

For adults only due to extravagant language, possible misreading of texts, and painful messages about hypostatic therapeutic change

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Part One: Three remarkable works of Levinas.

Emmanuel Levinas, 28 year old prodigy, wrote “De l’évasion” (*On Escape: OE*, 2003) in 1935, a phenomenological description of the fundamental insufficiency of human existence and the effort to escape the weight of *being* who we are. He points to efforts to get out of the limitation of *existing* as ourselves. Psychologists distinguish and label those efforts that turn into greater burdens of self-sabotage: *obsessions*, *compulsions*, and *addictions*. The last sentence of *On Escape* suggests a direction for “getting out of *being* by a new path” (*OE*, 73). During six decades he laid out this path to release individual *subjectivity* from anonymous and oppressive *existence*, to be transformed into an individual *existent* transcending itself, becoming aware of being *subjected* to the call of others and responding.

Then in a Nazi military prison from 1940-1945, he wrote notes for *Existence and Existents* (1947/2001), describing *hypostasis*, this transformation from *existence* as self-concern to an awakened *existent* as Other concerned. This ancient and complicated philosophical term “hypostasis” means “something standing beneath something else,” (*stasis* + stand + *hypo* = under). *Hypostasis* has meant since Plotinus the “individuation of an existence,” how one holds one’s own existence together to be a distinct individual.

Therapists see folks struggling for *hypostasis* to hold themselves together and change from a self-absorbed to a responsible individual. For Levinas *hypostasis* means grounding one’s distinctive existence by transcending above oneself. It is “a situation where an *existent* is put in touch with its *existence*” (*T&O: Time and the Other*, 1987, 51). It is when “someone comes to start out from itself” (*T&O*, 52). This event of *hypostasis* is “...a first freedom—not yet the freedom of free will, but the freedom of beginning again” (54).

To begin again, an *existent* must choose to be more than for- itself, to be shaken out of numbing existence into responsible awareness to be for-the-Other. The thesis of this paper is that *psychotherapy is this hypostatic process of being transformed from a being-for-itself to a being-for-the-Other*.

Sixty three years after *On Escape*, the 76 year old wise elder wrote, “Useless Suffering” (*US*, 1982) another remarkable piece of phenomenology telling us what cannot be told: how *suffering* must be understood as that which cannot be understood, cannot be conceptualized; it is the very rejection of *meaning*. “Suffering is a content of consciousness that, in-spite-of-consciousness, is the unassumable,” meaningless, (*US*, 91). He wrote, it is “...at once what disturbs order and is this disturbance itself... it is a backwards consciousness, ‘operating’ not as ‘grasp,’ but as revulsion” (*US*, 91). Suffering is undergone as what cannot be undergone. This is not an intellectual

contradiction, but "...a contradiction by way of primal sensation: the ache of pain—woe" (US, 92).

His thesis in "Useless Suffering" is that all suffering is useless except when suffered for another. He first points out how *theodicy*, an ancient belief that tries to make suffering rationally *meaningful*, was taken up again after the War to explain, "...the horror of the Holocaust of the Jewish people under the reign of Hitler which seems to me the paradigm of gratuitous human suffering, in which evil appears in its diabolical horror" (US, 97). A theodicy tries to *vindicate* divine justice in the face of evil with an *explanation* by those who have not suffered, to make suffering sufferable by those who have. It *subordinates* suffering to a greater end held by faith in God's will. Levinas asks if theodicy based on *God's will* "...succeeds in making God *present* and *guilty* or *absent* and *innocent*?" (US, 96). "Does not both of these renunciations of God amount to a collaboration to finish the criminal enterprise of National Socialism, which aimed at the annihilation of Israel and its God?" (US, 96). This horror cannot be rationally explained but acknowledged only as ethically evil.

