Dialogue, Confirmation, and the “Good”

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Perhaps more than most psychological concepts, the concept of recognition is central to the most fundamental question: What does it mean to be human? Recognition underscores one of our basic ideas about being human; namely, that our selfhoods emerge from, are maintained within, and contribute to the shaping of our community of other human beings. However, I think the concept of recognition can also serve to illuminate a more hidden aspect of what it means to be human, what philosopher Charles Taylor calls a desire “to be rightly placed in relation to the good.” Our relationships to ourselves and others are transformed when we are recognized as orienting towards a “good.” I use phenomenological description and case examples to illustrate my thesis.

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Man wishes to be confirmed in his being by man,
And wishes to have a presence in the being of the other.
The human person needs confirmation because man as Man needs it. An animal does not need to be confirmed, for it is what it is unquestionably … secretly and bashfully [man] watches for a Yes which allows him to be and which can come to him only from one human person to another.

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It is from one man to another that the heavenly bread of self-being is passed [Buber, 1965b, p. 71].

“I am looking for a therapeutic experience where I can be engaged with you, fully, unself-consciously, and you can be present to me. My life depends on finding a relationship where I can be fully myself, and where you are not compromised in the process.” This was the opening statement from a patient who described his parents as “door-knobs,” chaotic robots who left him with an experience of feeling dreadfully empty and alone. He was adamant that he needed a therapist who was able and willing to be available as a subject who could be met, a therapist whose subjectivity could be engaged, someone who was a discernable “other.” He hoped to discover that I was resilient enough to weather the storms of emotion that would be stirred in both of us, and still find a way to relate to him that was good for him as well as not destructive to me. This might confirm for him that it was possible to live in a world of “others” without having to deny his own sense of self.

By contrast, another patient, born with an obvious deformity, quickly made it clear to me that the only way he felt free to “be himself” was to ignore the subjectivity of others. He had spent his life struggling to cope with the stares and awkward glances that surrounded him. If he took others’ feelings into account he would be paralyzed, unable to speak or act. His father was rigidly authoritarian, his mother sighed a lot, seemingly weak and self-pitying, his deformity apparently an overwhelming defeat for her. He was ridiculed for his spontaneous expressiveness. For him, the meaning of “other people” had become reduced to seeing others in one of two ways: as a source of safety and support for his self-protective structures or as a potential danger. He was quite aware of their potential to act independently, and he felt endangered precisely because their freedom to act made it likely they would act against him. Thus, he felt oppressed and endangered when I spoke in ways that called on him to notice that I had feelings about our interaction.

More important, and as is predominantly true, I believe, both patients certainly recognize that I am an other, but does that mean I have the experience of being well-recognized? In the first case, despite my patient’s exact-
ing focus on the felt “rightness” of our interactions, the quality of feeling well-recognized was a relatively constant background support for our work together. I found myself struggling with the second patient. My desire to be recognized and affirmed surged like waves on our relationship. The more he ignored my subjectivity, the stronger my desire surged. My work with him was messy, continually being infiltrated by my reactions to feeling disregarded and negated. In the second case, my patient was perceptive about me, but did not wish to be attuned to me. In the first case, my patient’s opportunity to be with someone who welcomed attuned dialogue was experienced by him as a gift.

**Recognition of “the Good”**

Perhaps more than most psychological concepts, the concept of recognition is central to the most fundamental question: What does it mean to be human? Recognition underscores one of our basic ideas about being human; namely, that our selfhoods emerge from, are maintained within, and contribute to the shaping of our community of other human beings. However, I think the concept of recognition can also serve to illuminate a more hidden aspect of what it means to be human, what philosopher Charles Taylor (1995) calls a desire “to be rightly placed in relation to the good” (p. 44). He considers that “one of the most basic aspirations of human beings [is] the need to be connected to, or in contact with, what they see as good, or of crucial importance, or of fundamental value” (p. 42). This orientation toward the good can apply to being a good caretaker, or a loyal pal to fellow criminals. Taylor’s point is that such an orientation is impossible to avoid, it is an inescapable dimension of being meaning-making, valuing creatures always “located” in particular contexts.

The psychological term reflective of a successful orientation to the good is self-esteem, or positively toned sense of self. Taylor (1995) adds depth to our understanding of self-esteem by illustrating its ontological significance. What is its relevance to recognition? I believe that, in fact, much of how recognition has been described in our literature has a somewhat “thin” quality because this foundation has either gone unnoticed or merely implied, and yet it is what gives recognition its transformative force—that is, our relationships to ourselves and others are transformed when we are recognized as orienting toward a “good.”
Perhaps my argument may make more sense if I stay close to experience. Therefore, I start simply with an exploration of my experience. Using the term *recognition* in a non-technical sense, we can probably all recall experiences of being recognized. My experience includes often a sense of surprise. One surprise is that I have been seen in a way that I was not seeing myself, and yet that yields a “gestalt shift” in my own sense of myself. The gestalt shift, even if it brings intensified awareness of an aspect of myself I am not proud of, also usually brings a surge of self-love or compassion for myself: a deepened self-acceptance; or the surprise comes from not having expected that some striving, or experience of mine could actually be well understood, appreciated as having an understandable place in my wholeness. In either case, there is a strong sense that what is being seen fits me well—even if it is a new awareness for me, and consolidates or expands my own sense of myself.

