

INCLUSION: ATTITUDES TOWARD OTHERNESS FOR CLINICAL THERAPEUTICS

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Donna Orange

Two months ago, I attended the meetings of the American Psychoanalytic Association in New York for the first time. Having begun my psychoanalytic training before psychologists could train at the institutes of the American, I, like many of my colleagues, will never belong either there, or to the International. We are outsiders, *de facto* and *de jure*, and my feeling of outsidership ([Poland, 2008](#)) was unremitting. I felt so excluded that it did not occur to me until some time afterwards that I was also excluding “them,” and had been doing so for a very long time. Only a chance encounter with a senior member of the American in whose words and attitude I recognized a kindred spirit led me to notice that once again had I too participated in the continuing mutual exclusions in our profession.

Experiences of outsidership are everywhere: generated by trauma ([Stolorow, 2007](#)), re-evoked by mental health providers who call their patients borderline or manipulative, or are prepared to argue that their wounded patients have misinterpreted us ([R. D. Stolorow, G. E. Atwood, & D. M. Orange, 2002](#)). We forget that we work for our patients, and not vice versa ([Poland, 2008](#)); that our task is to relieve their suffering, not to demonstrate our superior rightness. Inclusion rarely increases by insistent confrontation, I believe, but instead when we imagine our way into the other’s predicament and treat the other as a fellow human.

Martin Buber, best known for his I-Thou conception of dialogic encounter, contributed a second idea important for a clinical therapeutics. He called it *Umfassung*, usually translated inclusion or inclusiveness. The original word, however, carries a warmth missing in the translations. *Umfassung* also means embracing, holding in one’s arms.

By inclusion Buber did not mean inclusiveness exactly, though his thought was surely inclusive. (He considered not just his own tradition, but also studied many European languages and the literatures of Asian religions ([M. Buber, 1957, 1988](#); [Friedman, 2002](#))). Nor did he mean empathy, which for him meant leaving oneself and sliding over into the other as an object, “as it were, to trace it from within” ([Martin Buber & Smith, 2002](#)), pp114-115. Empathy, he claimed, “means the exclusion of one’s own concreteness, the extinguishing of the actual situation of life, the absorption in pure aestheticism of the reality in which one participates.”[p. 115]¹. Empathy for him suggested a mystical or aesthetic intuitionism, a neglect of the actual You, and the actual Between (*das Zwischenmenschliche*). So inclusion is not *Einfuehlung* (empathy), feeling one’s way into the other’s life experience.

Instead, what he meant by inclusion was a particular feature of I-You relating, the “opposite” of empathy:

It is the extension of one’s own concreteness, the fulfillment of the actual situation of life, the complete presence of the reality in which one participates. Its elements are, first a relation, of no matter what kind, between two persons, second, an event experienced by

¹ Intersubjective systems theorists ([R. Stolorow, G. Atwood, & D. Orange, 2002](#)) have similarly criticized the notion of “empathic immersion” used by some self psychologists.

them in common, in which at least one of them actively participates, and third, the fact that this one person, without forfeiting anything of the felt reality of his activity, at the same time lives through the common event from the standpoint of the other (([Schilpp, Friedman, & Buber, 1967](#)), p. 118).

For Buber, such relating is not mystical but is a concrete encounter between two persons. When an I and a You experience an event together, the experience of the one comes to include the standpoint of the other.² In the clinical situation, for example, I as the eldest of ten children must work very hard to include the experience of only or younger children in my reality. I must, to use Buber's expression, extend my own concreteness. When the younger-child patient says to me that he cannot understand how any woman would not be fascinated by him, how she could possibly walk away, my immediate, non-inclusive impulse could be to call him a terminal narcissist. Only when I, "without forfeiting anything" of my own experience, stretch (Buber would say "turn toward") toward the other can I begin to understand the multiple possible meanings for the patient. Perhaps his parents, thrilled to have a child after losing everyone in the Holocaust, were endlessly and anxiously fascinated by him. Or perhaps his parents were emotionally absent, or inconsistent to the extent that the child who becomes my patient, who could never understand why the parents showed interest in their first child but not in him. He still does not understand and is terrified by non-interest. There are many other possible meanings. Buber's point seems close to that of intersubjective systems theorists who likewise believe we experience or live through common events in a world we co-inhabit. We reach for meaning and healing through dialogic inclusion of the other's perspective in our own, and by way of our own.

