Let me begin this review by introducing myself, the reader. I am a psychotherapist in private practice, based in Cape Town, South Africa. My therapeutic practice includes individual work with adolescents and adults, as well as couples and family work. As a psychotherapist, I have walked a winding road in terms of my theoretical loyalties. When I began my work as a young psychotherapist, I was strongly grounded in relational psychoanalytic theory, having come through a clinical training programme which inspired me to listen to, and speak with, the relational psychotherapist’s voice. I had come through three post-graduate degrees, the first two of which were essentially phenomenological hermeneutic in orientation, while the third was grounded in the inter-subjective and self-psychological thinkers.

My early writings explored the anti-psychiatry literature, using Sartrean and Heideggerian theory as platforms from which to grow my thoughts concerning the impact of labelling on the minds and hearts of people living with mental illness. Moving forward along the path of my career, I embedded myself as deeply as I could in the contemporary relational psychoanalytic literature, and found my home in the writings of Philip Bromberg, Donnel Stern, Donna Orange, and the authors closely associated with them. My academic work at this time was focused on exploring the intergenerational transmission of trauma within the families of survivors of interpersonal trauma. This portion of my career, which constituted my doctoral studies and my movement into full-time psychotherapeutic work, became gradually blended with an increasing commitment to Freudian and contemporary Freudian theory. I commenced a four-times weekly Freudian analysis in 2013, along with commencing a psychoanalytic training which is strongly grounded in Freudian and Kleinian theory.

As a psychotherapist, and as a human being with a mind of my own, I have explored quite a diverse range of theoretical positions. I am not certain where I will settle, but for now I know of myself that I am not as well-aligned with the thoughts and reflections offered in this book as I once would have been. I am introducing myself to this level of detail because I believe that it may assist me, and perhaps enhance the reader’s experience of this review, if I am able to acknowledge the ways in which I felt affected through the reading of this work, at the level of my mind and heart. After all, it is the mind, heart and body of the clinician that is most relevant to the subject of this book. It is also relevant, I believe, to acknowledge the experience of the clinician as patient. If we are to fully know the meaning of ethical engagement as psychotherapists, it helps if we have an experience of patienthood that confirms the deep and enduring value of being related to in a manner which binds empathy and love with ethical astuteness.

There is a depth of insight and understanding in this work which is, at times, extremely difficult to penetrate. As I read the ideas offered by the authors, I was aware of a growing anxiety that my review could not do the work justice. I am not a student of Levinas, and know relatively little of his writings. This book thus introduced me to the essence of Levinas’s philosophy. As I moved...
through the various reflections of Levinas’s ethics, and related this to my experience of psychotherapeutic work, as well as my experience of being a patient, I had an association to my personal therapy which seemed to capture the essence of the theory being expounded. My analyst, as I struggled through the initial phase of adjusting to being supine and motionless, said to me, “I want you to know that I take your life as sacred”. This association seemed to express for me the absolute commitment, on the part of my analyst, to relating to me in a deeply ethical manner. The expression of my life as being sacred in the mind of the other eased me into a new kind of safety, which enabled a feeling of relaxation, and contributed to my capacity to associate with greater freedom. In my reading of this book, I caught various reflections of the imperative to uphold in the patient’s mind my belief in the sacredness of his or her life.

*Psychotherapy for the Other* is usefully divided into two main sections: theory, and application. The four chapters devoted to the exposition of Levinasian theory examine the psychotherapeutic initiative through various associations to Levinas’s concepts. While Steen Halling explores the notion of totality and infinity in the psychotherapeutic process, Eric Severson’s chapter discusses the application of Levinas’s theory of language to psychotherapy. Kevin Krycka explores Levinasian ethics through his consideration of the asymmetry in the relationship between client and therapist. Alexandra Adame discusses Levinasian theory in relation to Martin Buber’s intersubjective philosophy, offering a useful analysis of the I-Thou in the clinical setting. The section on therapeutic applications offers ten extremely useful chapters which are grounded in clinical vignettes which elucidate the authors’ tenets. As such, these chapters bring Levinasian theory into a focus which makes this work accessible to clinicians such as myself, who are relatively unfamiliar with Levinas’s writings. The book offers insights into psychotherapeutic approaches to working with trauma, human relationships such as motherhood, domestic violence, murder, and broader aspects of the therapeutic relationship. This section of the overall work covers an unusually broad range of clinical and non-clinical phenomena, offering a rich and exciting account of Levinas’s place in psychotherapeutic contact.