Even if an exchange in which I feel recognized begins with someone pointing to a problem—for example, defensive—behavior of mine, the recognizer sees the behavior and has a sense of, and appreciation for, its place in the larger context of my needs and strivings and capacities and vulnerabilities—in other words, of my wholeness. The other appreciates me as having an orientation toward some good, some value; and this sense is by no means merely cognitive. The person who recognizes me seems to be offering his or her love and acceptance in his or her way of seeing.

The other does not limit his or her “seeing” to the momentary impingement and its consequences for him or her. I do not think we feel well-recognized if we think the other cannot see our “orientation toward the good.” Seeing only the problem cannot help but feel reductionistic. Recognition is necessarily more than the awareness of the other as a separate center of initiative. For instance, I think that if a patient perceives me as an agent and then imputes to me a motivation such as, “you only want to see me more often because you need the money,” I am not likely to experience this a moment when I am being recognized. The experience of being recognized seems to involve more than simply being perceived. There is a big difference between my experience of someone being perceptive about me, versus someone who is attuned to me, in my wholeness. It involves awareness of me as being a separate center of initiative, but it is also accompanied by a more specific perception of me in my particularity, and most sig-
nificantly, it involves an embrace, an open-hearted welcoming of my otherness, including the notion that I am always more than what can be seen at the moment. I am left with an astonishing sense that for this moment, with this person, I need be no different than I am.

The experience of recognition also includes for me, a freeing up of some constraint, an accompanying sense of relaxation and momentary wholeness and humility and a sense of gratitude to the recognizer, whose welcoming of me in my wholeness (that I am both what is currently present, and also more than that) has brought me home to myself. Worthy of note is that in the experience of being recognized, the otherness of the recognizer becomes more vividly apparent to me. He or she has reached across a difference between us, seen it, and found the overarching shared humanity within which the difference lives. In finding my humanity, my wholeness, I experience more vividly his or her humanity as he or she reaches across the differences to me. The simultaneity of difference and commonality is inextricable.

**The Experience of Recognizing**

The experience of being the one who recognizes is hardly less powerful. Although I think of recognizing as a more-or-less ongoing process, there are also moments when the recognition suddenly and vividly coheres, like a camera lens suddenly coming into focus. In the “now moment” it is akin to sudden insight (Stern, et al., 1998). A slap on the forehead, a blurted, “of course!” as I suddenly comprehend that it makes perfect sense for the other to be precisely as he or she is in this moment, and at the same time, a sense of him or her as fluid, as becoming. Extending out from that smallest unit of time, I become aware of a fullness of my own experiential world while I am apprehending the fullness of the other. I also have a humble sense of witnessing from the distance of being an “other” to the other, and the simultaneous closeness of being one with her in our shared human vulnerability. I cannot go away from such a moment unchanged. In addition, I am washed over with a sense open-hearted connection. I feel I have been given a gift. I also have an appreciation of the recognizing as a shared act—that is, I cannot have the experience of recognizing unless the other person has the experience of being recognized. At other times I may have a more one-sided experience of compassion and depth understanding, but not fully the qualities of the experience I am describing as recognizing.
Even as I write these experiential descriptions I feel torn. On the one hand, they seem pale descriptions of transformative experiences. On the other hand, they are embarrassingly emotional.

**Recognition and Confirmation**

Whether speaking of the mutual regulation of the infant researchers (Sander, 1995; Beebe and Lachmann, 2002), or the mutuality of recognition that describes the development of complex states of mind (Ogden, 1994; Benjamin, 1995; Poland, 1998), our definitions of what comprises recognition do not speak of an *appreciation* of the wholeness of the other as including a striving toward a “good.” Perhaps the closest we come to it is Kohut’s (1977) refashioning of the oedipal phase, in which he points to the child as having developmental strivings, not murderous wishes, and the necessity for the parents to appreciate the child’s expansions as a positive step in his growth.

The “developmental strivings” that Kohut (1977) describes are an example of orienting toward the good, and obviously empathy and emotional attunement are means whereby vulnerable states related to thwarted developmental strivings may enter the therapeutic dialogue. Thus, I think of emotional<sup>2</sup> attunement (Socarides and Stolorow, 1984; Stolorow et al., 1987) as primarily an act of recognition. Emotional attunement has effects on two levels of communication with a patient, only one of which is explicitly addressed in clinical theory. On the one hand, it is the ground from which a sense of affect validity, articulation, and integration occurs. We have seen that such integration enhances and strengthens the patient’s sense of self to a great degree. However, the second level of communication may be even more crucial. Emotional attunement serves also as recognition of the wholeness of the patient. The analyst, in attempting to attune to the patient’s emotional life and needs, and to understand them in the context of this patient’s history, present life, and developmental strivings, is recognizing a unique and yet understandable person (Jacobs, 1998).

