

# The Ethics of Vision in Psychotherapy

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## Abstract:

In psychotherapy research, it seems the most effective factors for positive results cannot be attributed to psychotherapy techniques. There seems to be many more factors that are more connected to the relationship between psychotherapist and patient. In this context, this article postulates that ethics are paramount because ethics are more important than technique, and are the main factor in achieving a positive result with the patient.

The article aims to examine the ethics of human relationships, based on Kierkegaard's ethical discourses in *The Concept of Anxiety and Works of Love*. The article also aims to substantiate that, what Kierkegaard calls "works of love", are an integral part of intimate relationships, and are - in many cases - the most essential part of the relationship between psychotherapist and patient. It makes the postulate; that there is evidence to suggest that the relationship in itself has a more understandable healing effect.

**Key Words:** Kierkegaard, psychotherapy, ethics in psychotherapy, relations.

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## Introduction

It is in the encounter between people, in the relationship between people, that ethics unfold. It is in this encounter, in the relationship between people, that the psychotherapeutic process unfolds. Ethics and psychotherapy always unfold simultaneously and in the same context. Ethics is about how we humans relate to each other. Ethics amounts to our fundamental attitude to others in the psychotherapeutic relationship. Within this context, I will examine some of the ethical aspects of this human phenomenon, with particular focus on Soren Kierkegaard's ethics, which Grøn refers to as the "Ethics of Vision" (Grøn, 2007, p. 225-268).

My objective is to discover if this can contribute to a broader understanding of psychotherapy research findings. Within psychotherapy research, it appears that psychotherapeutic techniques are secondary to a more fundamental common therapeutic component, a component that Wampold, Lambert and Barley refer to as "the good relationship". (Wampold, 2001; Lambert & Barley, 2002). One could then postulate that ethics are primary to technique, and that the psychotherapeutic treatment of people is fundamentally an ethical endeavour. If this is the case, we will then need to focus much more on ethical issues in the psychotherapeutic treatment situation, and (not least) on the education and training of new psychotherapists with respect to professional and personal ethics: i.e. an education that, to a far greater extent, needs to focus on how therapists ethically relate to their patients in the therapy room. In this article, Soren Kierkegaard's discourse on ethics will be used to clarify the inextricable connection between psychotherapy and ethics.

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## **Psychotherapy**

Psychotherapy is a structured method for creating an encounter with a different human being. It is a structure that in principle focuses on one of the participants in the relationship, the patient, his or her situation in life, and his or her perception and understanding of life. The basis of the relationship and the psychotherapeutic focus are the defined patient's pain of life and *Weltanschauung* [world view, philosophy of life].

This signifies that we are dealing with a tripartite relation; the patient, the therapist, and the topic of conversation, and where the topic is a shared involvement in the issues of concern that form the basis of the relationship. The topic therefore becomes a joint problem which one wonders about. The therapist takes the other person seriously by considering and reflecting on the system of beliefs that he/she presents. One may also imagine a different type of relationship, where two persons talk together about the help-seeker's problem, and where one of them, the therapist, accepts the patient's point of view as a fact, thereby defining the issue as belonging to the other: the other's pain of life. (Skjervheim, 2002, p. 20) In the latter case, it is the expert who defines the situation and the issue of concern and here the expert's resolution would take precedence by virtue of his/her position.

Psychotherapy is a relationship in which one develops a shared commitment in order to dissolve the patient's pain of life. The goal of this relationship is to raise awareness of as many aspects of the issue as possible, making it comprehensible to both parties involved. Both parties have an interest in illuminating the subject in a manner that may provide a shared horizon for understanding the issues of concern. The psychotherapist's task is to be a participant in the patient's world and approach his or her horizon of understanding, as far as possible. This helps to create a feeling of community, where the patient has an opportunity to gain an expanded understanding of the subject(s) that he/she has brought forward. When both patient and therapist are able to view the issue from nearly the same perspective, it creates an experience of seeing and being seen; an acceptance that it is possible to see the world as the patient does. At the same time, the consequences for the patient of having invited another human being into one's intimate life (or world-view), also provides an opportunity for finding new perspectives and points of view. The therapist enters the patient's intimate zone, bringing his or her life experiences, knowledge and understanding of the world.

