thus, Rabbi Haim of Romshishok entered the world which is beyond.

He felt a strange bliss when he emerged into the middle of a sunny green meadow covered with flowers. Before him stretched rows and rows of tables, about which people sat as if for a nuptial feast. The tables were overflowing with delicacies and the finest and most delicious drinks imaginable. The rabbi licked his lips at the thought of feasting on

so much exquisiteness. He could smell the tantalising aroma of the fine stews that the crowd would enjoy. But suddenly he realised something that surprised him greatly: the people did not look happy, as would have been the case at a wedding feast. Quite the opposite. People were sad and anxious, eager, almost desperate. And what is more, they were thin and emaciated, all skin and bones. What was happening here?

As he drew closer, the rabbi realised what the problem was. Braids of angel hair held their elbows straight so that they could not bend their arms, and the only silverware they could use were excessively long silver spoons and forks. Because their elbows were immobilised, they were unable to get the food into their mouths. They were all terribly hungry! And their torture was even more cruel because of the fact of having such delicious and abundant delicacies in front of them but out of reach.

The rabbi was dismayed to see so much suffering and, unable to bear the contemplation of so much pain, he returned to his world to mitigate his grief and put order to his thoughts. What he had seen must have been hell. But hell was not as [he] had imagined it to be.

The next day, after he had recovered a little from his grief, he decided to cross the veil again, but choosing to tear the air in a different direction. Surprisingly, he found himself in the same place, or so it seemed. On the wide green meadow under the sun, there were rows and rows of tables with the most succulent foods and drinks that any human could imagine. But this time people were chatting animatedly, laughing and even singing. These people were radiating so much happiness that the rabbi felt his heart rising towards the sun.

As he drew closer, he could see that these people also had their elbows tightly bound with angel hair braids, immobilising their arms. In addition, their silver cutlery was also excessively long. Why were these people so happy, when they were being subjected to the same conditions as those in hell?

As he watched, a woman used her spoon to scoop out some stew and feed it to the man across from her. All up and down the tables, people were feeding each other, so that no one went hungry. Without a doubt, this must be heaven!

An idea passed through his mind.

With an agile movement, he pulled out the magic blade and deftly ripped the air in the same direction he had done the previous day, thereby opening a door between heaven and hell. He passed cleanly to the other side and ran to the nearest tables of hell. Grabbing a man by the arm, he said:

‘You do not have to keep suffering! Feed your neighbour across the table and he will feed you!’

But the man did not want to pay attention to him, nor did the woman he went to next, nor the next, nor the old man at the end of the table, who responded with a grimace of displeasure:

‘Do you tell me to feed the stupid man in front of me? Never! I’d rather go hungry than give something to someone so mean!’

Then Haim understood that the difference between heaven and hell was in the hearts of people, knowing in this way the great secret that was hidden on the other side of the veil.

Deeply moved, he lowered his head and returned home, thinking about the profound lesson he had learned ... he did not realise that he had left the veil torn between heaven and hell.

Not long after, the inhabitants of heaven noticed the crack and looked through. They were shocked to see the overwhelming torture suffered by the people in hell, and they realised that they would never feel happy again, knowing that, just on the other side of the thin veil, there were so many people suffering unspeakably.

At last, their deep compassion led them to cross to the other side to try and alleviate the suffering of their neighbours. The people from heaven were not well received, of course, but they thought that, with time, the inmates of hell would end up getting used to them and learn how to feed each other.

Thus began the end of all the hells. (Cutanda, 2019)

While it ought not be our motivation for doing so, it is in being for the other that we serendipitously find change, healing, and flourishing for ourselves. In reorienting our patients toward the other, we expose them to the possibilities of flourishing beyond that which was previously available to them, and we encourage them to “cross to the other side” to alleviate the suffering of still yet others. It is my hope that by adopting this approach, therapists can contribute to bringing about “the world’s getting [better]” (Hillman & Ventura, 1993) and “the end of all the hells.”