So the work of inclusion is the work of "making present". I imagine what the other is "at this very moment wishing, feeling, perceiving, thinking, and not as a detached content" but in the living process of this person (Agassi, p. 14). This is not vague sympathy, but an

"event in which I experience...the specific pain of the another in such a way that I feel what is specific in it, not, therefore a general discomfort or state of suffering, but this particular pain as the pain of the other. This making present increases until it is a paradox in the soul when I and the other are embraced by a common living situation, and...the pain which I inflict upon him surges up in myself...at such a moment something can come into being which cannot be built up in any other way (Agassi, pp. 14-15)

To understand what Buber means, let us consider the following clinical situation. My patient has told me, with some trepidation, of a sexual incident about which he doubts the wisdom of his own participation. I respond with concern, fearing that my patient is endangering himself, i.e. could contract AIDS. The patient returns the following week, feeling judged and rejected and shamed by me. "I always thought you were on my side, I thought you had my back," he laments, "and now I don't know." Since I had meant my response to be only protective and concerned, I am faced with the work of inclusion. My patient's reality is a specific pain that has little to do with the unprotected sex. As we explore the dashed hope that he had finally met someone who could simply accompany, understand, and support him, and travel

² Gadamer (1975/1991) speaks quite similarly of the fusion of horizons (*die Horizontverschmelzung*), and Orange has written about perspectival realism, in which the conversation of perspectives creates the possibility of understanding more than would be possible from a single perspective but does not involve abandoning one's own situated point of view (([Orange, 1995](#))).

down the horrible spirals of relationally generated shame, his pain becomes real and present to me until we are “embraced by a common living situation.” I may also have to include the possibility that my own attitude had been more superior and judgmental than I had been willing to acknowledge, even to myself. *Umfassung* means both inclusion and embrace.

This is why Buber speaks of inclusion as a form of participation (*Dabeisein*)³. Wilhelm Dilthey, Buber’s doctoral mentor, had seen the objectivizing methods of the *Naturwissenschaften* (physical sciences) as inadequate to understanding (*Verstehen*) in the humanities or *Geisteswissenschaften*. Similarly, Buber contrasted the observing approach with the participatory or inclusive attitude needed to know the other. Though Plato had spoken of knowledge as participation in the Ideas, Buber thought knowledge as inclusion meant participation in the human situation with the other.

Emmanuel Lévinas, though often critical of Buber for neglecting the radical asymmetry of the ethical relation, thought *Umfassung*, or inclusion,

“one of the most original notions of [Buber’s] philosophy....The I in its relation with the Thou is further related to itself by means of the Thou, i.e., it is related to the Thou as to someone who in turn relates itself to the I, as though it had come into delicate contact with himself through the skin of the Thou. It thus returns to itself by means of the Thou. This relation should be distinguished from the psychological phenomenon of *Einfuehlung* [empathy] where the subject puts itself completely in the other’s place, thus forgetting itself. In the case of *Einfuehlung*, then the I forgets itself, and does not feel itself as thou of the Thou, whereas in the *Umfassung* the I sharply maintains its active reality” ([Schilpp et al., 1967](#)), p. 142).

The path of inclusion is a hard, dark, and rocky one. In a small memorial piece for his friend the Swiss psychotherapist Hans Trüb ([Trueb, 1952](#)), Buber wrote that “a soul is never sick alone, but there is always a between-ness also, a situation between it and another existing being.” (Agassi, p. 21). Even though one feels so alone, Buber explained, “in the immediacy of one human confronting another, the encapsulation must and can be broken through, and a transformed, healed relationship must and can be opened to the person who is sick in his relations to otherness...this way of frightened pause, of unfrightened reflection, of personal involvement, of rejection of security, or unreserved stepping into relationship...this way of vision and of risk is that which Hans Trüb trod” (p. 21). Explaining to Buber, why, in spite of many positive experiences, he could not write his book, Trüb described himself as having the “tunnel disease” of people who always work underground:

I have under great renunciation of the spiritual general context, reached the lonely and hidden place of the isolated persons—hoping for the best, if I ever find my way back—and now that I really can communicate with the single, isolated individual, I don’t find my way back. I am afraid of indiscretion. I avoid the light of day and am frightened of my own word...(p. 171).