The patient discovers that the therapist cares about him / her: *"He sees me and understands my standpoint. This means he will also understand my grief and my pain."* One who sees me and understands my grief and pain will be perceived as one who has accepted me as a valuable human being, regardless of my view of life. Here, ethics in relationships will always be fundamental. Ethics will always form the foundation of how we relate to others. This signifies that ethics always comes before the technique. In a relationship, one will always approach the other with a fundamental view

of what it means to be a human being, patient or therapist. It is impossible to encounter a different human being without the encounter bearing the mark of one's previous life experiences and the attitudes of both parties.

Research has shown that when one tries to measure and estimate the effect of psychotherapy, it is often the aspect that is the most difficult to define that appears to have the highest effect (Wampold, 2001). The psychotherapeutic relationship bears a resemblance to what Hundeide (2004) describes as "relations in the intimate zone", and which are distinguishable from other relationships in the community, outside of the close family and in the world at large. A typical feature of the close family, with its intimate relations, is that its members have a shared history of displaying personal traits that are not usually exposed in other contexts and the family has a shared history of experiencing being vulnerable in various situations. This means that those belonging in the intimate zone have experienced each other's vulnerability, and that they are more unprotected toward one another than towards others outside the zone. Protecting the vulnerability of the individual lies in protecting the intimate zone, where the family has a shared task in protecting each other's vulnerability. Protecting the family's vulnerability is synonymous to protecting one's own vulnerability. Therefore, the child is invariably loyal to his or her parents. Being loyal fortifies the feeling of making the world outside a predictable place. Predictability provides a sense of security, because security lies nearly always in the 'familiar', which one think one knows how to handle.

In psychotherapy, the patient experiences something similar. The client brings forward, and to some degree lays bare, his or her vulnerabilities. The patient therefore depends on obtaining a safe interaction with the therapist. Just like with the infant, the patient in the therapy room exchanges everything from gestures to verbal dialogue with his or her outside world. During babyhood, the child communicates with his / her mother through babbling, facial expressions, eye-contact, and movements. This form of communicative 'attuning' is – in some ways – repeated when the patient finds himself or herself in the therapy room. The patient will be (hyper-)sensitive to the therapist, and the conscious and unconscious communication signals that he or she sends out. Similarly, with the infant, the patient will be sensitive to the therapist's ability to synchronize and attune to the vulnerability that he / she brings into the therapy room. The patient's perceptions and interpretations of the therapist's intentions are fundamentally important, if the patient is to feel secure and accepted.

In the deliberations of Wampold and Lambert & Barley (Wampold 2001; Lambert & Barley 2002) on the subject, this synchronization and attunement in therapy is defined as 'caring', or as the quality of the relationship. According to Wampold, and Lambert & Barley, these phenomena are deemed important. The therapist's ability to see and care, and their ability to synchronize and attune are assumed as significant criteria in the quality of therapy (Wampold, 2017). This signifies that the effect of therapy is enhanced – if the psychotherapist, such as Skjervheim describes relationships –

becomes a full “participant” in the relationship with the patient. (Skjervheim, 1976). In a good relationship, the therapist is a “participant” in the client’s life experiences. This technique appears to take second place to the perception of the therapist as a participant. The participating character of this perception is a parlance, where one tries to describe something that is difficult to describe and to define exactly, but which underlines the equality of a sound reciprocal relation:

... the technique and therapeutic model being used by the therapist have a relatively small impact on the outcome of treatment. The quality of the relationship is more important, and it is also tenable to say that a good relationship may be healing in itself, and not only a prerequisite for therapy. These are findings recurring in a large number of studies. (Wampold, 2001; Lambert & Barley, 2002).

### **Søren Kierkegaard’s Ethics**

Kierkegaard formulates his ethics in two different contexts. In his first deliberation, *‘The Concept of Anxiety’*, Kierkegaard describes the ethical as consisting of a double movement. This double movement is an inner, intellectual and emotional movement, which will always affect people’s ethical actions. It is an inner reasoning in which the individual assesses the intentions behind his / her actions. Intentions are unconscious, pre-conscious, emotional perceptions of how things are inter-related, and which may become conscious.

Søren Kierkegaard describes in *‘The Concept of Anxiety’* what he calls “the first” and “the second” science, or ethics, and where the first ethics is described as a striving for idealism. The first ethic is held out as an “ideal demand”, and portrays idealism as a task, in that it assumes that humans possess the ability to live up to this idealism.