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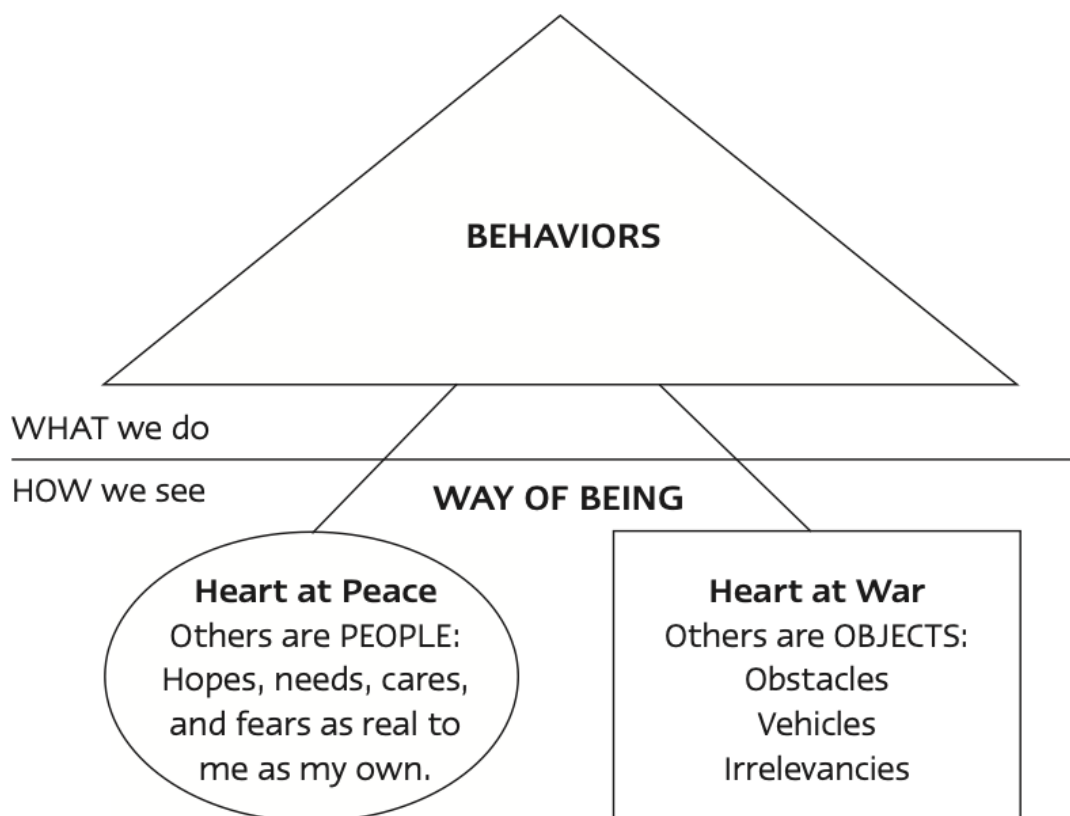
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Figures