Part Two: Lessons for psychotherapists

Rather than rational knowledge, the foundation for understanding pathology and therapy is *ethical responsibility*. What we cannot cognitively *under-stand* (explain) we must responsibly *stand-under* (hypostasis). Just as we cannot explain the horror of the Holocaust with a theodicy so we cannot explain pathology and therapy with theoretical constructs. Adina Bozga reminds us in her book, *The Exasperating Gift of Singularity* (2010), that Levinas does not describe what makes humans human and therefore pathology pathological and therapy therapeutic with cognitive analysis, but awakens us with extravagant metaphors like painful poetry. We read Levinas not as intellectual treatises but as inspirational provocations to turn our psyches toward our neighbors who awaken us to begin to think about what we need to rationally understand.

The suffering of clients shakes therapists, asks them to listen, to set aside theoretical vindications, causal blaming and attend to their tales of woe. The insights from *On Escape, Existence and Existents*, and "Useless Suffering," can show therapists that, as they witness the confusion, impotency, and suffering of clients, their own vulnerable openness, obedient service, and suffering because their clients suffer, can be therapeutic. Paul Marcus, a psychoanalyst and author of *Being for the Other*, in his keynote presentation last year argues for a Levinasian-inspired, ethically-infused psychoanalysis.

Part Three: Classic Levinas distinctions

An abridged review of Levinas fundamental distinctions can make clearer this extravagant claim that the ethical responsibility of therapists to help their clients' recognize their responsibility for others in their lives is therapeutic.

His first distinction is between *totality* and *infinity*. The experience of *totality* reduces the other to *nothing more than* a designation, a label signifying a rational category. The experience of *infinity*, however, comes from the Other revealing himself as *always more than* what we can know of him. The client (male pronouns) demands that the therapist (female) not reduce his singularity, his unique suffering to an anonymous

commonality with a diagnostic label. Diagnostics are quick, efficient, and helpful for the therapist, but not necessarily for the client. Reducing his singularity to a generality relieves her of her singularity and infinite responsibility. It allows her to reduce herself to be *nothing more than* an anonymously detached professional. But he asks her to be *always more than* a therapist and accept the designation as the singular one *there* commanded to be responsible for him singularly *here*.

Is asking the therapist for infinity responsibility too much? Yes, of course!! Only *infinity responsibility*, however, is *morally* acceptable. But she can do only what we can do. What is *practically* acceptable limits her infinity responsibility. She is always morally compromised by her abilities, duties to others, the customs and contractual structures within which she lives, and to her own personal health and happiness. But human compromise is only compromise. These compromising limitations cannot be the *ethical foundation* for her *practical activity*. Only by acknowledging her infinite responsibility can she limit her practice. If she does not already recognize this, then she can appeal only to self-interest. Self-interest is not morally acceptable for psychotherapy. (My friend, Marc Cohen, reminded me of this distinction between moral and practical adequacy.)

This compromised relationship expresses the paradox of *distance* and *closeness*: each person's singular identity *here* and each one's infinite otherness *there* provide the necessary individuality and foundation for therapeutic encounter. Each experience their *aloneness* by the other's *distance*, yet each commands the other's *closeness* to be responsible to make the relationship therapeutic. The client is both an "alien" far-away, and up-close "in her face," closer to the therapist than she is to herself. This closeness and responsibility is not for her to cognitively *under-stand*, but to ethically *stand-under* him. Her obligation is greater to him than to herself.

Levinas's second distinction is between *need* and *desire*. This distinction commands the therapist to not need her client to be the recipient of her expertise. She is called to *desire*, to want the good for him for his sake not hers. Her desire is a "disinterested interest" (*OB*), an interest not for her but for him. She should also not reduce him to be *nothing more than* a confusion of needs. The client certainly has needs to be filled: "happy is not the man who has no needs, but the one who can fill his needs." But his health is more than filling *needs*. In *desiring*, he *transcends* himself, wanting the good for others for the sake of those others, *hypostatically* standing-under them.

Levinas does not ask too much sacrifice without enjoyment. He has beautiful passages describing the happiness of filling needs, of being at home with oneself, shutting doors and windows to clandestinely separate oneself to live with others, especially one's beloveds. However, closed doors and windows can be opened when needy others call. *Needs* are satiable but *desire* for others is insatiable, not because desire is too great a lack, but because desire deepens *desire*. Helped to become a being-for-Others the client escapes his exclusive being-for-himself. The therapist cannot promise comfort from being called to tasks for others always beyond his abilities. Reducing his problems to *nothing more than* unfulfilled needs undermines his possibility for health through love.