The term *recognition* has myriad problems with it. One problem is its different usages depending on whether the clinician is influenced by Sander and other developmental theorists, or more by Jessica Benjamin and those relational theorists who treat “infantile omnipotence” as universal fact (which I

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<sup>2</sup>I have substituted “emotional” for “affect,” as the phrase is commonly used. For a critique of affect, and defense of the use of the term *emotional*, see Orange (1995).
do not). The developmentalists are interested in what might be called various “forms of recognition” and the forms and transformations that occur throughout development. Examples might be such things as particular face recognition and mutual regulation of emotional states. Thus, recognition of one kind or another is seen as an inherent dimension of on-going living, moment-by-moment. These forms of recognition require little or no awareness or developed cognition. Benjamin (1995), on the other hand, refers to a specific awareness, the awareness of the other as being a separate center of initiative. One of the valuable perspectives brought in by the infant researchers is that recognition is a continual process of mutual negotiation and adaptation to each other. Without the adaptations and negotiations, no connection is possible, none is happening; and Benjamin is pointing us toward a crucially important configuring of experiencing—apprehension of self and other as having uniquely shaped subjectivities—without which one’s experiential world is deeply impoverished.

However, I find myself uncomfortable with these usages for differing reasons. In the infant studies, I am reluctant to accord the various forms of matching and regulating the status or “recognizing.” Rather, to me they represent the necessary groundwork for development of the more complex capacities involved in recognition. Meanwhile, my problem with Benjamin’s (1995) thinking on recognition—aside from the fact that she situates it in relation to infantile omnipotence—is the “thinness” of the descriptions in comparison to my experiences with recognition. Poland (1998) addresses the same issue that Benjamin raises, I think, with language that conveys a little more of my sense of recognition: “The capacity to appreciate self and the capacity to appreciate the other do not simply go hand in hand: they are the same unitary phenomenon of growth seen from different angles” (pp. 30–31). Benjamin has done a masterful job, along with Ogden (1994) and Stern (1985) to illustrate the inextricable interrelatedness of self-development and recognition of otherness, but Poland adds an important word to the concept: appreciation.3

Barbara Eisold4 has also tried to tackle the problem of “thin” description. In her article, “Profound Recognition,” Eisold (1999) described well various aspects of the process of recognizing, the effects on the therapeutic process and on the patient’s development. However, she admits that recog-

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3For an excellent summary and critique of various approaches to the interrelationship of subjectivity and awareness of the other, I recommend the reader to Teicholz (1999).
4I am grateful to Donna Orange for introducing me to Eisold’s article.
nition that fundamentally transforms self-experience is ineffable. I agree heartily. I believe that what Eisold is pointing to, and what I think is missing in other descriptions, is something best described by such non-analytic terms as “love” and “embrace.” Recognition that transforms self-experience includes an embrace of the other.

**Dialogue and Confirmation**

Martin Buber placed recognition within the context of what he called “dialogic relation”—although his term for recognition was confirmation—and it has a “thicker” presence than recognition. Engaging another in dialogue accords the other a respect and dignity that confirms him. Buber asserted that psychological suffering was a direct result of being alienated from dialogic relations. In writing about psychological problems, Buber (1969) said, “sicknesses of the soul are sicknesses of relationship” (p. 150). He asserted also that evil was really the same suffering; a person alienated from a dialogical community. Thus, genuine dialogue was the goal, but also the means whereby a person’s impaired orientation toward the good (self-esteem) could be healed.

A dialogue has some specific “elements of the interhuman” (Buber, 1965b, p. 72): inclusion, presence, and a commitment to the dialogue. Perhaps the most difficult element is presence, as opposed to seeming. One is present when one does not try to influence the other to see oneself only according to one’s self image. Although no one is free of pretense, or the desire to be seen in a certain way, presence must predominate in genuine dialogue. For instance, a therapist must give up, among other things, the desire to be validated as a “good therapist” by the patient. When a therapist “heals” primarily to be appreciated as a healer, then the dialogic process is interrupted. The other has become an object, a means only, not an end also5 (Kaufmann, cited in Buber, 1970, p. 16).

Presence refers to an analyst’s willingness to be open to a kind of engagement in which the patient can touch the analyst’s subjectivity, both directly and indirectly. Quite often the analyst’s subjectivity is revealed indirectly through tone of voice, choice of language, focus of interpretation, and so forth. However, at crucial points in the analysis, for instance, in efforts to address serious disruptions in the analytic relationship, or at certain

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5This is a paraphrase of one of Kant’s moral theses: Human dignity and autonomy calls on us to treat others never as mere means to an end, but also always as ends in themselves.

developmental thresholds, the patient may be intensely interested in, and require, access to the therapist’s experiencing. From a perspective which asserts that all experience is embedded in a relational matrix, it seems almost self-evident that self-development proceeds not only through the experiences gained through sensitive attunement to the patient’s experience, but through the experience of that attunement coming from a discernible, personal other (Jacobs, 1998).