Figure 1

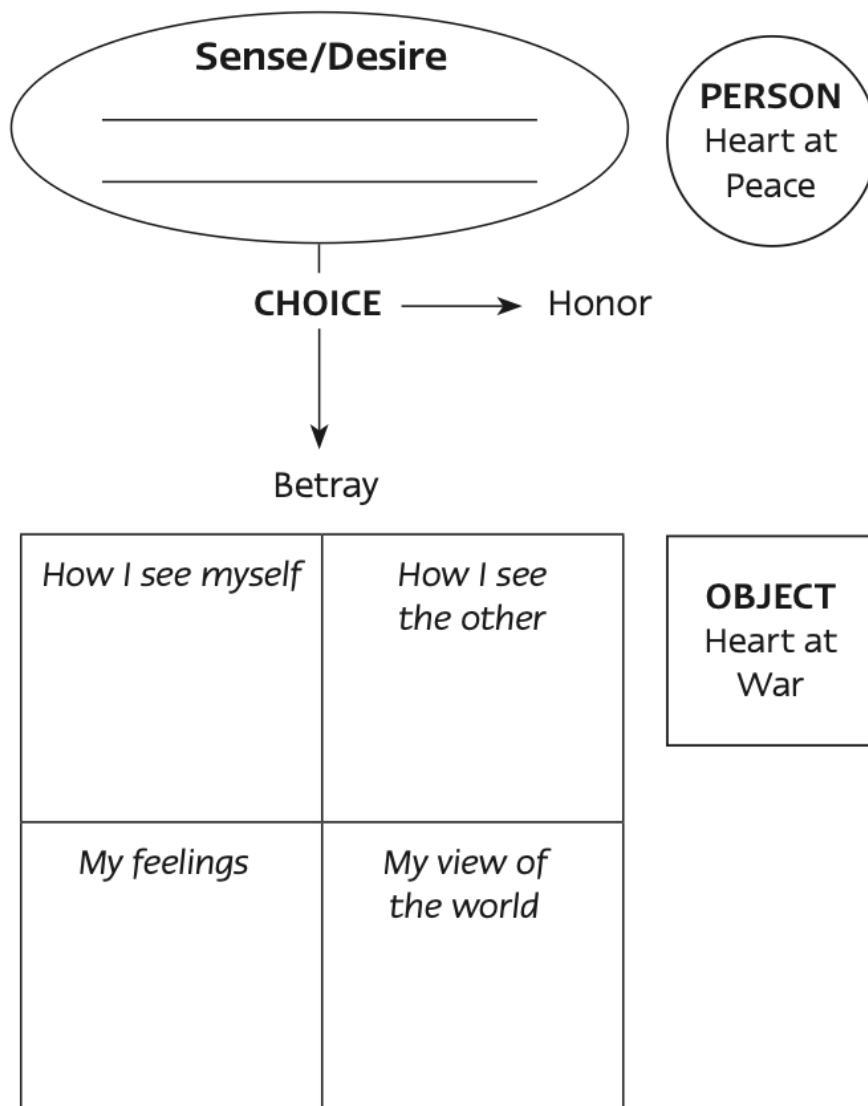
The Arbinger Institute's Anatomy of Peace Diagrams: The Way-of-Being Diagram