His third distinction between *freedom* that is *self-initiated/self-directed* and *freedom invested by and for others*. This is the paradox: self-freedom limits the self, and invested freedom frees the self. The therapist wants her client to be free from the abuse of others and from his own obsessions, compulsions, and addictions in order to initiate and direct his freedom to enjoy life and love others. “Life is the love of life” (*T&I*, 112). The client lives from “good soup,” good music, good conversation. However, this freedom to act and enjoy is given by others to use responsibly. When we use the freedom invested in us as if it were capriciously self-originating and self-directed we sabotage ourselves. Invested freedom does not contradict self-initiated freedom, but questions its origin and reminds us of freedom’s responsibility. In therapy the client comes to the therapist from above revealing his dignity and infinite otherness, and from below asking for help to become responsible. As the therapist is invested by the client with the freedom to use for his good and not for herself, so the client can escape his self-sabotaging freedom and find responsible freedom invested by other others.

The fourth distinction is between the *said* (the content of speaking) and *saying*, revealing, “here I am.” Psychotherapy is primarily speaking *to* (saying) and secondarily speaking *about* (the said). It is to evoke self-understanding as responsible not only for solving puzzles. While the *said* is often symbolic and needs interpretation, before any exchange of content, the face of the Other is the primordial and un-interpretable first word *saying*, “do not hurt, but help me.” The client’s saying is his revelation of singular disturbances, infinite dignity, and distinctive plea. If the therapist attends to theories and technical skills rather than his unique presence, then her therapeutic talk is nothing more than *rhetoric*. When the therapist responsibly faces the client she says, “Here I am. I am the one before you witnessing you saying, ‘Here I am.’” If she opens herself as vulnerable to be called into question her saying would be what Levinas calls *apology* (*apo* = forth + *logos* = speech), to speak forthrightly, to show oneself saying, “Here I am. I am offering what I have.” Her *saying* is apologetically humble: “I am flawed, fallible, but *here* for you.”

The fifth distinction between the *there is...* and the *face*, between the *horror* of isolation in existence and the *welcoming* of the Other. The haunting presence of *being* weighing down, trapping us in who we are, separating us from others, without facing and being faced, without an ethical escape, leads to lonely and torturous isolation. Everyone experiences isolation, the inescapable burden of being only oneself. When the face of the client humbly *says*, “Here I am, be with me,” he is asking for his existence riveted to himself in the oppressive and chaotic *there is...* to be broken open. When her response *says* “I am *with* and *for* you,” he can be inspired to transcend his immanent *here and now*.

These few Levinas distinctions shows that like a theodicy, theories can neither explain away the client’s suffering, nor cover it over with behavioral cosmetics, nor lessen it by making it sufferable. But the therapist can *stand-under* the client in his suffering to support his change. The wounds and scars of abuse and bad choices can be healed by the event of *hypostasis* of an *existent* put in touch with his *existence* helped by the *hypostasis* of a therapist who is put in touch with her *existence* as the one *standing-under* him.

Part Four: Levinas takes this notion of suffering responsibility further than we want.

In *Otherwise than Being* (1981), Levinas offers an extraordinary description of the enigma of being human:

The psyche is the form of a peculiar dephasing, a loosening up or unclamping of identity: the same (self) prevented from coinciding with itself, at odds, torn up from its rest, between sleep and insomnia, panting, shivering. It is not an abdication of the self, not alienated and slave to the other, but an abnegation of oneself fully responsible for the other. This identity is brought out by responsibility and is at the service of the other. In the form of responsibility, the *psyche in the soul is the other in me*, a malady of identity, both accused and self, the same for the other, the same by the other. (pp. 68-69).

