



## By Whom Do You Want to Visit When Life has Become Difficult: The Greek or the Jew?

Luuk L Westerhof\*

Department of Clinical Specialist in Family Therapy, Scientific Institute Diakonhjemmet, Diakonveien, Norway

\*Corresponding author: Luuk L Westerhof, Department of Clinical Specialist in Family Therapy, Scientific Institute Diakonhjemmet, Diakonveien, Norway; E-mail: kontakt@sponte.no

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### Abstract

Whenever the professional meets a client (the other) it is not about the professional evaluating a case, but rather being in meeting respectfully with the other. Professional treatment ought not to be a meeting between expert and client, meaning, subject and object, but rather a “being together with” the other. Treatment and therapy as a part of psychological health care should be a safe place to talk about hard issues. Especially in rehab, the other is often met by an expert approach and exposed to professional saturated lingo that most clients do not understand. Not being able to comprehend of what is mediated imposes an artificial hierarchy in health care: One the professional presumably knows everything while the other allegedly knows nothing. In this article I will introduce the reader to the philosophical “Greek versus Jewish” approach with the emphasis on the Jewish approach since I prefer this stance more than the Greek since it is more humane and thus more suitable in clinical context.

**Keywords:** Greek; Jew; Healthcare; Language

### Introduction

Whenever the professional meets a client the other it is not about him evaluating a case, but rather a meeting with “the other.” The professional than, finds himself in a crossfire between scientific requirements for classification and objectivity on one side and the relational ethical imperative on the other side, even though the other refuses to be categorized. The question that remains; what does the expertise of the professional consist of?

From a socio anthropological approach, the other has relevance in the context of healthcare; I understand healthcare as all forms for help that enhances an individual’s physical, psychological and social life. Which consequences does it bear for healthcare and for that matter, psychotherapy e.g., when the professional is introduced to the other belonging to a foreign culture, living in a total different belief system that he doesn’t know anything about? What pitfalls will occur when the professional attempts to help in spite of culture barriers? In this article I will focus on, the philosophical understanding of the other.

From a philosophical stance, the other is related to the other person independent from culture and ethnicity. The other you meet, is always a stranger, meaning: Not yourself. This introduces a radicality between the professional in meeting with the other [1].

The other challenges the professional not just by words and unfamiliar behavior but too, with his presence. The concept of the other, in philosophical terms, addresses something about the professional himself: An unfamiliarity, something not understood, something you cannot get your fingers behind, a blind spot. An unfamiliarity that can announce its arrival just when the professional attempts to establish contact with the other *i.e.*, there are challenges occurring in the meeting between the professional and the other and these challenges inferring implications on the treatment process. The professional may slip into the pitfall of believing that he is the expert on the other. That being professionally competent is to possess some sort of “expertise” meaning that the professional allegedly knows more about the client than the client knows about himself. An assumed expertise that postulates to know the truth about the other, e.g. in the fashion of a diagnosis. In this article I doubt and question this so called expertise [2].

### Literature Review

#### Diagnosis and the uniqueness of the other

Thinking can be divided in two ways as far as the other is concerned, respectively the “Greek” and the “Jewish.” This divide reflects the contrast between the Greek culture and the Jewish one, like we are familiar with from ancient Greece and the old testament times. Though, today, we are both Greek and Jew and carry with us and within us both cultures e.g., in substance abuse treatment, the conflict between the Greek and Jewish approach surfaces and becomes more obvious in the interactional process between the professional and the other. The Greek approach represents the process in which the professional is in pursuit of recognizing something typically deviant in the other a diagnosis or an inherent deficiency condition. The Jewish approach at the other hand, represents being in meeting with the other experiencing something unique. The other does not represent subject matters that accurately can be defined as to what it is. The lens of the Jewish approach is focused on relationship and being in language with the other; the ability to understand is proportioned to the ability to listen [3].

