

**Presence, Desire and Separation: Authentic Care in the Therapeutic Relationship**

**By: Sara Smith**

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Dr. George Kunz  
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Levinasian ethics cannot be understood within the traditional paradigm of ethical philosophies. Let me provide a qualification to this assertion, lest the reader assume I am being critical or dismissive. Levinas' ethics does not provide us with a moral code, categorical imperative or a propriety based on theology. For Levinas, the ethical is prior to my existence and before any judgments or knowledge as such. My relation to the other subtends all self-hood or "I-ness" and thus my ethical bond is a responsibility that cannot be *recalled*. That is, I do not first look within my ego to find the basis of ethical action and thought. The Other, radically separate from me, *calls to me* and therefore puts my egoism into question. The questioning of my freedom (needs, personal enjoyment, hedonistic delights) originates from the concrete presence of the Other: this the ethical relation.

This ethical relation, or *re-ligion* as Levinas will label it, is an ethical relation that is not a converging of mutuality and equality. Instead, the ethical bond to the absolute Other outstrips and defies my efforts to absorb the Other into my understanding and self-hood. The other *radically* opposes me with her expressions, silences and with her words. Only through a relationship to the Other am I imbued with an ethical obligation, and since I can never escape relation, I am always drawn to the absolute Other, whether I consciously recognize this essential reality or not.

Levinas' ethics suggests a paradoxical relationship to the Other that cannot be determined or synthesized. The "ethical bond", as described by Levinas, transcends all categories of inclusion. The Other dissolves Unity. The Other cannot be subsumed into my needs and instinctual desires. At every moment the face of the Other explodes the form that I conceptualize. The face to face encounter-impressed in my psyche prior to memory-is concretely experienced in daily life and it is the commencing of all ethical responsibility. Because this ethical relation is enacted immeasurably in every moment and also permeates all of my being-ness I can therefore not escape my responsibility. The Other is enemy, lover, mother and anonymous face in the crowd.

Levinas' ethics is a pluralism and therefore ambiguous. Radical passivity is not aloofness or complicity to the Other, rather it suggests a *self* that is passive to *itself*, a forgetting that begins outside of the ego and orients my being. Thus, the self is responsibility incarnate. The ethical is transformed by Levinasian philosophy, ethics is no longer an addendum to ontological tomes; ethics is the first philosophy, the ethical subject is therein an "infinite vulnerability", fragile and impoverished, but always withdrawing from my power to qualify its existence. Levinas writes "the psyche in the soul is the other in me, both accused and self same for the other" (Kunz, notes 4-29).

Levinas tells us that the "substance" which compels our obligation to the Other is Desire. Only in the place of responsibility via my fascination can I meet the other in their infinite vulnerability. In the following sections I will examine Levinasian ethics in the context of the therapeutic relationship. Given Levinas' ambiguous ethics, I will explore how we can apply his revelations to the therapist in training. By considering the fundamental attitude of authentic care in therapy, I will look to Levinas' notions of

presence through discourse, desire, and the attitude of “perfect disinterest”.

### **Radical Passivity**

Many psychotherapists and beginning therapists turn to theory and technique to provide a prescription for healing and transformation. The client in need impels us to “do something”, to offer words of encouragement or validation. Our own anxieties about what it means to be responsible can impinge upon our ability to be authentically present to the client. Typically, the novice therapist wants to assist the client in pain, but often she will withdraw affection or erect a wall of rhetoric in order to escape the suffocating fears that arise between them. Therapists who are determined to change or help their clients are apt to throw up their hands exclaiming, “there is nothing I can do, nothing I do or say is helping!” This kind of sentiment is found in many therapists who “burn out”. Perhaps they had started out with a need to “make a difference” or with a benign aspiration to help those less fortunate than themselves. Later they awake to a frustrated reality; the other resists change or continues to act out despite their best therapeutic efforts. The therapeutic space is no longer a place of healing for these “burnt out” therapists, instead it is a contaminated space that reminds them of a client's failure, denial, resistance and their own weaknesses. As with the shipwrecked, these therapists desperately search for a new technique or a way out of their vocation. Disillusionment sinks its teeth into the once hopeful. Back on the safer shore, eager and idealistic interns wonder how they can avoid a similar fate.