Healing through meeting, as both Buber and Trüb called it, or working in the interhuman, is perilous for both healer (cf. [Jaenicke, 2007](#)) and patient. In Buber’s words, “It is a cruelly hazardous enterprise, this becoming a whole...” ([Agassi, 1999](#)), p. 26.

³ Buber’s *Dabeisein* has connotations both of participation and of presence in German.

This “cruelly hazardous enterprise” requires a basic attitude that I have been calling the hermeneutics of trust. A clinician working with this attitude approaches the other expecting always to learn more than to teach. We stretch toward the other the hand of inclusive understanding, and allow ourselves always to be stretched and changed by the other. Buber’s inclusion forms a warm and hospitable part of our clinical attitude, even to what seems most strange on the surface.

Of course to suggest such an attitude in relation to psychoanalysis requires some preparation. We might need to reflect, like Buber’s close friend Frieda Fromm-Reichmann ([Fromm-Reichmann, 1990](#)), on the profound and terrifying loneliness from which many of our patients suffer. Fromm-Reichmann recognized a fundamental and lonely despair in her schizophrenics, as Winnicott would similarly recognize the fear of breakdown as the memory of a catastrophe long already occurred. She could see and hear it when it seemed to have no voice, and give it voice:

Perhaps my interest began with the young catatonic woman who broke through a period of completely blocked communication and obvious anxiety by responding when I asked her a question about her feeling miserable: She raised her hand with her thumb lifted, the other four fingers bent toward her palm, so that I could see only the thumb, isolated from the four hidden fingers. I interpreted the signal with, "That lonely?," in a sympathetic tone of voice. At this, her facial expression loosened up as though in great relief and gratitude, and her fingers opened. Then she began to tell me about herself by means of her fingers, and she asked me by gestures to respond in kind. We continued with this finger conversation for one or two weeks, and as we did so, her anxious tension began to decrease and she began to break through her noncommunicative isolation; and subsequently she emerged altogether from her loneliness. ([Fromm-Reichmann, 1990](#))p. 305.

Fromm-Reichmann explained that the overwhelming loneliness she recognized in schizophrenics differed profoundly from transient or productive aloneness, or even existential aloneness before an important choice or in the face of our human finitude. It resembles more an unreachable and unspeakable despair:

The more severe developments of loneliness appear in the unconstructive, desolate phases of isolation and real loneliness which are beyond the state of feeling sorry for oneself—the states of mind in which the fact that there were people in one's past life is more or less forgotten, and the possibility that there may be interpersonal relationships in one's future life is out of the realm of expectation or imagination(Fromm-Reichmann, 1990, p. 312).

In other words, intersubjective temporality, described by Levinas as dia-chrony, disappears. She continued,

This loneliness, in its quintessential form, is of such a nature that it is incommunicable by one who suffers it. Unlike other noncommunicable emotional experiences, it cannot even be shared empathically, perhaps because the other person's empathic abilities are obstructed by the anxiety-arousing quality of the mere emanations of this profound loneliness ([Fromm-Reichmann, 1990](#)), p. 312.

This last sentence calls for special attention. My own anxiety before the face of the other this destitute, as Lévinas might have said, most often interferes with my responding in a way that makes a difference to the person so unspeakably alone. What this anxiety concerns, she does not really say—Lévinasian persecution, vicarious trauma, contagion?—but we do know she was less

afraid than most to name the loneliness when she recognized it. Probably she was well acquainted with it herself.