Besides the pain of identity, this quote contains a most extravagant claim: “the psyche in the soul is the other in me.” In an even more extraordinary and disturbing end-note he says, “The psyche, the one-for-the-other, can be a *possession* and a *psychosis*; the soul is already a seed of folly” (*OB*, 191). Levinas challenges the traditional Socratic command for *hypostasis*, “Know thyself” with the command to be for the Other to escape folly and paradoxically “find thyself.” Despite the tendency toward self-absorption and avoidance of suffering, the self can be transformed against its own self-interest. “...from the start, the other effects us despite ourselves” (*OB*, 129). The Other’s hurt hurts us and calls us out of ourselves. Elie Weisel says someplace, “In the face of suffering, one has not right to turn away. When someone suffers, and it is not you, he comes first.” When the self places the suffering other before itself, it heals itself.

The face of the client expresses his disturbing *distance* as *unique*, as *separate*, as infinitely *other*, and also expresses his disturbing *closeness* calling for responsibility. His singular *thereness* suffering in his skin challenges the therapist’s effort to escape her singular *hereness*, as the one present. She is exposed. She cannot get out of her skin *here* before the Other *there* in his skin. His presence expresses incarnate neediness and infinite worthiness. His escape from self-sabotaging existence can be helped by the therapist transcending her *obsessive*, *compulsive*, and *addictive* existence through incarnate *simple*, *humble*, and *patient* existence. These are the “exasperating gifts of the singularity” (Bozga) of both client and therapist.

Part Five: The client’s isolation

Before describing *simplicity*, *humility* and *patience*, let us turn to the client’s isolation. In *A Different Existence*, J. H. van den Berg defines the study of psychopathology as “the science of loneliness” (1972, p. 103). The pathological individual is alone, isolated from the world while rooted in it. He is disconnected from *things*, his own *body*, *others*, his *past* and *future* while chained to them. He suffers *cognitive*, *behavioral*, and *affective* isolation.

Cognitive isolation: haunted by *obsessions*, the disturbed person denies himself openness. He narrows his attention to guard against surprise. Fearing the coming of new and unpredictable moments, he is held in the isolation of tranquilized *undisturbance*, or in chaotic *disturbance* of thoughts, flashbacks, fears, the threatening closeness of others all to be defended against, trapped in his disturbed self.

Behavioral isolation: constricted by *compulsive* habits, he limits any efficient, creative, and generous encounters with Others across things as stuff for “furnishings” “tools” and “gifts.” His rituals limit work with others. He cannot grope into the mysterious and scary “there is...” stretching beyond the familiar in search of the unknown to reconnect with *things*, *own body*, *others*, and *time*.

Affective isolation: gripped by *addictions* to escape suffering he suffers more self-destruction. Victimized by his own suffering, limited in his concern for the neediness of others, he restricts possibilities for love and joy. His narcissism conspires to sabotage his freedom and condemns him to paranoid fear.

Part Six: the therapist is exposed, questioned, confesses responsibility

“Finding the guilt in ourselves and taking responsibility for the Other is the most profound experience of subjectivity,” (*OB*, 87). Developmentally a subject forms identity through fulfilling needs and enjoying stuff. “Life is the love of life” (*T&I*, 112). Existentialists have called *authenticity* “knowing one will die and taking a stand toward one’s death.” For Levinas it is finding oneself present as the one before the Other, called to individual responsibility, aware of being *subjected* to the Other as hostage, and finding an escape to become a *hypostatically* changed *subjectivity* with openness, service, and love. We might say that Levinas finds authenticity in “knowing oneself to be responsible for others even for the death of others.”

The therapist is called to responsibility, but whatever her response, it is never enough. There is no response able to reduce the need of the client to what she can provide. Psychotherapy is not a personal act of altruism for success, but a response of responsibility. To recognize one’s own guilt for not knowing enough, not being skilled enough, falling short on compassion is the ground for doing good therapy.

Part Seven: The therapist’s isolation

She suffers isolation because he suffers isolation. His suffering “traumatizes” her. Not unlike her client the therapist suffers speechless *confusion*, impotent *futility*, and numbing *apathy*.