The focus of an idealistic symptom-free life, as a goal for psychotherapeutic treatment, will be a blind spot. If the real goal for the treatment is a better life for the client. A better life in the sense of a meaningful life in interaction with others, with ability to love and be loved.

Humans are incapable of living an ideal life. The first ethic fails, because obtaining the ideal is impossible, and thus this leads to a guilt complex. Expectations of being able to constantly perform ideal actions will – in real life – always fail and lead to feelings of guilt. Living an ideal life is just simply not possible. One will never succeed in doing the ideal thing. One does not succeed in accomplishing all the good that one desires, instead – one gets feelings of repentance. Since ethics needs to encompass what Kierkegaard calls ‘the original sin’, which is not mastering idealism, it serves as a confirmation that living an ideal life is not possible. Then repentance sets in. One repents one’s actions. The first ethic can thus be said to be naive in its belief that, when humans are aware of what is good, they will act accordingly. However, the first ethic collapses, because it turns out that it is not enough to know what is good. In the first movement, one pushes the other person away, one turns the back on the other person, because one becomes aware of one’s own guilt. One feels guilty.

Nevertheless, one does not push the other person away entirely, since the repentance within the relationship holds one back. Thus, repentance is thereby the basis of the second ethic. This occurs in relationships with other people, because ethics always unfolds in relationships. Ethics will always be a part of the relationship; and the relationship will always encompass ethics.

Upon encountering the second ethic, one has acknowledged that striving for idealism is abortive, so one turns toward the other, one's fellow human being, through the consciousness of repentance. The second ethics presupposes that the first ethics, the ethics of idealism, breaks down. One realizes the impossibility of idealism in relations with people. This signifies that the second ethic assumes guilt and repentance. Finally, one understands that one must turn to reality.

One realizes that – as a human being – one has failed at living up to 'the ideal'. The immature omnipotent illusions about the possibility of living up to and being within idealism are shattered. The second ethics does not ignore sin, what makes one guilty. It robs one of the illusions about an omnipotent idealism.

The second ethic does not have – as its goal – to strive for the ideal, but to be conscious of reality in the interplay with other people. The 'real relationship' in the therapy room is the basis of the therapist's initiatives towards the patient. The omnipotent idealism is dead, and should be dead in the therapist's world. The therapist needs to remain within the reality of the second ethics, if one is to be able to perceive, tolerate, and understand the patient's life expressions and the hope for a better life. This relationship is to raise awareness of different aspects of one's reality and making it comprehensible to both parties involved.

This not a linear evolvment, but a 'double' movement, a 'reciprocal' action, which follows a human being through his / her entire life towards the goal of becoming the human being that one has the potential of becoming, both to oneself, and in the relations with others. The same double movement takes place in therapy. In the interaction between therapist and patient, where the therapist tries to be a participant in the life of the patient, the dialogue in the therapy room relating to the patient's theme opens the potential for human growth, in both patient and therapist. Both participants evolve and change as a result of the interaction.

### **The Works of Love**

Kierkegaard's ethics is further elaborated – and formulated somewhat differently – in another work: *The Works of Love*, generally acknowledged as Kierkegaard's main work on ethics. In this connection, Kierkegaard describes love as 'an urge to love and be loved'. He assumes that love is a fundamental part of the human being.

“Where does love come from, where does it have its origin and its source, where is the place it has its abode from which it flows? Yes, this place is hidden or is secret. There is a place in a person's innermost being; from this place flows the life of love, for from the

heart flows life. But you cannot see this place; however deeply you penetrate, the origin eludes you in remoteness and hiddenness. Even when you have penetrated furthest in ...” (Kierkegaard, 1998, p. 8-9)

Kierkegaard believes that love may be described as an urge for being in close community with other people. Love is defined as something genuinely human. Love is the most fundamental and genuinely human of all human qualities. It is a quality that may only be exercised in the interaction with others. It has its gaze turned toward the world outside, it makes humans relational beings orientated toward the community and solidarity of the human world.

In *'The Works of Love'*, Kierkegaard describes the various manifestations of love. Common to these is unrest and desire, i.e. a passion seeking release (in the first infatuation, in the lovemaking, in marriage, friendship, parental love, love of man). (Søltoft, 2015) Kierkegaard's main focus in *'The Works of Love'* is love of one's neighbour. To Kierkegaard, this is a genuine love drastically different in its origin and development than the love that we usually have in mind. Love of «one's neighbour» is a property of human beings, which is independent of the human situation and context.