People who are in the grip of severe degrees of loneliness cannot talk about it; and people who have at some time in the past had such an experience can seldom do so either, for it is so frightening and uncanny in character that they try to dissociate the memory of what it was like, and even the fear of it. This frightened secretiveness and lack of communication about loneliness seems to increase its threat for the lonely ones, even in retrospect; it produces the sad conviction that nobody else has experienced or ever will sense what they are experiencing or have experienced ([Fromm-Reichmann, 1990](#)), pp. 313-314.

Sometimes responding to this naked destitution of the vulnerable face precisely means acknowledging that no words can express the depth of the loneliness or the terror—that it is incommunicable. She went on:

Even mild borderline states of loneliness do not seem to be easy to talk about. Most people who are alone try to keep the mere fact of their aloneness a secret from others, and even try to keep its conscious realization hidden from themselves. I think that this may be in part determined by the fact that loneliness is a most unpopular phenomenon in this group-conscious culture. Perhaps only children have the independence and courage to identify their own loneliness as such—or perhaps they do it simply out of a lack of imagination or an inability to conceal it. One youngster asked another, in the comic strip "Peanuts," "Do you know what you're going to be when you grow up?" "Lonesome," was the unequivocal reply of the other. ([Fromm-Reichmann, 1990](#)) p. 314.

It seems to me that she suggests here that the incommunicable loneliness results from a missing developmental experience resembling what Winnicott described in "The Capacity to be Alone," ([Winnicott, 1958](#)). In the context of the parent's sustaining, but non-intrusive presence, the child learns that aloneness can be a space of creative aliveness. Absent this experience, aloneness accumulates as terror and despair. Some find themselves in worlds of delusion where they despair of ever finding understanding; others sink, as perhaps did Fromm-Reichmann herself, into depressive isolation where darkness seems to close in around them.

Her critics, and previous tradition, had claimed that their tendency to act instead of speaking meant these patients could not form transferences—those intense relational relivings seen as central to psychoanalytic process since the time of Freud and Dora. Therefore they remained beyond the reach of psychoanalytic clinicians, at that time left to crude versions of shock therapy, lobotomies, and back wards of state hospitals. Frieda Fromm-Reichmann saw in their lonely faces the capacity to love and be loved, and this sustained her hope.

One of our patients at Chestnut Lodge, as she emerged from a severe state of schizophrenic depression, asked to see me because she wished to tell me about the deep state of hopeless loneliness and subjective isolation which she had undergone during her psychotic episodes. But even though she was now in fine command of the language, and even though she came with the intention of talking, she was just as little able to tell me about her loneliness in so many words as are most people who are engulfed in or have gone through a period of real psychotic loneliness. After several futile attempts, she finally burst out, "I don't know why people think of hell as a place where there is heat and where fires are burning. That is not hell. Hell is if you are frozen in isolation into a block of ice. That is where I have been." ([Fromm-Reichmann, 1990](#)), p. 319.

Winnicott too ([Winnicott, 1955](#))—and several of my patients, long before I found this account in Winnicott and in Fromm-Reichmann—describes traumatic and posttraumatic states as freezing. Perhaps this profound and incommunicable loneliness concerns a despair that any exit from this freezing, or even any understanding of it will be possible. After all, understanding would warm it a little bit. Fromm-Reichmann continued:

I don't know whether this patient was familiar with Dante's description of the ninth and last, or frozen circle of the Inferno. It is in essence quite similar to the patient's conception of hell—the "lowest part of the Universe, and farthest remote from the Source of all light and heat," reserved for the gravest sinners, namely those "who have done violence to their own kindred (like Cain who slew Abel), and those who committed treachery against their native land." Among others, Dante met there "two sinners that are frozen close together in the same hole." (pp. 319-320).

Unfortunately we clinicians, as Fromm-Reichmann knew well, often fear being frozen together with our patients in the same lonely hole. This anxiety keeps us from touching theirs, for even if we find our courage and join them, we fear that may stay too close. Fromm-Reichmann's colleague Alberta Szalita cautioned: "It is good to be able to put yourself into someone else's shoes, but you have to remember that you don't wear them" ([Szalita, 2001](#)), p. 100.

