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### **ethics and aesthetics of presence**

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I shall describe what I mean by the inescapable ethics of our clinical work, which includes in part an exploration of the aesthetics of presence, and then I shall complicate it by intertwining presence with an ethical stance regarding patient's search for dignity, and also social positionality

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The invitation to speak and to receive an honor (which frankly surprised me, and yet is quite meaningful to me), has led me to reflect on what it is about my involvement—with teaching, writing and clinical work in psychoanalysis—that might have drawn the attention of IFPE, with its particular focus on the person of the analyst as bedrock in our clinical work and teaching.

It also inspired reflection on what matters to us all in our intimate involvement with the experiential worlds of others; especially our patients-- whom we often come to love and to hate, whom we come to cry for and to cry with, we come to celebrate and to celebrate with, and those for whom ultimately we grieve, or perhaps breathe a sigh of weary relief—or both--when they leave us.

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I offer some thoughts about two intertwined aspects of our work that are intimately personal for me, and yet, also probably quite recognizable by all of you.

I start from a position of the inescapable ethics of our engagement with our world—in this case, interhuman engagement.

Levinasian therapist George Kunz (2007) addresses the inescapable ethics through a question and answer: he asks the question, "what is therapeutic about therapy? His answer was, "ethical responsibility." he wrote this wonderful passage:

The fundamental expression of the face of the patient says, "do not do violence to me; do not reduce me to your structures, help me. Bracket your obsessive categories, your compulsive techniques, and your need to have a good feeling about being a psychotherapist." Without speaking, the patient asks a psychotherapist to be ethically responsible, to use the freedom invested in her

by the patient to attend to him. Speaking in psychotherapy is primarily speaking to someone and, secondarily, speaking about something (632).

Speaking TO someone is an act of recognizing the personhood, the otherness, of the other. Therein, dignity lays.

Along with Kunz's Levinasian vision, I draw inspiration from, among other sources, the writings of Martin Buber, and his ethic of dialogue. Buber placed such affirmation within the context of what he called "dialogic relation;" a dialogic attitude in which emotional attunement serves as recognition of the wholeness of the patient. The therapist, in attempting to attune to the patient's emotional life and to understand it in the context of this patient's history and present life, is recognizing a unique and yet understandable person.

There is a difference between being perceptive *about* a patient and being attuned *to* the patient in his or her wholeness. Attuned recognition involves awareness of the patient as a separate center of initiative and is also accompanied by specific perception of the patient's particularity. Most importantly, it involves an embrace, an openhearted welcoming, of the patient's otherness, including the recognition that the patient is also always more than I can know of them. Engaging another in dialogue accords the other a respect and dignity that confirms them. In fact, Buber insisted that psychological suffering was a direct result of being alienated from dialogic relations. In writing about psychological problems, Buber (Buber & Friedman, 1969) said, "sicknesses of the soul are sicknesses of relationship" (p. 150).

This dialogic attitude calls us to "meet" our patients, rather than to analyze them.

The emphasis on the inescapable ethics of our engagement with patients leads me to my question, 'what supports each of us to embrace the maelstrom, the heartbreak, the suffering and the shared loneliness that haunts our encounters with those who seek help from us?'

In my case, two of the supports for the risks we take in dialogue are: The first, is that I am drawn to the artful **nuances** of therapeutic conversation. By the words, "conversation," and "dialogue," I am speaking of embodied being-with. I am not restricting this being-with to the spoken word, despite the fact that meeting through screens tends to emphasize words and silences. We still, for instance, engage via a particular relaxed postural shift or tensing of our face or shoulders, or we use the right word said in the right tone, or a small gesture made at a particular moment in the flow of the conversation; these are often affirming, or evocative, or just the thing that needs to happen to keep the dialogic conversation most open.

I am in love with the subtle musical, dance-like interplay between therapist and patient. The experience of “truth-telling” is a sensory experience that one feels in the muscles of one’s face, in one’s breathing, in the expansion in one’s diaphragm, in one’s growing freedom of movement in the moment. Therapeutic communication, even when profound suffering enshrouds us, has a beauty that transcends the pain without obliterating the pain. There is a special beauty in meaningful dialogue—the “being-with,” and it remains one of my strongest supports for putting my heart at risk.