The Greek approach in virtue of its expert tendencies becomes for most regular people, ‘too unfamiliar’; it is creating distance, misunderstanding and lock down, between client and professional. The Jewish approach, at the other hand, represents a ‘fit unusual’, in virtue of its relational focus, respecting the notion that the client is the expert on his own life, considers the client as an equal co-creator in restructuring process, structuring more desired therapeutic outcomes: The Greek approach, by virtue of its diagnostic orientation is likely to burn many bridges between professional and client *i.e.*, the Jewish approach, by virtue of its relational focus and respect for the uniqueness of the other is likely more able to build bridges between the professional and client, creating space for more preferred therapeutic outcomes. A relational bridge can be defined as “a mutual understanding about enabling and empowering the other to reach over cross over, even though he has never been on that other side”

All this said, I want to make clear that I do not postulate that one categorically can categorize properties exclusively belonging to either the Greek or Jewish approach; yet, some properties are far more represented and evident in the Greek as opposed to the Jewish approach and 'vice-versa'. I believe that the Jewish approach exhibits greater ability to take on the seriousness of the other's suffering and despair than the Greek approach.

**Example:** At a rehab where I used to work, clients were expected to participate in a psychological evaluation process in order to determine their mental health condition. Those tests were performed by a psychologist who, most of the time, never had met the client. The client was subjected to a battery of tests that supposedly could unveil psychological deficiency conditions in the client. Sometimes, a client felt not safe enough, being alone with a psychologist a complete stranger and asked me to accompany them. I remember one particular instance (which was not an exception) where the client got appalled by the psychologist's demeanor and approach and left the office, never to return again during her time in rehab. What abhorred to her was the fact that the psychologist was acting like an expert on her life even though they had never met. My client was appalled by the psychologist's hubris haughtiness and her lack of curiosity she had the aura of I know it all! At the other hand, the client and I engaged in a wonderful fruitful working relationship leading to successful rehabilitation at least, this is what the client told me herself [4].

## Discussion

What science contains and represents is largely reflected in Greek philosophy for over 2000 years ago. To Platon knowledge anamnesis, represented a recollection, *i.e.*, having recognition of something you are facing. Anamnesis is placing the unknown in relationship to something known. The only thing you are able to know something about, is if you are capable of recognizing something typical within a certain phenomenon. Platon labeled the "typical" as an idea. Aristoteles at the other hand, labels the typical as a form. Platon postulates that ideas represent a reality in itself, while at the other hand Aristoteles postulates that forms can only be recognized as existing when they are manifested through specific things. In the collecting and accumulation of knowledge and the ability to understand, one thing is key: Recognition. Placing the misunderstood in relationship to a recognizable and known category, so that things can fall into place like a jigsaw. To identify the yet misunderstood by help of theory, a term or model that we beforehand are comfortable with the usage of a more modern language [5,6].

Thomas S Kuhn, says that scientific thinking is hinged on the idea that things fall into place like a jigsaw. Pieces in a jigsaw are predetermined in regard to their fit there is just one way for a piece to fit. Kuhn talks in this regard about the subject of "normal science." We are tight to a paradigm, a way of thinking, often without being conscience about it, yet determines what assumptions we hold true and which ones we don't and which ones we silently accept and what criteria and theory we are laying on the basis for our explanations and justifications. Based on what is previously mentioned we can now appreciate the contours of the Greek approach in correspondence to the other; the other translated through the categorical filters of predetermination and predestination, theory and reformulated ideas [7].

Through Greek binoculars, the other is perceived through the lens of preformed legalities, a specimen of a certain category. This

stereotypical approach of strangers in the shape of ethnocentrism is a tragic cartoon of more general phenomena, the uncomfortable feeling of being in meeting with the other before you have categorized the other, attached the other to some sort of schema, meaning, before you have made your own opinion about the other. Due to the lack of relationship, curiosity, inquisitiveness, but the extreme desire for categorizing and predefined knowledge, the Greek approach lacks warmth, empathy and compassion; properties we need in treatment and therapy so we can obtain more preferred outcomes [8].