In effect, in certain—sometimes subtle—ways, the analyst’s presence is a continuous phenomenon, sometimes more in the foreground of the patient’s experience, sometimes more in the background. In the analyst’s efforts at empathic inquiry, his or her presence is always more or less subtly coming forth. As the dialogue proceeds, the patient may find herself or himself affected as much by the analyst’s attempts to live in her or his shoes, as by the relative accuracy and depth of the attempt. This is the second level of meaning that is embedded in emotional attunement; whether the analyst’s attunement is accurate, he or she confirms the patient’s existence as a live, feeling “other,” merely by his or her attempts to understand the patient. In fact, an attuned response based on empathic inquiry is an enactment of the analyst’s “otherness.” Attuned responsiveness carries not only his or her understanding of the patient’s communication, but his or her understanding and response to the emotional interplay between the patient and analyst (Jacobs, 1998).

A corollary of this principle of presence is the requirement that one’s participation in the dialogue be genuine and unreserved. By “unreserved,” Buber did not mean to say that all that occurs to someone must be said. Words that are impulsively spoken but are not relevant to the task at hand can serve to obscure genuine dialogue. What must be unreserved is the analyst’s willingness to be honestly involved and to say what he or she believes will serve to create conditions for dialogue, or further the ongoing dialogue, even if he or she is fearful of how the words will be received. Unreserved communication does not preclude silence, but the silence must be a genuine responding (Hycner and Jacobs, 1995).

The course of genuine dialogue cannot be predicted. It emerges through a surrender to what Buber (1965a) called the “between,” and almost

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6Buber’s “requirements” can be read as morals, but I intend them as “logical necessities”—that is, if these elements I describe are not present, then genuine dialogue does not occur. One is a precondition for the other, and genuine dialogue is a precondition for confirmation (recognition).
always contains surprise. The surprise is a moment of overcoming inhibitions to deeper recognition. The “between” refers to the fact that dialogue is not a property of either participant, but emerges, as does selfhood, in between.

The overcoming of inhibitions to a more deep recognition is reminiscent of Kohut’s wonderful statement about how whenever he disagreed with a patient, he found that as he listened more deeply, his patient was right in a more profound way.

Buber (1969) defines “inclusion” in therapy in this way: “The therapist must feel the other side, the patient’s side of the relationship, as a bodily touch to know how the patient feels it” (p. 173). The act of inclusion means entering into the experiential world of the other without judgment, while still knowing one’s own being. It is a full-bodied, turning toward the other that includes empathy, but is more visceral, sensual, and feelingful than the way we usually describe empathy. Buber (1969) has alternately called it “making present” and “imagining the real.”

“I prefer the name ‘imagining the real,’ for in its essential being this [capacity to confirm another] is not a looking at the other, but a bold swinging—demanding the most intensive stirring of one’s being—into the life of the other” (Buber, 1965b, p. 81). Speaking specifically of the inclusion that happens in therapy, the therapist “must stand not only at his own pole of the bi-polar relationship, but also at the other pole, experiencing the effects of his own actions” (Buber, 1970, p. 179):

If [the therapist] is satisfied to [merely] “analyze” his patient—that is, to bring to light unconscious factors … he may successfully accomplish some repairs. At best, he may help a diffuse soul that is poor in structure to achieve at least some concentration and order. But he cannot absolve his true task, which is the regeneration of a stunted personal center [Buber, 1970, p. 179].

According to Buber (1965b), when the aforementioned conditions inhere, the inclusion embodied in the therapist’s dialogic stance confirms the patient. Confirmation means that one is apprehended and acknowledged in one’s whole being (Buber, 1965b). Sometimes—through the surrender that cannot be predicted—the underlying process culminates and spills over into the peak moment, which

… is ontologically complete only when the other knows that he is made present by me in his self and when this knowledge induces the
process of his inmost self-becoming. For the inmost growth of the self is not accomplished, as people like to suppose today, in man’s relation to himself, but in the relation between the one and the other, between men, that is, preeminently in the mutuality of the making present—in the making present of another self and in the knowledge that one is made present in his own self by the other—together with the mutuality of acceptance, of affirmation and confirmation [Buber, 1965b, p. 71].

**Confirmation in the Analytic Process**

Here is the irony: We may wish for our patients the nourishing, transformative experiences I describe earlier, but if we aim at getting our patients to recognize us, then we are not confirming our patients! I believe that patients who are uninterested in, or ungenerous toward, otherness are not captured by a developmental failure (such as unresolved infantile omnipotence), but have been injured and lack faith that further openness to otherness will do other than further traumatize them. It is a small step to consider that earlier traumas revolve around failures in the realm of confirmation.

With patients such as the man I described in my second vignette, the one for whom others were merely sources of safety or danger and were otherwise uninteresting, I found myself in a dilemma. On one hand, I believe that one’s experiential world is expanded and life is richer and more full of grace when interest in recognizing otherness is readily accessible. I witnessed his struggles in his interpersonal world. He constantly felt “blindsided” by disruptions with others and in our work. I thought to myself, “if only he were more sensitive to his effects on others his relationships would go more smoothly. He does not seem to use his empathic abilities to navigate his world. That pushes people away.”

On the other hand, if I aim at trying to interest patients in a more empathic, appreciative stance toward otherness, I am imposing my agenda, and in so doing, am no longer in a dialogic relation. I am forgetting my own clinical wisdom that says if they could be interested in otherness, they would be. In truth, what I noticed with this patient was that I was likely to try to impose my agenda when my own desires for greater recognition from him surged into the fore again.