Psychotherapy is founded on the dialogue exchange. The face of the other is *already* dialogue. As Levinas illustrates the face to face encounter “remains the ultimate situation” (98). Before any word is spoken, the presence of the Other's face is

instantaneously dialogue. In therapy the client comes to me vulnerable and wanting. Symbolically, her hands are outstretched, her face pleads with mine for the openness and understanding of an-other. As a therapist, I witness the client in her neediness and pain. Her face should remind me that I am obligated to hear her call, my responsibility is derivative from the immediate presence of her face.

### **First Meeting**

I tap my pencil lightly on the clipboard that holds Alice W.'s psychiatric history. Alice W. is a thirty-two year old mother of two and has recently been laid off from her job in a plastics factory. Her complaints are some of the most common that therapists hear. She describes her sleeplessness, lack of enthusiasm and a growing sense of hopelessness. Further down on the chart, in smaller print, is the admission of a recent suicide attempt. Alice overdosed on a bottle of prescription sleep aids. She was found by her 9-year-old daughter and was hospitalized. This is the initial information I am given.

When Alice walks into my office, her face is sallow and thin, she is wearing a loose cotton dress. I can see that her shoes are worn and scuffed at the heels. Alice sits across from me and I think to myself "I know more about this woman than she knows about me." Still, she is a stranger to me. Alice looks at me directly and we communicate with a smile. For now we sit in silence both of us veiled in secrets and moving to what will become a shared meaning. It is Alice who speaks first, "sorry I am a little late." I introduce myself and accept her apology.

### **Presence and Freedom: The Ethical Reality**

Most therapist's are inclined to believe that their responsibility to the client is founded upon their just reasoning. Their principles of conduct and ethical obligations are

the “appropriate” actions in a dynamic that rests on discourse, trust, and empathy. For the most part, their “ethical” stance is developed to protect themselves from accusation and litigation. While it is important to understand the law and follow certain preestablished norms, the ethical does correspond to reason. The ethical is not a concept. My responsibility to the client is not an extraneous consideration or teleology; my responsibility is the earliest inherent truth. My self-hood and my ethical freedom is born from the Other. In the therapeutic encounter, this truth is magnified. As an individual, my ethical obligation is revealed to me by the presence of the Other. For Levinas, the primordial ethical reality comes before my essence. When I encounter the other, I surrender myself and am called into question. What was once “for *my* enjoyment” is now under “the authority and dignity of the Other” (79). In other words, by the presence of the other, my independence is the matter at issue.

The actuality of this matter is what Levinas will call “ethics”. My individual freedom is subordinated by the existence of the other. Levinas does not intend to dismiss individual consciousness or my egotistical flirtations, rather he seems to be saying that it is not a universal imperative or a God that requires ethics. Only an individual who lacks and is free (that is separate from God) is faced with choosing and therefore has a need for standards and justifications for choice. Our relation to the infinite other is the source of all invested freedom, the face to face calls me to responsibility and to authentic care.

The other “introduces into me what was not in me” (203). The other teaches me through discourse, and this is especially true in psychotherapy. In the case of Alice, I know that she is feeling despondent and that she has considered suicide. I know that she is a mother who is currently unemployed-but these facts tell me nothing about *who* she is.

The details of her life are not equivalent to her presence before me. The facts do not compel me to responsibility, it is her face that creates and rouses my desire. This kind of Desire I will attend to later.

By meeting the client I am fascinated. This person is outside of any localizable contexts, outside of "knowing". I come to understand the other "naked beyond nudity" (111). This seemingly redundant phrase implies that the other comes to me as *exposure* beyond all understanding. What I learn from her is gathered from discourse and inferred from body language, but the Other is never encompassed into a schema of knowledge; she is not an object of my perception, she is the subject whom I cannot seize.