Love of one's neighbour is distinguishable from other kinds of love, in that Kierkegaard does not consider it as an inner emotion, but as an action that affects both the other person and oneself. Love of one's neighbour is a relational act, where one performs an action in relation to a different person, something that has consequences for both parties in the relation.

In therapy, we have a context between two persons in a relation that can be similar. It's a relation between two strangers where the inner emotions are not significantly involved.

Love of “one's neighbour” is a thing one does, an action, or rather, “*love can be an element of what a human does, without it being reduced to the action itself*” (Grøn, 2007, p. 255). One's actions can never be seen in isolation from their context. Any action or thought has a meaning to the other person involved. The reason for this is that love of one's neighbour does something to the person, who acts with love towards a different human being. Love exists, in the moment, when a person within a relationship acts kindly toward another person, and as a consequence of that, also to himself.

In his deliberation on 'love of neighbour', Kierkegaard distinguishes between actions of love and works of love. Actions of love are helping the destitute or giving to the poor. Kierkegaard's expression “the works of love” has a much deeper meaning: 'love of neighbour' does not only encompass specific and particular actions; all 'good' actions are works of love. Love releases the action. When the individual is filled with love; all actions are defined by this love. In the relational context, any action is an expression of love, an expression of approaching a different human being. That means that the relationship in itself is one of love. When one is in a relationship filled with 'love of neighbour', any action will be filled with love.

Thus, one can say that where ‘love of neighbour’ is part of the relational context, the participants in the relationship will feel a closeness and a sense of community that transcends the ordinary, and one can find an intersubjective space where one may surrender. It is a ‘subject-subject’ relationship where the affinity of the individuals becomes «the air that both breathe in», and which provides energy for the “circulation of the blood”. Kierkegaard calls this phenomenon in the relation “the third (ethic)”:

*“If the relation that relates itself to itself has been established by another, then the relation is indeed the third, but his relation, the third, is yet again a relation and relates itself to that which established the entire relation.”* (Kierkegaard, 1983, p. 13)

Here, Kierkegaard describes that the relationship contains a space, which is neither within one or the other person, but which is created within the ‘subject-subject’ relationship. In this intersubjective space, arises an understanding of life, oneself and others, which cannot be expressed in, or by oneself, or the other. It may only be expressed in the interaction, in the space between the players, in the “transitional space”, as Igra calls it (Igra, 1999, p. 201). The idea of a ‘transitional space’ refers to what Winnicott calls the ‘intermediate area’ or the ‘potential space’ (Winnicott, 1971, p. 21). It is a space that can be described as neither “inner” nor “outer”. The perceived space, or state, exists a result of the interactions between human beings. Jessica Benjamin describes this phenomenon as ‘the place of the third’:

*“... as a quality or experience of intersubjective relatedness that has as its correlate a certain kind of internal mental space” – “the third is that to which we surrender, and thirdness is the intersubjective mental space that facilitates or results from surrender.”* (Benjamin, 1988, p. 19-20)

The essential point of the transitional space is that it results in surrendering to the commitment to another human being. Commitment is not a method for achieving something specific, it means being a passionate participant in the life of a different human being, “*in an undisturbed, continuous presence*” (Igra, 1983, p. 91): a presence where the intimacy of the relationship ‘rooms’ (provides space for) the joy, sorrow, and frustration. It’s through this surrender the relation in itself is healing. The surrender opens up for the therapist’s act of love.

Kierkegaard’s fundamental belief is that love resides in all human beings. It is a quality of human beings, one which manifests itself in specific works towards other humans. The child is orientated towards its surroundings and therefore can meet the world with love. It is a fundamental attitude to the world, which J. Benjamin, Bowlby and others described a century later in psychological terms. It is an attitude and an orientation toward other beings, which resides in the child already even at birth.

## **Ethics in the Psychotherapeutic Relationship**

In his deliberation on love, Kierkegaard describes two main types of love. One is romantic love: a love governed by emotions, and which often starts with an infatuation where one finds one's beloved, and in return becomes the beloved one of the other. Kierkegaard describes this kind of love as a rather uncertain affair, referring to the human experiences with the consequences of romantic love, as described in literature, and found in the real world.