In my more centered moments I can see just how alienated this man was from vast regions of his own experiential world. Until he felt safer to be
more interested in his own subjectivity, he certainly dared not be interested in others because others threatened, by their very agency, to bring him into touch with those very regions that he had alienated in order to continue to function with some modicum of self-esteem. Every time I leaned on him to take my otherness into account, I gave him one more reason to turn away from otherness because I was saying that I needed him to be different than he was, that he was not “good enough.”

My work with this patient underscores not only the crucial importance of the analyst as recognizer, but also how difficult recognizing can be. The quality of recognition that threads through the analytic process is co-emergent. I do not agree that we are doomed by inherent psychic forces to be in a continual struggle toward recognition, but I do believe that contextual variables serve to either enhance or subvert the possibilities for recognition. Most often, in ordinary interactions, supports for our embrace of the other emerge (or not) from the unique configuration of self and other, the current context, and our relational history.

In analysis, we have other supports that we draw on because we cannot ask for a mutual process without violating our recognition of our patients—who need their dread of otherness embraced—and yet our capacity to recognize them is vitally important. As analysts, we allow ourselves to become deeply immersed in an ongoing dialogue that is often intense and absorbing. We can sometimes lose perspective, become unmoored. One way we regain our footing is by reaching beyond our most local and immediate context of the particular dyad, and we bring in a third conversational partner, be it an actual supervisor, or more frequently, our imaginary supervisors and the ideas and sensibilities of our professional communities; or we broaden our perspective, we resituate our relationship within the context of the therapeutic task. I think an undervalued support we have is our devotion to, and appreciation of the aesthetics of, our task.

For instance, we have all probably had the experience of feeling bruised and abused by patients. Sometimes the relationships we develop with certain patients are volatile, urgent, full of wild mood swings, impelling us toward actions we might later regret. What enables us, calls on us, really, to withstand the surges of emotion, the calls to action, the wishes to retaliate or to rescue? I believe it is that we have a deeply felt commitment to something that is beyond the immediate context of two people in a room, sometimes engaged in an intense struggle for psychological life and death.
We are profoundly committed to a task, the task of being a generative influence in the life of the other. Our love of this task is more compelling, most of the time, than are our difficult feelings toward the patient (it may even allow us to have certain positive feelings for this difficult patient), and this love of the task pulls us into contact with other contexts beyond the most immediate one of this particular encounter.

When we lose our way, lose the supports for confirming our patient, non-recognition, which hovers in the background, washes the analytic experience with shame. The patient suffers the most from this wash of shame, but in my experience, the analyst is diminished by it also. Thus, when analysts try to get their patients to change in any direction, to see something they “ought” to see, to recognize, to feel, then they are not recognizing the patient. They no longer value the dignity of the patient’s efforts to live as best they can given their experiential worldview, and that cannot help but subtly shame the patient.

It has been my clinical experience that ultimately even the most threatened patients develop an interest in otherness. As Bacal and Newman (1990, p. 233) pointed out, sometimes apparent blindness to the otherness of the analyst may reflect the patient’s lack of confidence that appropriate selfobject responsiveness will be forthcoming. This is certainly true of my second patient. Patients may need to forcefully blot out the subjectivity of the analyst for a time to ensure that there is room for their own. For such patients, when conditions have evolved to where they have gained some trust in the therapist’s responsiveness and their own resilience, then the discovery of a mutuality that is enriching to them—rather than leaving them bereft and depleted—while they explore the otherness of the analyst is often powerfully moving.

On the other hand, many patients also reach, from the very beginning of analysis, toward an engagement with their analyst not just as a repetitive figure, and not even as someone who merely serves their developmental needs. They strive for a more complex experience of the analyst in his or her subjectivity. For such patients, the lack of the analyst’s accessible presence is akin to being lost in a terrible empty darkness. One such patient feared a repetition of rote caretaking activities similar to his experience with his distant parents. The first patient I described, along with others, has needed to find that I am willing to be met, to be found, to share similarities, to find each other across differences, to be known as someone with vulnerabilities, and that I could be enriched by such engagement.
Not only is non-recognition subtly shaming, but not allowing the patient the chance to recognize the therapist can also be shaming. It rejects their love, their embrace. Sometimes it takes emotional courage and humility to surrender to being recognized by our patients. My own worst dread, when I sought out an analyst, was that he or she would not be willing to be “found” as another human being.

Sometimes the achievement for a patient, who is quite interested in recognizing, is not the discovery of otherness, but rather the discovery that the analyst’s otherness can remain intact even if the patient does not keep her or his eye on it. These patients come to find an other in the analyst who can be used unself-consciously—what Winnicott (1965) described as object usage—an other whose otherness does not disappear but is sturdy enough to be left in the background for long periods of time, to be refound at a later point, unharmed and available for engagement.

What follows is a story about finding each other. It was very important that I, as the therapist, allowed myself to be met, and equally important that I did not aim at the patient meeting me. In my attempts to meet her where she was, a “profound recognition” (Eisold, 1999) occurred.