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Figure 2

The Arbinger Institute's Anatomy of Peace Diagrams: The Choice Diagram



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Figure 3

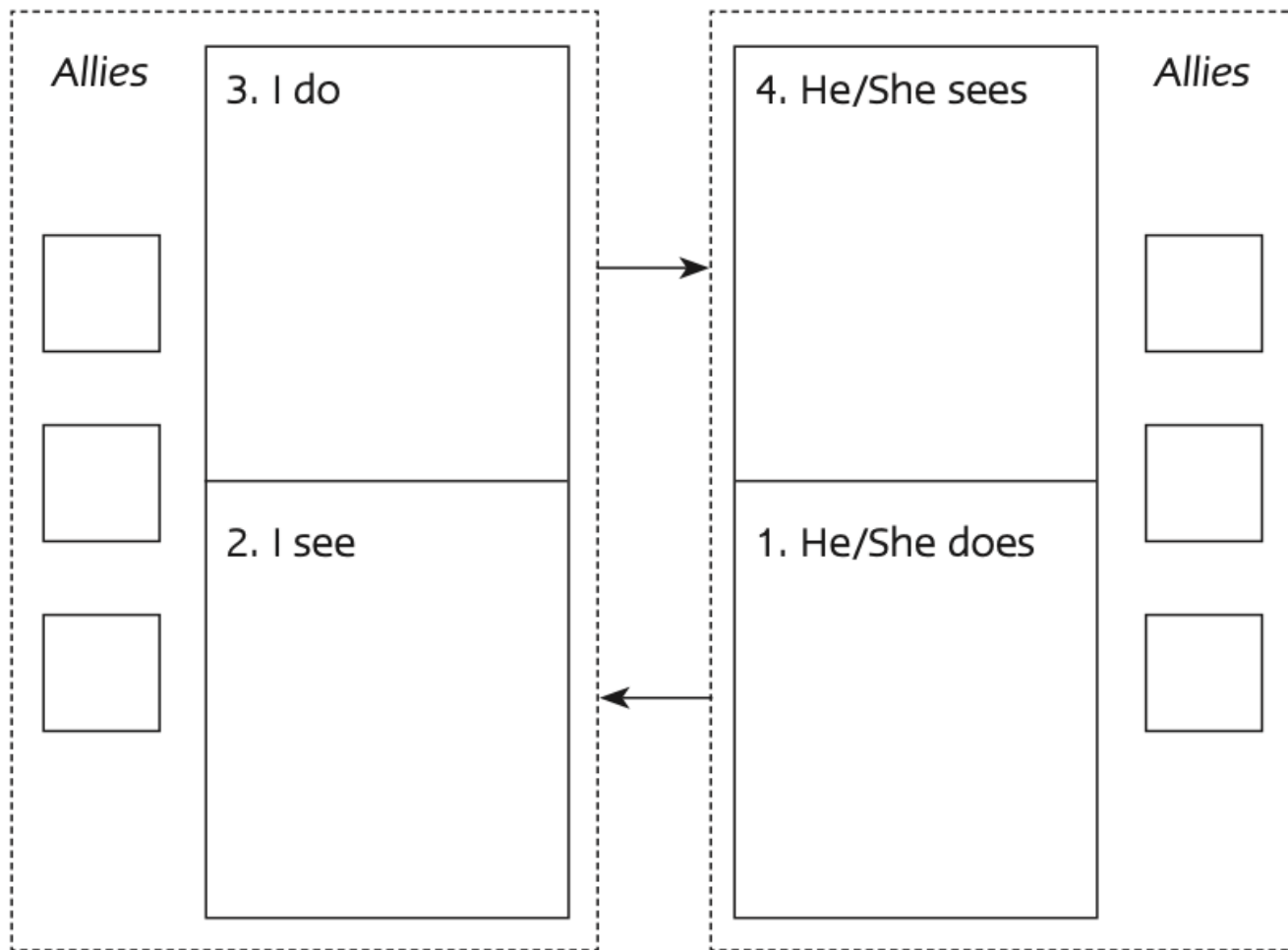
The Arbinger Institute's Anatomy of Peace Diagrams: Way of Being in the Box / A Heart at War / Justification Styles

THE BETTER-THAN BOX		THE NEED-TO-BE-SEEN-AS BOX	
View of Myself Superior Important Virtuous/Right	View of Others Inferior Incapable/Irrelevant False/Wrong	View of Myself Need to be well thought of Fake	View of Others Judgmental Threatening My audience
Feelings Impatient Disdainful Indifferent	View of World Competitive Troubled Needs me	Feelings Anxious/Afraid Needy/Stressed Overwhelmed	View of World Dangerous Watching Judging me
THE WORSE-THAN BOX		THE I-DESERVE BOX	
View of Myself Not as good Broken/Deficient Fated	View of Others Advantaged Privileged Blessed	View of Myself Meritorious Mistreated/Victim Unappreciated	View of Others Mistaken Mistreating Ungrateful
Feelings Helpless Jealous/Bitter Depressed	View of World Hard/Difficult Against me Ignoring me	Feelings Entitled Deprived Resentful	View of World Unfair Unjust Owes me