However, it has some things that are significant about it, i.e. commitment and passion. It is this passion that is the driving force of most human behaviour. It is not something that we can choose. Being committed is a consequence of being in the world. The child is orientated towards his or her 'close' human beings through relations of the works of love; works which aim at getting close to, and seeing the other; seeing in order to perceive and find one's bearing.

This signifies that the normal "actions of love" are some of the more obvious loving actions, something emotional, while "the works of love" are something else, something that has more to do with the intention: an intention to see the other as a complete human being; being curious and perceiving in order to understand the world, oneself and one's fellow human beings. "Works of love", in other words, are about how I act, that is, the manner in which I do what I do. It is the manner in which I perform the action that is consequential.

That means it is the way that I perceive others that is significant. It is 'how' I perceive the world and fellow human beings that mainly determines my alternatives for action. Arne Grøn therefore defines Kierkegaard's ethics as the 'Ethics of Vision'. (Grøn, 2007, p. 267)

Ethics begins with the way that I perceive. The way that I perceive others determines my attitude and behaviour towards them. In the way that we perceive lies the possibility to overlook, to look down on, to look up to, etc. My perception determines what I see and how I see it. (Søltoft, 2015) Our challenge – especially in a treatment situation – is to perceive another human being as another person – meaning a genuine person, who is essentially like me – without preconceptions:

"It is indeed true (as pointed out earlier, where it was shown that the neighbour is the pure category of spirit) that one sees the neighbour only with closed eyes, or by looking away from the dissimilarities. The sensate eyes always see the dissimilarities and look at the dissimilarities." (Kierkegaard, 1995, p. 68)

In a therapeutic connection, the dissimilarities may be seen as an expression of our diagnostic culture. It is when we see «beyond the diagnostic categories» in the dialogue that we have the possibility of obtaining a genuine dialogue.

Kierkegaard emphasizes that it is essential to see the 'other' as a genuine human being, regardless of any emotions that the therapist might feel. When one manages to do this, it becomes

easier to disregard any dissimilarity that might exist between the therapist and the patient. One will have the possibilities look upon the other, as a genuine being like oneself, albeit with different experiences, which give dissimilar life expressions. Freud also recognised this, and showed that a child's experience of the world gave different life goals and life patterns when facing the world. He realised that the way a child perceives, and is perceived by immediate caregivers, shapes the child's, and later the adult's, understanding of themselves and the world. This wordless experience forms your subconscious. From birth, the subconscious, experience-based perception of the world becomes the basis for an individual's behaviour patterns. It is based on what the child perceives and understands from his or her perspective, of the relationships and events that the child faces, and these are at the mercy of the experiences of the first years of life: where the child's experience of good and bad is guided by emotions the child develops, what Erikson called 'Basic Trust' or distrust of the world (Erikson, 1975, p 224-252).

In Kierkegaard's ethics, the 'works of love' are something else than the 'acts of love', which are ruled by emotions. "Works of love" are more extensive, and unlike acts of love: they are not ruled by emotions. The "works of love" are what Kierkegaard calls the 'love of neighbour', a love which in Soren Kierkegaard's parlance is actually a duty.

Kierkegaard uses the word 'duty' to stress that it has nothing to do with emotions – "Thou shalt love thy neighbour". The commandment is a call to man: it means that to love – in this context – is something one chooses. It is not something one tries to gauge, or strive for emotionally. One chooses an ethical attitude to the patient seeking help. One chooses how one behaves morally and ethically towards the patient. For example; one chooses to behave politely; one is friendly; and has respect for others and their worldview.

Human beings are fundamentally oriented towards the Other, towards the mother, the close family, and the community. This fundamental trust in the outside world is a phenomenon, which has been formulated and explained in different ways in psychological history. There is a wide consensus that the child orientates itself toward the outside world, towards its mother, and others in the circumference of the near family.

Altruism appertains towards fundamentally compassionate guidance. It is the same way that a mother loves her child, regardless of the child's nature. The relationship to the child can be filled with emotions, but it is not emotions that determine whether or not the mother loves her child. She loves her child because it is hers, a different human being who has been a part of her, who has been in her custody through pregnancy, and who remains in her custody after birth. At birth, she has already established a relationship with the child, and has also assumed responsibility for its further development, outside pregnancy. She never considers whether or not to love the child. She loves it, unconditionally. In the same way, the child surrenders to the person who cares for him or her.