**Dialogue Between a Jew and a non-Jew**

This is a story of a dialogue between a Jew and a non-Jew. It took place at a workshop I presented on “Emotional Attunement and Clinical Dialogue” for advanced therapists in Jerusalem in May, 1989. Much of the workshop was experiential. Simone was the fourth volunteer patient I worked with on my first day in Jerusalem. I had noticed her right away. She had the demeanor of a woman of great substance. She was wearing very dark clothing, and her manner of dress indicated she was an observant Jew. She was quite uncomfortable with me; she felt betrayed because she had assumed by my last name that I would be Jewish, and upon meeting me, she surmised (correctly) that I am not a Jew.

Simone said she was afraid of and hateful toward non-Jews, yet she was drawn to working with me because she liked what she saw in my therapeutic approach. She has seen emotional courage and sensitivity, and that attracted her. She said that, in fact, she had never in her life had an intimate conversation with a non-Jew. Her parents are holocaust survivors, and she had been born and raised in an orthodox community in
Jerusalem. Our work went something like this (written from memory 3 weeks later):

(Simone begins by using some imagery from the volunteer patient who worked before her—another child of holocaust survivors—an image of a fish in an aquarium):

Simone: (shrouded in a pall of heavy sadness) I feel choked up. Like a fish who dares not open my mouth or I will swallow water and drown.

Me: And you asked David before if his parents had suffered many losses. I wonder, is that part of what is going on for you now? Are there many losses in your family? (she nods assent) …

Simone: Yes. And now I am not in an aquarium anymore. I am in a huge ocean, and I must fight or I will drown! If any other fish enters my area I WILL FIGHT THEM!

Me: Why fight? (asked with interest)

Simone: Then I can feel big and strong. (said sternly)

Me: Hmm. Then the ocean cannot drown you.

Simone: I feel strong when I fight you and am angry with you. (tight, severe, serious expression) And I am very uncomfortable when I want to be closer to you. I must insist that you are not representative of all non-Jews. You are different. But it doesn't help. Still I am afraid of you, angry with you, and envious of you.

Me: Envious that I do not live under the shadow of the Shoah as you do?

Simone: (nods solemnly)

At this point we engage in some talk of her desire to have me come into her water, to give me a taste of what she lives with.

In the course of talking I point out that, although I can get some taste, the fact that I will jump into the water and then jump out, whereas she lives in the water, changes the experience so that there is still some distance between what she wants me to know and what I can know:

Simone: Yes, so. You are free to live in a world of sun. Why am I not? It did not even happen to me. It happened to my parents before
I was born. Why do I carry it so much? (said in a self-critical tone of voice)

Me: There were too many losses for your parents to assimilate (said with a sigh). There was too much degradation for any one person to bear. It is not surprising to me that the Shoah casts a long shadow. The losses and humiliation seep into you almost by osmosis. (I am speaking with tears in my eyes. One or two tears have rolled down my face.) And so you swim in an ocean of tears that threatens to drown you.

Simone: (in anguish) Why can you cry when I am so frozen!

Me: (spoken very gently) I can afford to.

Simone: (spoken softly and with a slight sigh) Now I can trust you.

She has been appreciative of and responsive both to my attempts to get inside her shoes and my recognition of the limits of my ability to do that. Now she talks of wanting to be able to go somewhere and play with me, as though the ocean has no grip on her. I suggest she imagine the line where ocean and beach meet. We can start by meeting at the water’s edge together, she walking in the water, me on the sand. She begins to tell me what is in her ocean. It includes her father’s first family; his wife and four children were killed in the camps. Then her voice cracking, she tells of her mother’s first family. Her husband was killed, and then her infant baby was killed in her mother’s arms. She sees more (heartbroken) tears from me and is puzzled:

Simone: Why does my story affect you so? Why do you cry when I speak of these things? You, a non-Jew.

Me: I am afraid I cannot give you a satisfactory answer. Is it that I have worked with second-generation Shoah people in the states, and their stories are always deeply affecting? Or is it just that, how can anyone who hears your story not be moved? (My last sentence brings a swell of sadness and heartbreak. I am crying a lot now. Many tears)

We begin to play more with the idea of taking a walk together, away from the water. What emerges is that she cannot play with me while her relatives can see her, and she cannot reassure them that she will return in a minute, because she would be being disloyal to them. I point out that nothing she gives them will give their situation its due. No one person can give
their situation its due. She can give her own life its due. Yet, of course, she would want to honor their memory in some way, although no way seems good enough. (I still have tears in my eyes.):

Simone: (after a heavy, sad, longing-filled pause) I want to trade. I want to give you two pounds of my anguish, and take from you two ounces of your tears. (I move closer so that we might trade) … My anguish comes to my throat, … no, … my mouth, and stops there. It is too UGLY and disgusting. I cannot show it to you!

Me: I can understand your fear. The Shoah was disgusting. Your anguish does not disgust me. But I understand your fear, because in my own life I have had an experience that I was sure was too disgusting to be brought into the light.

Simone: (softly, with sadness and a slight lifting of the heavy pall) Perhaps that is why I trust you.

A few more sentences are spoken softly between us. I speak of wanting to walk alongside her, the water lapping at our feet. She then says the ocean has disappeared now, and she is back in the aquarium, looking out the glass, and seeing that I am there looking at her.