The therapist suffers *cognitive* isolation. The client’s resistance to disclose or lack of articulation leaves her in the dark.” (Jan Rowe described therapy as “working in the dark.”) The client may try to open himself while she struggles to find any sense to be *understood*. She cannot prompt him with speculations. She must responsibly *stand-under* her client in this dark place. When she speaks merely *said* words without *saying* “Here I am,” she suffers shame from her own rhetoric. Frustrated about what he has *said* she struggles to listen, to encounter him in face-to-face conversation. He needs her to attend to his *saying*.

The therapist suffers *behavioral* isolation by being *impotent* to change the client’s habits. She cannot change the violation and indifference he has received from family, friends, co-workers. While she can change neither his situation nor him, she cannot be indifferent and do nothing. Just sitting, as Lane Gerber would say, seems like detaching and isolating the client, but it can be the “standing-under” he needs for support. He needs the presence of her face facing him.

She suffers *affective* isolation by being unable to suffer his suffering. She knows she cannot suffer his suffering and may feel *apathetic*, insufficiently compassionate. She suffers because he suffers; but her suffering feels “not enough.” She deserves to suffer as he, but she can’t. She suffers apathy like a survivor’s guilt. But he needs her to suffer being there for him.

Levinas evokes with extravagant images, “We are traumatized, persecuted, pained, held hostage” (OB, 87). “In a sense nothing is more burdensome than a neighbor,” (OB, 88), or, nothing more than a client. Burden, trauma, and persecution are strong words to describe the effect of the presence of the other; but Levinas uses them deliberately to describe the interpersonal as always an “undergoing” of another. Allowing oneself to be persecuted, held hostage, burdened is commanded of the therapist undergoing her client.

Hearing but not listening to his plea, acting to fill her own but not his needs, and expressing sympathy to appear compassionate, these are acts of violence. Her effort to explain away his suffering with theories about pathology and manipulate his behavior with techniques is violence worse than rejection. While the client cannot escape his pain, the therapist can try to escape behind abstract theories, psychobabble, and anonymous stylized techniques to evade the burden of responsibility. Her ideas and actions are efforts to make his suffering sufferable by making her innocent and absent. But she is neither. She suffers shame from her inadequate knowledge, unsuccessful effort, and apathetic witnessing him alone in pain. Acknowledging not knowing, clumsy groping gestures, and apathetic suffering can be her useful suffering. The commitment of responsibility without promise, without expectation of success and reward are her non-useless suffering. Therapists are not called to be successful, only to be faithful.

Part Eight: What does the client ask of the therapist?

He asks for therapy to be therapeutic. He asks for *simplicity*, *knowing by not knowing*, holding back knowledge in order to listen to what he reveals. He asks for *humility*, *acting by not acting*, not manipulating but responding for his good. He asks for *patience*, to not suffer his suffering, but suffer because he suffers. These *hypostatic* experiences of taking hold of herself to support him are neither virtuous personality traits, nor self-acquired styles of moral excellence, nor practiced habits for self-improved techniques. One cannot inherit or willfully decide to be *simple*, *humble*, and *patient*. These are the exasperating gifts painfully inspired by one in the other.

Client and therapist sit together not as experts but as two persons responding to each other. He lives his story; she *undergoes* his telling it. Their unprotected openness inspires both to *simplicity*, to an honesty deeper than each could imagine. They listen. Even without speaking, the client asks the therapist to use the freedom he has invested in her to attend to him.

They sit together *impotent* with inadequate technical skills. He asks her to do something about his confusion and suffering; he cannot do it alone. She cannot change him but can help him change. Neither are mechanics nor miracle workers. But neither are disabled klutzes. They talk to each other. Their talk is primarily speaking *to* each other, and secondarily speaking *about* anything. They dialogue in an arena of trust.

They sit in a kind of *numbness* unable to feel the Other's suffering. Their faces say "I hurt; be *patient*; don't dismiss or abandon me; suffer my unworthiness because I am worthy." Listening and suffering in psychotherapy is saying, "Here I am committed to you."

Part Nine: What does the therapist ask of her client? Of course she wants him to be free, but free to be open to others without pre-judging, "to know by not knowing." She wants him to be *simple*, to be *available* and *open* to see and hear the concerns of others, to be vulnerable to pain and joy. She wants him to live situations and face others, "as if for the first time," as Dr. Halling says. She wants him to be curious but not voyeuristic. She wants him to welcome surprise when it comes; to expect puzzles and confusions and laughter at his own clumsiness as he tests himself in work, play, and love. She wants him free from isolation.