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Figure 4

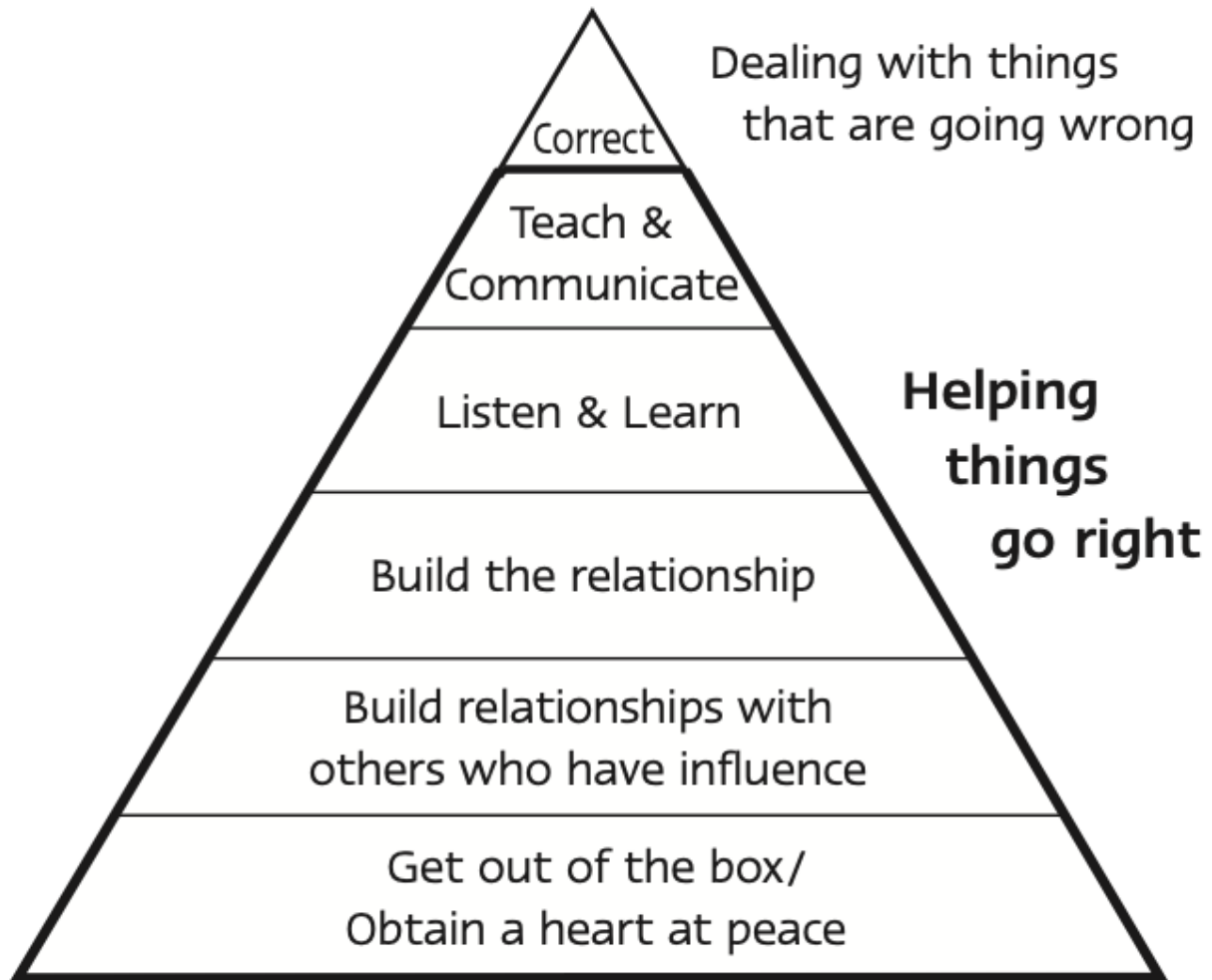
The Arbinger Institute's Anatomy of Peace Diagrams: The Collusion Diagram



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Figure 5

The Arbinger Institute's Anatomy of Peace Diagrams: The Influence Pyramid



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APPENDIX A

Commonly Asked Questions

Can Transcendence be achieved without God or at least without reference to God?

While Levinas and Taylor often make references to God, or some power or force akin to God throughout their work, it is also possible to take up Levinas and Taylor's ideas of transcendence without the existence of or reference to God. While I do not think *they* would prefer this, I do believe it is not only possible but important such that the ideas of transcendence can benefit anyone, religious or not. Following Levinas's lead, Transcendence comes about, not because of God's divinity, but by virtue of the very alterity, or otherness of God and of others. Without God, the alterity of the other yet remains. Therefore, Transcendence remains. Transcendence is a result of the alterity—the otherness or not-me-ness—of the other making a claim or call on my conscience. The face of the other shakes me out of my ego-centric existence and demands I respond: "... [The face] is uncontainable, it leads you beyond" (Levinas, 1982/1985, p. 87).