Levinas writes, "language is not enacted within consciousness; it comes to me from the Other and reverberates in consciousness by putting it in question" (204). Originally, language is not constructed by my consciousness, it is given to me by the existence of an other human being. All meaning is founded upon the face of the other and this is why all discourse in therapy is an "ethical relation constitutive of freedom itself" (206). My words refer back to the "primary signification" which is the other. The presence of one is at the same time a multiplicity; the person before me is *the one* and *everyone*.

The presence of the other is first and foremost an ethical encounter. Even in silence there is meaning and thus speech. Discourse is the bedrock of the therapeutic relationship. The client is the other whom I welcome in their depravity and sovereignty. What is *known* is put aside-the clipboard, the psychiatric history-and what is revealed is a matrix of kindness, sympathy, despair, gratification, desire, intuition, joy and frustration. The client whom I have the most difficulty being present to is the one who frustrates my

expectations and needs. How can discovery continue if I require the other to conform or be complicit to by demands, well intentioned as they might be? Therapy relies on an authentic openness, a place where feelings and thoughts can be present. This openness can only be brought about by an authentic desire for the Other.

By hearing the call of the other I am oriented towards responsibility and care. If I am aware as a therapist, I listen patiently with expectant pleasure. How does this care take shape and what constitutes this enigmatic attitude? Certainly it is an emotion, a feelings that is between the client and therapist, but how is it more than a feeling and more than willed intention?

***Desire and Need: Empathy Revisited***

The client who faces me provokes me. I am summoned and yet, we must ask how this relation is sustained if I am constantly finding myself questioned, commanded and perturbed. The answer Levinas offers is found within the notion of Desire.

The source of desire derives from the face of the Other whom we experience over and above our egotistical needs. Desire is incited and intensified from the independent goodness of the Other. Desire calls for us to go beyond our own self-interested needs. Desire originates from the Other who is always more than the self can possess. In contrast to desire, needs can be satisfied; Desire derived from the Other can never be quenched precisely because the face of the Other commands this Desire. Furthermore, what Levinas deems the metaphysical desire cannot be assimilated and metabolized into the same, neither can it become another “unity of the system”. The one desired, the irreducible Other, does not “fulfill” a lack or need. To imply that the Other fills my need would be reducing the Other into a “thing” or an “object” for my use. It would suppose

that the person before me is a “nothing more than”, merely a category that exists to satiate my emotional/physical hunger. Levinas declares that Desire for the Other is “beyond satisfactions” (49). My desire is never completed because the presence of the Other is an overflowing event of meaning. This infinite meaning cannot be quelled or brought under my control and thus it exceeds the familiarity anticipated by my egotistical needs.

My needs are not always as explicit as hunger. My needs take many forms both obvious and subtle. There is nothing pernicious about my needs per se, I live from my body and as Levinas argues, the enjoyment of fulfilling my needs defines my very selfhood. The problem comes in when I confuse my needs for desire. On the surface, I may believe that my wish to help another is based on Desire (authentic caring) but beneath that belief is a need to change the client into someone more like myself—perhaps by adopting my religious view or regarding me as a competent and exceptional therapist. Within this unexamined need lies the germ of inauthentic care. My need to be a “helper” overshadows an acknowledgment of the infinite and unique Other. I want the client to collude with my “positive” self-portrait. I don’t truly want her to shine forth with *her* light, instead I need for her to accommodate my feelings and to keep my identity intact. In extreme cases the therapist may find themselves manipulating the client for inflated hourly costs or sexual gratification.

The substance of the ethical relation is Desire. This desire corresponds to an authentic and insatiable craving. Desire for the Other cannot be fulfilled and this insatiability distinguishes it from the agenda laden need. Desire inspires the ethical bond “and not a struggle for recognition” (64).