She feels grateful that I have not turned away, and with tears in her eyes, thanks me for staying with her. She then reminds me that her fear makes her want to remind all of us that she does not see me as representative of non-Jews in general.

The next morning, on the second day of our 2-day workshop, I told her that I had decided to tell her something that had occurred to me the day before but which I had held back for fear of being presumptuous (I also noted to myself that Simone was wearing bright colors—as opposed to the black of yesterday—and appeared more animated). I told her of my experience when I visited Dachau.

In essence, I told her that all my life I had felt a vague sense of guilt about being alive, and was not very strongly attracted to being alive. Then I visited Dachau, and from the anguish of the experience, I emerged with an affirmation of life. I decided that the only true renunciation of Hitler was to live as vitally as possible, and not to let his destruction of other people destroy my meaningful life. She was amazed, and said in return that she had reached much the same conclusion after our dialogue yesterday. She very purposefully had chosen brighter colors for today to say she was alive again!
At the end of the workshop she told me that her view of her world is changed now, although she is still uncomfortable with how much she took me in (which I had told her I experienced as a gift), and that she is glad I will be leaving and going back to the United States, so that she can get comfortable again. But still, her “globe” is different; before, it was all dark except for the bright lights of Israel. Now Israel is still brightly lit, the rest of the globe is darkened, except for one pinprick of light far away on the other side of the globe from Israel. I was deeply moved, and told her so:

Me: (with tears in my eyes—again!) One of the legacies of the experience I alluded to yesterday is a fear that I am toxic to others, rather than nourishing for others. I shall always treasure the gift you just gave me. What an antidote for my self-doubts!

Simone: (tearfully!) I think of myself as so wounded, so damaged, that I have no light to bring to others. I am amazed to have this effect on you. And humbled. Perhaps we are more alike than different.

Coda

I do not know if Simone still carries our experience together in her experiential world. However, I was changed forever by the experience. I cannot go back to who I was before our encounter. This, to me, is one of the hallmarks of recognition, or confirmation.

As for the first patient I mentioned, let me give an example of our work together. Our work generally tended to be intensely focused on the vicissitudes of our relationship. At one point in his analysis he was seriously considering “divorcing” his parents. He felt bruised and often derailed by their invasive and bizarre demands on him. I was deeply concerned by this turn in our work in that, although it was not uncommon for him to use action and action language as a first step toward working out a symbolic issue, the consequences of taking this action were potentially much more disruptive and life-changing than other actions he had taken. The primal nature of family connections left me feeling a bit nauseated when he spoke of divorcing them.

There was an important complicating issue. In my own analysis I was in the process of deciding to “divorce” my own mother! I could no longer tolerate visiting my drunken mother on holidays unless she was willing to
admit that she was drunk so that I and my siblings did not have to pretend everything was “normal.” I was considering writing a letter to this effect to my mother. I could feel the blood drain from my limbs as I talked about this with my analyst, and the cold fear that my siblings would banish me for my cruel callousness.

I was concerned that my patient was somehow unconsciously acting out my problem in his analytic process. I became more careful and tentative in my interactions with him. Within a week he picked up on my change in manner and asked if I had some reservations about what he was considering, and if so he would rather hear them than have me withdraw. Various attempts to explore the situation between us without impinging my own life story seemed only to increase the “dead space” between us. I ended up telling him about the dilemma in my life, and about my concerns that he might be going down a dangerous road based more on my inclinations than his own.

Our explorations suggested that he felt grateful to be entrusted with my story, and with my concerns for him. He was also confident that no matter what the roots of his idea, they suited him at this time. He felt emboldened by my honesty, and by my intimate awareness of the seriousness of his predicament. He felt less alone. After much discussion he decided to carry through with his plan, and for about 5 years he had no contact with his parents. During that time he was able to begin dating, further his career, and finally marry. After the birth of his first child he felt strong enough to let his parents back into his life.

Meanwhile, I too followed through with my plan, and occasionally he inquired as to how I was faring in my situation. At those times we spoke together about our respective situations, whereas at other times we only spoke about his situation. By the end of his analysis a lifelong, severe depression had lifted and has never returned, despite the ups and downs of ordinary life.

Finally, let me revisit my second patient. It did not take long for our therapeutic relationship to devolve. The details of how we got there are not important for this article, only to say that he had entered therapy having recently suffered a traumatic loss, and I was in a similar situation. Suffice it to say our interactions became governed as much by desperation and hate as they were by our therapeutic task. Each of our desperate self-preservative actions became a vicious cycle of further disruption and defensiveness.