The second, support, after the ethics, something which is also an aspect of the dialogic attitude, is the **aesthetic** of presence. Buber encourages attuning to the otherness of the other as fully as possible while also being present to the other—which entails a kind of porous, vulnerable nakedness. He calls on us to recognize that, while we practice deep emotional attunement, we also stand revealed in our presence. And we are humbled, I hope—by a certain limit that stands between us—namely the poignant awareness that our understanding of this other before me, is inescapably incomplete. This person before me is always more than I can know of them. And also, my knowing of myself is itself a slippery, fluid, a soft-assembly. Thus, we are engaged in a form of dialogical meeting that risks our very sense of who we are, risks our very sense of self. And yet, paradoxically, as we as we move along, it is also felt as our fullest sense of ourselves! Our willingness to be so present in this dialogue also supports the patient’s developing capacity for presence; a free-flowing, fluid awareness and the ability to respond flexibly; in other words, emotional connection and emotional freedom.

A gestalt therapist named Joseph Zinker wrote a lovely essay many years ago, "Presence As Evocative Power in Therapy." His description made clear how the ethic and aesthetic of presence were intertwined. As with what I was saying about the surrender to dialogue, Zinker says of presence that it "stimulates unknown parts of oneself, parts not yet fully sensed, described or named. Another's presence makes me feel my own 'being-here,' my own validity. Presence is generally empowering." He describes qualities of presence in sensate terms: deep full and even breathing, a sense of being grounded, diffuse attentiveness, readiness to respond, something like philosopher Friedlander’s zero point. Sitting with someone’s presence, as Zinker writes: “I feel free to express myself, to be myself, to reveal any tender, vulnerable parts, to trust that I will be received without judgment or evaluation.” Buber describes presence as a contrast to what it isn’t: he points to the meeting of the other person as one in which “presence must predominate over “seeming.” I understand that to mean that as a therapist, I must be comfortable enough with my own experience of shame, such that I can tolerate—welcome even—being seen by the patient in ways that I prefer not to be seen. Being able to do so means my patient may speak freely,

and we can explore together how my limitations and vagaries are at play in our dialogue.

My clinical experience tells me that patients also seek and find dignity through being welcomed to see the therapist as also a unique, discernable “other.” And more so, oft times their dignity is supported by being allowed to contribute, over time, to the well-being, or further development, of the person of the therapist. Thus, the therapist’s quality of presence (contrasted with pretense, or hiding behind the role of therapist) supports a patient to have the experience of a more full-bodied engagement with a discernably unique other. I think empathy, or attunement, is not enough. “Meeting” involves the vulnerability of both partners in dialogue.

Now, there is one particular complicating issue when it comes to presence. In our stratified and racialized societies, we each are not only present in our uniqueness, we also have a presence as a representative. We represent a social position, as well. In our work, we often think of ourselves in very individual terms—we have a personal, unique presence—yet we are also more than our individual selves, we are carriers of, even purveyors of, the stratifications we inhabit. I invoke here, WEB DuBois’ description of his need to live with a “double consciousness.” He is both the man he knows himself to be, and he is “the problem” that others (white people) see. His presence includes a finely tuned sensitivity to his double existence. My metaphor for this, is a fuzzy picture caused by double exposure. He is both within and beside himself simultaneously.

Those of us who live in privileged positions do not ordinarily live with double-consciousness, but I encourage us to do so. Doing so will open a broader range of exploration between you and your patients, of what Lynne Layton described as our “normative UCS,” a collection of assumptions and habitual social practices that infuse our lives largely outside of our awareness (and I equate it with what pragmatist philosopher Cornel West calls, “the white normative gaze”). An example of the gaze was offered by a black patient of mine.

She has been exploring what it means to be a black woman in the US. She is married to a white man who has listened carefully as my patient has had race-based discussions with him. The drove to a restaurant, and he parked as he tends to do; he pulled into a parking space with little attention to staying within the lines of the marked space. My patient barked at him for it. At first he was puzzled, and then the light bulb turned on, and he realized that he was acting from his white privilege. Had my patient parked that way, white observers who noticed might well have attributed her carelessness to her color (black people are

seen as black bodies first, and only later, might be recognized in their personhood), whereas her husband would just be seen as inconsiderate.

As a straight, white woman, it is very important to me that people who look like me learn to de-center themselves from the guilt and shame of what our whiteness represents, and the freedoms it affords us. Learning about the power of what Isabel Wilkerson calls, the “caste systems” that operate in our societies, will increase our humility, and our ability to hear and see the effects of caste on all of our patients, including those in so-called upper castes, who live in dread of slipping down and losing their (white advantage) caste status. Obviously, it can also make working in cross-race situations more fraught. But if you can own your own caste, your social position the de-centering from shame and guilt will add grace to your sessions and you will be freer to initiate exploration of the effect of your social position on the therapeutic situation. Let me offer an example:

Julia is a black professional in a STEM field who interviewed a few potential therapists, black and white. She landed with me because she felt an affinity with my style of working, although it meant forgoing the chance to work with a black therapist for the time being.