How can you know the specific need of a child when you do not listen? How can you get acquainted with the characteristics of a person if you already have categorized and predefined him *e.g.*, in substance abuse treatment, professionals are in danger of cementing the other to the addiction when they categorically label the client as substance abuser a stereotypical category fitting preconceived ideas of what substance abusers are like, yet not taking into regard that the other has a name, his own life's history, battling with substance abuse in an attempt to manage symptoms often mirroring a traumatized life [9].

## The Jewish approach

In contrast to the Greek, the Jewish approach represents a markedly difference in culture: The Jewish approach adheres the relationship with a personal god while the Greek is more concerned about knowledge, nature, fate and self-understanding. The way a Jew responds has its departure in a relationship with a person. The Jewish approach contrasts the Greek in that it displays a humble attitude and exhibits the ability to listen; is strongly relational oriented, not defining and categorizing the other; does not cementing the other to a diagnosis; respects the clients view on reality and his own position in regard to this reality and respects the other whenever he needs to divest the clinical context regardless the reason [10].

From a Jewish perspective it is no longer about recognizing the other as a copy of the typical. To the opposite, being with and in meeting with the other represents being in the presence of something infinite different than oneself. It is like "we never get to the bottom of something" concerning the other. The Jewish philosopher Emmanuel Levinas, says "infinite" is as a "person reflected in a face" "a face in its nakedness, without form hiding nothing otherwise it would mean that something was behind the face. Than the face would be confused with a mask, that presupposes a face [11].

I want to make it clear that in most forms for treatment we do need both approaches, the Greek and the Jewish, yet for different purposes. The Greek approach is needed when it comes to the biomedical part of treatment where solid knowledge regarding somatic and medicine is required. However, from an intra psychological, inter relational and interconnectedness perspective, the Greek approach is not useful since it endeavors objectification, categorization and quantification of the other, as opposed to the recognition and acceptance of the other's inter subjectivity. In treatment, the other needs to be heard at his own terms in order to avoid divesting. And this represents in some way a unreachable gap between the Greek and Jewish approach the former pretends to know due to expert knowledge and professional experience; the latter doesn't know anything about the other but would like to know more and is aware of the fact that, to know something about the other requires a listening ear, an empathetic heart and a unceasing desire to learn from the other about the other [12].

The Jew is looking through a keyhole where he endeavors to see more, understand more and observe more, but where he suddenly hears the sound of footsteps behind him, changing his position from observer to being observed, yet he himself does not see the intruder. This event essentially transforms the experience of the Jew standing in front of the door; in a therapeutic context you must be willing to swap positions from observer to being observed. To be in meeting with looking through the keyhole hearing footsteps behind you, means the willingness to be vulnerable so you too, can be touched by the other change occurs in processes of oscillating reciprocity. To communicate is not necessarily about the application of language as a means of conveying something already been thought of; the best way to communicate is when you do not know beforehand what to say; spontaneity and creativity in treatment can lead towards more preferred therapeutic outcomes.

### **Two cultures colliding**

Today, I think that e.g., psychiatry finds itself at the intersection where Greeks and Jew meet and where the professional is introduced to strong cross cultural pressure. The professional must acquire and learn to speak two different languages that are fairly incompatible; at least they do not easily unite. Square schematic thinking must unite with empathy, the former considering the person as an objective “case”, while the latter considers the person as a “unique” human being that cannot be understood unless there is a relationship present, a being together with, a pair of attentive listening ears and a compassionated heart. The Greek approach exhibits an expert subject object attitude where listening to is not perceived as mandatory and where communication with the other consists of an “I and I” form as opposed to the Jewish approach where “I and Thou” is key.

The Jewish approach represents a post-modern philosophical “non-expert” approach where listening to is a mandatory precondition and prerequisite for a “I and Thou” conversation an interest in, an awareness of and a recognition of the “uniqueness” of the Other. The Greek finds himself in a horrible predicament, for him it is mandatory to quantify and categorize the other, a requirement that does not go hand-in-hand with the other in the now [13].