Within a therapeutic context, then, transcending oneself is a worthwhile endeavor because it allows for the possibility to come into harmony with others and the truth of the world and things as they really are (see Li & Cui, 2022; Ebigbo, 2020; Ebigbo et al., 1997; Hobbs, 2007). This is opposed to the therapeutic goal of having some kind of power over or ability to cope with mental illness and pathology. Though, the entirety of this project has aimed toward demonstrating that coming into harmony with the Transcendent truth and reality of the other will often relieve a fair amount of pathology or, better yet, disordered-ness.

Expressive Individualism: What about individuality?

While I am not arguing in favor of radical expressive individualism (a la Jean-Jacques Rousseau and, later romantic and transcendentalist authors such as Ralph Waldo Emerson and Henry David Thoreau), I am also not arguing for a dissolution of the self. The idea of transcendence of the self via alterity necessitates a genuine individuality, a separation between self and other. Each person has his or her own individuality or ipseity—I-ness or me-ness: “The I is thus the mode in which the break-up of totality, which leads to the presence of the absolutely other, is concretely accomplished. It is solitude par excellence” (Levinas, 1961/1969, p. 118). And it is as I encounter the alterity—again, the not-me-ness—of the other that my ipseity makes any sense or has any salience whatsoever. In fact, it is the occurrence or appearance of the alterity of the other that solidifies ipseity. “The Other as master can also serve us as an example of an alterity that is not only *by relation* to me, an alterity that, belonging to the essence of the other, is nevertheless visible only from an I” (Levinas, 1961/1969, p. 121).

Buber (1923/1996) also articulates the importance of the individuality of an individual and the contrast of that and both self-dissolution and rampant expressive individualism:

What has to be given up is not the I, as most mystics suppose: *the I is indispensable for any relationship, including the highest, which always presupposes an I and You*. What has to be given up is not the I but that false drive for self-affirmation which impels man to flee from the unreliable, unsolid, unlasting, unpredictable, dangerous world of relation into the having of things. (p. 126, emphasis added)

The other defines, clarifies, and gives purpose to my self but neither absorbs nor permanently isolates me.

Furthermore, ethical responsibility for the other is contingent on the existence of both alterity and ipseity, the individuality of both persons. Levinas says,

It is I who support the Other and am responsible for him. One thus sees that in the human subject, at the same time as a total subjection, my primogeniture manifests itself. My responsibility is untransferable, no one could replace me. In fact, it is a matter of saying the very identity of the human I starting from responsibility, that is, starting from this position or deposition of the sovereign I in self consciousness, a deposition which is precisely its responsibility for the Other. Responsibility is what is incumbent on me exclusively, and what, *humanly*, I cannot refuse. This charge is a supreme dignity of the unique. I am I in the sole measure that I am responsible, a non-interchangeable I. I can substitute myself for everyone, but no one can substitute himself for me. Such is my inalienable identity of subject. It is in this precise sense that Dostoyevsky said: “We are all responsible for all men before all, and I more than all the others.” (1982/1985, pp. 100–101)

He speaks further on this when he says,

To utter “I,” to affirm the irreducible singularity in which the apology is pursued, means to possess a privileged place with regard to responsibilities for which no one can replace me and from which no one can release me. To be unable to shirk: this is the I. The personal character of apology is maintained in this election by which the I is accomplished qua I. ... Thus through morality alone are I and the others produced in the universe. (1961/1969, p. 245)

This responsibility that is thrust upon the I in the face of alterity is what Levinas calls ethics, and it is, as others have noted, “an inexhaustible and unavoidable demand placed upon the

self” (Goodman, 2012, p. 2). Morality, on the other hand, is what Levinas calls the pragmatic approaches and systems whereby we strive to meet the demands of ethics (Levinas, 1989, p. 237). Ethics is understanding how many starfish have been left abandoned by the sea on the shore and the weight of the realization that I cannot assume anyone else but me will be responsible for throwing each and every one back in the ocean. Morality is throwing back one star fish at a time and maybe recruiting some others, developing technology, etc. to help in my efforts to fulfill my ethical obligation.