As protection from the anxiety that keeps us from approaching our patient's frozen loneliness, I particularly recommend meditation on the last section of Sandra Buechler's "The Analyst's Experience of Loneliness" ([Buechler, 1998](#)), in which she extensively considers Fromm-Reichmann's essay. She entitles this section "The Analyst's Capacity to be Alone." Here is an excerpt, clearly addressing both Fromm-Reichmann and those of us who want to work in her spirit:

How can we analysts, long-distance runners that we all must be, avoid at least some of this loneliness? Of course, our own character types and early experiences play a significant role in our vulnerability to loneliness when alone. How able we are to retain a sense of self in the absence of confirmation or in the presence of disconfirmation depends on *both* of our developmental histories: our early, childhood separation-individuation and identity formation experiences, and our later, analytic separation-individuation and identity formation experiences. These histories are, I suggest, equally important ([Buechler, 1998](#)), pp. 110-111.

Our own history most often comes into psychoanalytic discussion under the rubric of countertransference—both troublesome and inevitable, but also potentially creative. Buechler suggests, in addition, that our double history (personal and analytic) provides the resources, the repertoires, the set of internal voices we need to support us every day as clinicians:

The internal chorus we bring into our offices every day must be of comfort, and must be sufficiently stimulating, to encourage the creative use of aloneness. The feeling the chorus must give us is that whatever may go on today, with this particular patient, does not define us as analysts, for we have already been defined and have defined ourselves, through our analytic identifications and identity formation. We are not personally and professionally at stake with each new interaction with a patient. With this foundation, we can experience aloneness with a patient as information, rather than as judgment. We can turn the aloneness over in our minds, wonder what it is about, become curious about it, see it as meaningful, as

something to understand, but not as an obstacle or an indictment. An aloneness that doesn't cost us a good connection with ourselves, with our chorus, or with the patient can be used creatively. A creatively used aloneness is not loneliness ([Buechler, 1998](#)), p. 111.

In other words, Buechler suggests, embracing and using our experiences of aloneness in clinical work can support our work, not leave us and the patient in our frozen hell. She clearly knows that this is not the same loneliness of which Fromm-Reichmann wrote, but rather a more Winnicottian aloneness in the presence of our psychoanalytic vocation, of our virtual community. Buechler holds out hope that creative use of aloneness can perhaps reach those who live in the incommunicable despair. "A good, supportive internal chorus and enough to play with can, I believe, allow the analyst creative possibilities for the productive use of aloneness." ([Buechler, 1998](#)) P.110. Whether Fromm-Reichmann would have agreed is hard to say; she spoke more often of intuition and hard work.

It seems to me that a strong sense of one's connections to others beyond one's work is also crucial. In Fromm-Reichmann's last years, her two sisters lived in Israel, many of her closest friends had died, and deafness cut her off from human conversation. She seems to have made more creative use of her own loneliness to touch others when she could still participate in conversation. Evidently she wrote this posthumously published article when darkness was overtaking her.

We may reasonably ask whether devotion to our work, to relief of human suffering at the level we see in the life of Frieda Fromm-Reichmann, Sandor Ferenczi, and Donald Winnicott, leads inevitably to burnout and despair. No easy question this. As far as I can tell, each of them responded to what seemed completely imperative, and had no regrets about the costs to themselves. (It is hard to say what their sacrifice cost their significant others, though Gizella Ferenczi and Clare Winnicott seem to have understood very well what their partners were doing, and to have accompanied them firmly if not always enthusiastically). Buechler suggests that we can work in their spirit, and yet use our own personal and communal resources to support us better. Surely not all of us actually can be such pathbreakers, but our remembrance of their courage can become part of the "internal chorus" that sustains us in our own darker, colder, and lonelier periods. Finding inspiration in our psychoanalytic and philosophical elders includes and embraces and warms us, as we return every day to our work. Inclusive attitudes toward our colleagues, our patients, and even toward ourselves cannot eliminate the experience of outsidership, but they take a stand against accepting it as the last word.

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