What had happened? One way to characterize what had happened is that the two of us had become entangled in our conflicting ways of respond-
ing to trauma. The experience of trauma reduces our self-regulatory capacities. We react rather than reflect and respond, we think in simple either–or terms instead of complexly, and we are usually tense and alert for more danger, narrowing the range of interpretive possibilities of our engagement in our world. I needed to withdraw and to be treated gently. He insisted that I attend to his suffering through direct ministration to his needs so that he would no longer feel afraid or pained. I was brusque, confrontative, and my caring heart was closed off to him. The more I reacted by “digging in my heels,” the more insistent he became. His escalating neediness was a meaningful response to his sense that I was increasingly unavailable to him. He was fighting to have his needs recognized and taken seriously. I was withdrawing and fending him off to protect my raw skin.7

How were this patient and I to alter the spiraling negations that had engulfed us? By placing our struggle within the larger context of a therapeutic endeavor, I was able to remind myself repeatedly of my task, and by embracing the task with all my heart I could begin to contextualize our struggles differently, freeing me from my sense of being engaged in a fight for survival. I began to understand how my own traumatized state of mind was playing a much larger role in our interactions than I had at first considered. I renewed my efforts to get the supports I needed to restore my balance emotionally, and to get the supports I needed for understanding my patient through the practice of inclusion instead of by observing and judging him from a self-protective distance.

When we are lost in the most immediate moment, we are most likely to act in ways that are shaming and hateful. This was my problem with my second patient. My slow recovery of my ability to work well with him came from my commitment to keep dialogue as open as possible. That was most difficult for me to do with him, but I could more readily engage in useful conversations with colleagues, and with my own reflections on the therapeutic process and my commitment to it. Those cross-conversations enabled me to open up a more inclusive dialogue with my patient, which of course brought me into closer contact with the terrible fears—his and mine—that had locked us in our life and death struggle. Also, I finally began to appreciate his disregard for me as a striving toward precarious self-cohesion and self-esteem.

7I am grateful to Donna Orange for her insightful comments about the role of my traumatized state of mind in my work with this patient and with others.
I recently heard from this patient, and am glad to report that although when he started analysis he thought he ought to be a hermit because he was too toxic to share this planet with others, he has been enjoying his work with disabled children for many years now.

References


Quizá en mayor grado que la mayoría de conceptos psicológicos, el concepto de reconocimiento es central para la pregunta fundamental por excelencia: ¿qué significa ser humano? El reconocimiento subraya una de nuestras ideas básicas acerca de ser humano, a saber que nuestro sentimiento de sí emerge de la comunidad de los seres humanos, es mantenido en ella, y al mismo tiempo contribuye a la formación de la misma. Pero creo que el concepto de reconocimiento puede también servir para iluminar un aspecto más escondido de lo que significa ser humano, lo que el filósofo Charles Taylor denomina el deseo de “ser correctamente situado en relación al bien.” Nuestra relación con nosotros mismos y con los demás queda transformada cuando nos sentimos reconocidos como orientados hacia “el bien.” Utilizo una descripción fenomenológica y ejemplos clínicos para ilustrar mi tesis.

Peut-être davantage que la plupart des concepts psychologiques, le concept de reconnaissance est central dans la question la plus fondamentale: que signifie être humain? La reconnaissance souligne l’une de nos idées fondamentale au sujet d’être humain, à savoir que le sens d’être soi émerge, est maintenu à l’intérieur, et contribue au façonnement de notre communauté des autres êtres humains. Mais je pense que le concept de reconnaissance sert aussi à éclairer un aspect plus caché de ce que veut dire être humain, et que le philosophe Charles Taylor appelle un désir “d’être à juste titre placé en relation au bon.” Nos relations à nous-mêmes et aux autres sont transformées lorsque nous sommes reconnus comme nous orientant vers le “bon.” J’utilise une description phénoménologique et des exemples de cas en illustration de ma thèse.

Mehr als die meisten psychologischen Konzepte ist das Konzept der Anerkennung zentral für die grundlegende Frage: Was bedeutet es ein Mensch zu sein? Anerkennung unterstreicht eine unserer grundlegenden Vorstellungen des Menschseins: Unser Selbst-Sein entwickelt sich, wird aufrecht erhalten und liefert seine Beitrag zur Formgebung unserer menschlichen Gemeinschaft. Ich denke aber, dass das Konzept der Anerkennung auch dazu dienen kann, einen mehr versteckten Aspekt dessen, was es heißt Mensch zu sein, zu erhellern; der Philosoph Charles Taylor benennt die Sehnsucht, “gut platziert in der Beziehung zum Guten zu sein.” Unsere Beziehung zu uns selbst und zu anderen verändert sich, wenn wir als etwas anerkannt werden, was sich zum “Guten” hin wendet. Um diese These darzustellen, benutze ich eine phänomenologische Beschreibung und Fallbeispiele.
Forse più della maggior parte dei concetti psicologici, il concetto di riconoscimento è centrale per la questione più fondamentale: cosa vuol dire essere umani? Il riconoscimento sottolinea una delle idee di base circa gli esseri umani, cioè che il nostro sé emerge da, è mantenuto in, e contribuisce a dar forma a, la comunità di altri esseri umani. Ma io credo che il concetto di riconoscimento possa servire anche a chiarire un aspetto più nascosto di cosa significa essere umani, quello che il filosofo Charles Taylor chiama desiderio: “di essere giustamente collocati sin relazione al bene”. La nostra relazione con noi stessi e con gli altri si trasforma quando siamo riconosciuti come orientati al “bene”. Utilizzo una descrizione fenomenologica e degli esempi clinici per illustrare la mia tesi.