She wants him to be able to chat. "Chatter" is too quickly dismissed as mindless distraction. "Idle talk" may be used to escape responsibility, but it is generally healthy. Casual conversation about the weather, sports, TV can be topics for responsible dialogue. It need not always be heavy discussion, but a kind of play, a testing that the same world is there. Sharing commonalities bond people. Even gossip can connect as a kind of solicitation to be on their side (Marcus, 84). Talking and listening is a dialogue rather than a double monologue each waiting to talk without listening.

She wants him to be *humble*, "to act by not acting," to be free of compulsive behavior in order to begin each moment as new, released from the rituals that dominate his life. She wants the client to recognize the vulnerability of others asking to not be manipulated. The therapist wants him to be helpful, not in slavish servitude, not obeisance, bowing and groveling, but obedience to the real needs of others. She wants him to play with things, to hold and caress as lovely pieces of nature or objects fashioned by others for enjoyment as gifts, common tools and furnishings as the infrastructure between him and others.

She wants him to test his body, to stretch beyond stilted postures, to have the courage to extend beyond his comfort zone. She wants him to learn to *gripe*, not the sexual violation, but the risky search in the dark for what can be surprisingly enjoyable and/or painfully learnable. She wants him to interact with others in the back and forth play of dialogue and joking.

She wants him to be whimsical but not so *capricious* that he victimizes others and himself with his foolishness. She does not want him to hurt others and sabotage himself. She is responsible for his responsibility for his request, "Help me regain responsible freedom." She is not responsible for his behaviors, but to help him deepen his sense of obligation. She does not want to take away his freedom but for him to open himself to allow others to invest in him responsible freedom. She wants him to care, to be responsible for the responsibility of others. The client serves his own responsible freedom by his disinterested interest in serving the freedom of others.

The therapist does not want the client to take upon the suffering of others but wants him to *suffer because* they suffer. She models genuine compassion by suffering

because he suffers so he can suffer others because they suffer. The psychotherapist suffers the client because she values his infinite goodness despite his suffering. His suffering and the suffering of others because of him are not good. She wants him to have “disinterested interest” (*OB*) in others sacrificing for them as she has “disinterested interest” in him. He learns that ethical behavior is good because others are good and their suffering is not good and he wants them to not suffer. When clients suffer others with *simplicity, humility, and patience*, therapy happens.

Part Ten: Conclusion.

What do we all want? *To be free from the tyranny of self, to receive the freedom invested in us by and for others in the tasks of handling things, bodily movements, caring for others, and opening their past and future.* As Richard Cohen, a Levinas scholar, writes,

...the healthy psyche... is not an armed self-enclosed fortress but an openness to the other, and hence also the possibility of malady, dishabilitating vulnerability, illness, mental breakdown, psychosis. One can be mentally ill because one can be morally responsible! The road from mental illness to mental health is not to create from a shattered ego a fortress ego, but to regain one's obligations, one's responsibilities to and for the other (In Gantt and Williams, 2002, p. 48).

Let me finish with an extravagant notion inspired by Levinas: *psychotherapy is a religious event.* Psychotherapy comes from the Greek, *therapeutikos* = to administer service with attentive care. He wrote in *Totality and Infinity*, “We propose to call ‘religion’ the bond between the same (self) and the Other” (1961, 40). *Religion*, etymologically comes from the Latin *religare* (re- = *repeatedly* + -legare = *to bind*), meaning to bond to others to whom one is already bonded, family, friends, neighbors, ancestors, descendents, “the widow, the orphan, the stranger,” all humankind, God. This primitive meaning of religion is *to commit in obligation, to transcend the self to care for others.* The therapeutic relationship is *religious.* The goal of therapy is to seek this primitive religion, this hypostatically transformation from being the being that is only concerned about itself to being committed to others. The therapist binds in a kind of religious obligation to her client to help him bind to his others.

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