The theoretical component is dense, and required more of me than I had anticipated. I was conscious of feeling narcissistically wounded in my reading of the work, as I experienced it as quite difficult to grasp, and this made me want to withdraw. I became aware of an adjacent component of the narcissistic injury, which was that, in addition to wanting to withdraw from the work so as to preserve my sense of myself as intelligent enough to understand the contents, I also felt justified in my withdrawal because, on occasion, I had experienced the writing as a kind of proselytism. I realized that this was a defensive response on my part, which I associated with my anxieties and concerns regarding my own capacity to relate to my patients in an ethical manner.

*Psychotherapy for the Other*, aside from being a very helpful exposition of Levinasian theory, is a work which poses a challenge to psychotherapists to relate to our patients in a manner which upholds their status as sacred, primary, and irreducibly human. In encountering the face of the other, we must relate in a manner which demonstrates an asymmetrical responsibility. The separate and different other is irreducible and manifold, and deserves a form of relationship that respects the other’s freedom to articulate itself in its own way. In the context of clinical work, the circumscription of the other through mechanisms of constraint such as the imposition of a diagnostic entity represents a totalization of the other; a depletion of the other’s humanity through relating in a way which circumscribes and essentializes. Applications of Levinas’s theory are offered in this text in the form of a series of clinical vignettes, each relating to a different therapeutic challenge. These vignettes present a variety of therapeutic encounters which vivify the theory, giving this reader a clear sense of the usefulness of Levinas’s phenomenology when applied to the psychotherapeutic process.

The application of Levinasian theory to psychotherapy echoes, for this reader, the Winnicottian construction of the relationship between the good-enough mother and the infant. Winnicott’s maxim that there is no such thing as an infant suggests that the subjective life of the infant is constituted within the context of the relationship of attachment to the mother. Winnicott conceptualises an asymmetrical relationship in which the infant, in a relational context that is optimal for development, receives non-invasive communications from the mother. Such communications are proffered as invitations extended to the infant, which he or she is free to use in a manner which fits with his or her internal experience. The word, as a situated gesture, is given to the infant as an invitation to be accepted or rejected, dependent on the extent to which the word captures the subjective essence of the infant’s experience. The infant who receives good enough mothering is blessed with an accumulation of opportunities to learn him- or herself within a non-invasive facilitative environment, and to become a fully elaborated and spontaneous subjectivity through the natural and relaxed demonstrations of the mother. To apply this notion to the therapeutic encounter – as a mutual and reciprocal but essentially asymmetrical relationship, the relationship between the therapist and patient is fundamentally a developmental one which, as such, needs to prioritize the patient’s experience in a deep, open-hearted and radically open-minded manner. I associate this with Bion’s notion of approaching the patient without memory or desire. That is to say that the patient, as irreducible other, must be treated in a manner which honours his or her freedom to grow into his or
her own otherness, without impingement or constraint.

It should be clear to the reader that the author of this review is intellectually and emotionally faithful by his inclination to think about phenomenological philosophy in terms of its associations with the psychoanalytic imperative. That imperative, to my mind, is to approach the patient in the light of his or her development as psyche-soma, and to view the patient as an unfinalizable self. I have perused this book as a psychoanalytically informed psychotherapist. As such, its contents are almost strange to me. The particular way in which the thoughts conveyed in this book are expressed feels to me to be somewhat remote from my mind and heart.

However, there is a central truth here, which is that the subjective life of the other is sacred, that it is partially constituted within the context of relationship, and that it must be approached in a manner which upholds, honours and fosters its fundamental otherness.

Referencing Format


About the Author

Dr Bruce Bradfield holds both a research Master’s degree in Psychology and a Master’s degree in Clinical Psychology (Cum Laude) from Rhodes University in Grahamstown, South Africa. He completed his doctoral and post-doctoral studies in Psychology through the University of Cape Town. Registered as a Clinical Psychologist with the Health Professions Council of South Africa, Dr Bradfield is currently practising as a psychotherapist in Cape Town.

While the focus of his research for his Master’s degrees was on the impact of psychiatric labelling on an individual’s intersubjective experience, his doctoral dissertation explored the intergenerational transmission of trauma from mothers to their adult children from a relational psychoanalytic perspective. His ideological stance has shifted in recent years towards an emphasis on contemporary Freudian psychoanalytic theory and practice. Dr Bradfield is a provisional candidate in the South African Psychoanalytical Association.

Dr Bradfield’s published research includes work on the interpersonal or relational implications of living with mental illness, with specific focus on schizophrenia and childhood bipolarity, as well as in the field of his trauma-related studies.

References