She entered my office, cast a quick look at me, sighed, started to say that she did not know what to say, but caught herself up short with a quick, OH! As if something had just come to mind. She looked like she had been caught at something. She said, ruefully, “I didn’t want to talk with you about this.”

I asked, “is my whiteness an issue here?”

“No. No It is all just awful. And embarrassing, even humiliating.”

I was not convinced, but I waited.

She went on to tell me a story of having been accosted in the past week. While on a patio (in the “before pandemic” times) outside a coffee shop, a white man had flicked cigarette ashes at her, and called her the worst racial slur, telling her she did not belong there. He said it twice, slur and all, and then walked by.

My unspoken reaction was one of anger, horror, and a kind of bruising sadness. I sucked in my breathe and let out a sigh.

She cast a look my way, and I assume she had heard my deep sigh and had seen my facial expression..

So I asked again, gently if it was embarrassing to be so exposed to my white gaze as she told the story. Again, she brushed it off, but it still did not feel quite right to me. Something was off between us in a way I had not experienced before.

Then she went on to tell of two white men who approached her and said they were angry and sorry that they had not realized until it was too late, what was happening. And then two white women approached her solicitously.

I asked her how that was for her (I was feeling relieved that these folks were there for her). She said, haltingly, that it was, well, sort of good, but she really wished the women had been black.

I asked about it, she said, essentially, (finding the right words was difficult, so this is my best translation) that black women wouldn't feel sorry or feel pity, they would come over with their rage, and say something like, ("fuck him, girl!") She would feel solidarity, not difference.

THEN, I got it! I exclaimed, "I was one of the white girls! I did the white girl thing."

She responded, "Yes, that is right."

I said, "Yeah, I was all sad and sorry, not aligned with solidarity."

In that moment, I was subtly "othering" her, and that is why the words might have been hard to come by. It was subtle, and I was caring, and just like in the first vignette (with her friend), the question became, Is she allowed to expect more from me? She tried to make do with what I had "offered," and had we not cleared this up, it would have left a bad taste in both of our mouths.

One more vignette with Julia:

We were exploring together a choice she needed to make about a work invitation. The invitation meant having a white woman as her boss who seemed to want to somehow "lay claim" to Julia—possibly so she could say she had a black friend. Julia courageously explored how she was tempted to take the offer--a lot of money was involved, and she would be around some high-status white people. As we walked through all the pros and cons together, she came to a pained realization that accepting the offer would actually HURT her, HURT HER HEART and do damage to her growing affinity, strength, etc., for her blackness.

This realization—and her courage, left us both sitting with poignant tears in our eyes, and also a sense of pride at her courage.

Whatever possessed me, I don't know exactly. But as the session drew to a close, I said that, although I knew that she chose me because she likes my way of working, at that moment, I also wished I was black, so I could be a black therapist for her.

The next week, she came back with a look of fear in her eyes. Also hints of anger. She said, we must talk: what did you mean when you wished you could be black? Does that mean you think you cannot work with me?!?

I was taken by surprise. I impulsively said, “oh, my, far from it! I meant that at that moment, I wanted you to be able to feel the solidarity of shared black self-determination. It is a hard-won gain. I gotta tell ya, if anything, I tend to feel guilty for taking our conversations in the direction of race so often!”

She said (essentially), “well, that is what makes you “safe enough” for me, but I sure got thrown for a loop.”

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I return now, back to the simple description of presence that Zinker offered, the sensate, embodied heightened sense of existing in a shared world. It leaves me a bit awestruck. I think that being in the presence of presence is, dare I say, miraculous.

My own professional interests have been shaped a long (and blessedly successful) struggle to overcome a pervasive sense of isolation and emotional disconnection in my life (hence, my interest in dialogue). My struggle to come out of isolation and to allow intimacy, to touch and be touched, dominated my early years as a patient. In fact, in my many years as a patient I was always drawn to therapists whose presence offered some hope for salvation from own emotional impoverishment and isolation. Now my daily experience of finding my way to presence-with another consoles me at times (perhaps in these days it is harder to achieve, more colored with a wash of grief, and yet all the more consoling when such moments occur). It certainly enlivens me. It is a most profoundly ethical and aesthetic experience that, while risking myself, also saves me.

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Kunz, G. (2007). An analysis of the psyche inspired by Emmanuel Levinas. *Psychoanalytic Review*, 94(4), 617–638. <https://doi.org/10.1521/prev.2007.94.4.617>