Many therapists would unite the concept of desire with the notion of empathy.

Empathy is an ongoing identification with an individual's feelings and experience that allow for a deepened rapport. Empathy can be defined and critiqued from many different perspectives. For this paper we will assume the kinship of empathy and desire.

In desire, as in empathy, I am open to the client's infinity. I listen attentively and with fascination. By an empathetic stance, I reflect to the client his or her unique self. I am, as therapist, despite myself, and for another. I reflect the client's need and desire, while listening patiently and faithfully to their struggles. In times of impasse or rupture, empathy sustains the therapeutic relationship.

I have heard therapists and those in the helping professions speak of empathy as a "merging". But it is this aspect of empathy we should question. For empathy/Desire can be a sharing and exchange, but it is not a merging. Empathy does not end with mutuality. The therapist who places herself in the client's world of anxiety or depression may also need the client not to be anxious or depressed for the safety of her own self-experience. A therapist who regards empathy as a dialectic (merging with another) may be influencing the client for their own needs. The client should not be taken in as a "thing" for our own purposes. Desire is the antithesis of projection, it is not the placement of my reality into that of another. The face of the Other calls me out of my self-absorption and challenges my proclivity to totalize. It is often assumed that in empathy the therapist and client reach an equality. Levinas stresses that Desire is the break up of unity. What I am ethically obligated to is always beyond my power and therefore I remain unequal.

Empathy and empathetic attunement are fundamental conditions for healing in therapy. Levinas' ethics imparts an ethos for psychotherapy. This includes presence in dialogue, Desire for the Other, and what has been termed "perfect disinterest."

### **The 12<sup>th</sup> Meeting with Alice W.**

Alice W. and I have been working together in therapy for several months. I look forward to our weekly sessions. What I know about depression is set aside, while I listen to Alice's personal sorrow and anxieties. I resist the temptation to impose my ideas onto her. I allow her presence to speak. I am desirous of her words and I anticipate a future in which she can become more fully expressed. Alice is not another person who exists to fulfill my needs or to pay my bills, by her presence she invests me with a freedom to respond.

### **Perfect Disinterest**

Disinterested-interest is a paradoxical expression. It implies that I should be both removed and attentive at the same time. This final ingredient of authentic care honors the radical otherness of the client. In this disinterested interest, I let go of my anxiety about my powerlessness. This is not achieved as a conscious act; it comes from the Other whom I welcome. I let go of my need to diagnose, predict and control the therapeutic space. I accept the contesting discourse that gives rise to truth and healing. But in this surrender of my self needs I do not abandon my relationship to the Other. I am not ambivalent to the Other or hopeless concerning their transformation. That variety of disinterest would deny my responsibility.

Levinas' ethics insists on an asymmetry between myself and the other. I cannot absorb the client into my self same world. It is a priority to recognize the client as an absolute Other. I come to accept what the relationship reveals, my perfect disinterest entails faith and humility. In this "disinterest" I honor the revelation of Infinity. In the most extreme sense, my disinterest is a "death-like passivity" (64). Levinas provides us a

glimpse into the quality of desire and the attitude of perfect disinterest:

It is a relationship whose possibility comes from remoteness from Separation...for it nourishes itself, one might say, with its hunger. This remoteness is radical only if desire is not the possibility of Anticipating the desirable, if it goes toward it aimlessly, toward An absolute un-anticipatable alterity, as one goes forth unto death. (34)

This desirous de-coupling, which resists possession and celebrates separation, is the nature of authentic care. As we read in the first example of “burnt out therapists”, it is most often an unexamined attitude concerning care that sabotages faith in psychotherapy. Those entering the profession and those who have years of experience ought to concern themselves with the lived reality of authentic care. This authentic care is more than attitude, indeed it is an ethical passion established by the presence of the Other who calls me to responsibility, Desire, and perfect disinterest.

## References

Levinas, Emmanuel. (1969). Totality and Infinity. Pittsburgh, Penn: Duquesne University Press.