A pivotal point in e.g., psychiatry, substance abuse treatment is the professional’s ability to listen and look with free flowing attention, attaching nothing significantly to something said, just keeping it in front of him. Problems arise when the professional does not relate to what the client says but more to what he thinks the client says. To listen attentively and respectfully is relating to the other without specific intentions it is more about allowing yourself, as a professional to be surprised over and over again, while exploring the relationship without the induction of predetermined conditions.

### **The expert and the other**

The so called expert in meeting with the other is a confrontational event in that “specific knowing” versus, “incurable curiosity” collide they are inconsistent and incompatible. The problem is not that we are human, but more, the notion of being the expert on someone else’s humanness. Being the expert on the other is a contradiction. With the Jewish culture embedded in us, we know and must be aware of, that to understand the other, require renouncing the notion that you are an indispensable “expert” on the live of the other. To understand the other requires open-mindedness; the other represents, “a pure hole in the world” that only the other he can define the meaning of. A meeting

with and being in meeting with the other is not about a “case”, but rather a meeting with the ‘living other’ and the other’s lived life. This means that you cannot understand the other, the living and the lived, without listening unreserved, compassionately, attentively and respectfully. Only the other can provide you with the insight in what the “hole” is about, the underlying meaning that e.g., upholds substance abuse and dependency.

Most of the time we are exceptionally good in talking about topics, yet, what we should do more of is talking about the issues upholding the topics. Getting to the place where we can meet and talk about is a question of how does the other experience, in body and soul being in meeting with you, not just as a professional, but also as a human being. The other can appear as an object in our experience for us, but we must insist that we do not acquire our knowledge about the existence of the other from these experiences.

The professional must at all time be aware of his epistemology; “how do you know what you think you know?” What filter do you apply in your meeting with the other, the Greek or the Jewish? When the professional acts like an expert on the life of the other, treatment than becomes an unsafe place to be; rehab should be a safe place to talk about hard issues, not a place where the other is defined and categorized as being. It is when the professional lays aside his expert tendencies, embracing the Jewish approach that he and the other can embark on a journey wherein they progressively can discover e.g., the underlying issues upholding substance abuse and dependency.

An expert is someone who knows more and more about less and less, until eventually he knows everything about nothing. A useful question is how can we co-create a relationship where a difference, makes a difference can occur? Treatment for example, should be a context where differences mirror co-creative processes that are established within the contexts of a common framework of understanding and collaboration based on mutual respect. A respectful collaboration is key and crucial while developing a desire for change and desired therapeutic outcomes [14].

### **Language and attitude matters**

In treatment, the way in which the professional talks with the other is crucial. We co-create our sense of reality by means of language. If the professional continues to describe the other as “you are”, than all attention and focus is directed to that particular description, reinforcing the unilateral created map the notion of concerning the other, marginalizing and compromising other alternative lenses where through the other could be understood. We cannot find out who the other is, as if the other already exists as being a static being, rather, getting acquainted with the other requires an ongoing co-creative process wherein the other successively emerge alive [15].

### **Conclusion**

All domineering problem saturated descriptions possess the power to aggravate and constipate the therapeutic process the meeting between I and Thou. What becomes crucial is the co-creation of possibilities of resourceful and vigorous, not problem filled narratives from an awareness that language has meaning for how a therapeutic relationship is formed and desired therapeutic outcomes. From a Jewish perspective, the therapeutic relationship with the other is void of pre formulated and predetermined descriptions of the other, rather the other is met in the now, unreserved, being the ultimate informational source of all there is to know about the other! This

means that the professional must enter the “I and Thou” relationship from a “not knowing” stance. We don’t know anything about the other except what he chooses to share with us. Desired outcomes in treatment and therapy largely depend on the professional’s ability to establish a relationship with the other that enables the transfer of acceptance making it possible to come into a position that grants access to the others “inner core.” All pre formulated descriptions about the other are inadequate, yet utilizing the Jewish approach in treatment opens the door to the reformulation of new and more appropriate coping strategies and more preferred therapeutic outcomes.

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