Surrendering is showing the other trust. The child shows that it believes love is found in the other, and thereby it shows its love toward the caring person. It's an intension in both to build a relation field with love, even though the mother is not always capable to it.

In Kierkegaard's deliberation on 'love of neighbour', all human beings have a responsibility for our fellow human beings, regardless of any emotions that we might have. Love resides in all humans, and it is my task – as a fellow human being – to believe that this applies to all humans, regardless of the individual's life expression.

This is an ethical standpoint. It is about ethics; about how one relates to other human beings. Ethics always deals with relationships with others. It is fundamental to all human relationships with others. In our therapeutic world, this means that, when a person seeks psychotherapeutic treatment, and because life has become too burdensome, the therapist assumes responsibility for a person who is suffering.

The therapist's task then becomes to see this person with "a closed eye", as Kierkegaard expresses it (see above). This signifies 'seeing beyond' what separates the therapist and the client in their respective understanding of the world; and seeing in a human being, what is genuinely human, behind every expression of suffering, or any diagnosis or symptoms.

This represented one of Freud's major discoveries. Like everyone else, he recognised the symptoms, but he understood that the 'symptom picture' was a language in itself. It was a language that had a meaning to the person who carried the symptoms. However, it was a language that could not always be put into words, and couldn't be translated into the communicational language of the vernacular. It is therefore the task of psychotherapy to articulate the unspoken and the unconscious from which the symptoms originated.

The intention of building a relationship – in order to see the human being behind all the external diagnostic characteristics – is the main objective of, and process of, building a psychotherapeutic relationship. When regarding this idea from an ethical perspective, the therapist has a commitment toward the patient: a commitment to approach the other human being, the patient, in such a way that this human being experiences being seen and 'loved' (understood & accepted). This signifies that the first objective of the therapist must be to see the human being, unobscured from behind their symptoms. It is the therapist's commitment to see and to fulfil this activity with passionate curiosity.

When one sees the person behind their facade and characteristics, when one looks behind their appearance, and into their vulnerability, one has the opportunity to see the genuine human being in that person. The therapist's ability to engage in reaching into that person is what determines whether there is contact, characterised by genuinely looking and perceiving what is behind our different facades. It is only possible to achieve this by surrendering to curiosity about the person's problems.

‘Surrendering’ here signifies trying to perceive what the other perceives, becoming a participant into the life of the other, and tuning in towards the other’s perspectives. Then, the psychotherapist and the patient has a healing alliance.

By becoming a participant in the life of the other, it becomes possible to see the genuine person (residing in the patient), a fellow human being needing to be seen and recognized. It becomes something like the relationship between a mother and her new-born child: “This ‘Other’ needs my protection and my care”. “I’m not indifferent to the Other; the other is my responsibility.” When one sees this, passion for the other will be present.

Passion for the patient is created by love being present within the therapist, as a duty (or gift) to another human being, where the task becomes to remain within this relationship. The task becomes to maintain this experience, and not to end it. Kierkegaard holds that it is our duty to remain in love’s duty towards one another.

“To remain in a debt! But should that be difficult? After all, nothing is easier than to remain in a debt! On the other hand, should remaining in a debt be the task! After all, we think just the opposite, that the task is to get out of a debt. Whatever the debt happens to be a money debt, a debt of honour, a promise debt - in short, whatever the debt, the task is always the opposite, to get out of the debt, the sooner the better. But here it is supposed to be the task, an honour, to remain in it! And if it is the task, then of course it must be an action, perhaps a complicated, a difficult action; but to remain in a debt is the very expression for not doing the least thing, the expression for inactivity, indifference, indolence. And here this same thing is supposed to be the expression for the very opposite of indifference, the expression for infinite love!” (Kierkegaard, 1998, p. 177)

By opening up to see the ‘Other’, one cannot be rejecting of, or being indifferent to, the Other while remaining human. One is compelled to love. It is a fundamental condition of human interplay. The ethics of vision points out that, when one perceives the other with “*closed eyes*”, one cannot help but love the other. In the same way, as a mother does not deliberate whether she should love her child, the psychotherapist does not deliberate whether he / she should love his / her client, or not, or care, and become ‘committed’ to the client – to apply a more mundane expression. As the relationship evolves, the therapist will become to care about the patient, and acquire a passionate interest in him/her. This means to ‘open up’ in order to promote engagement, and thus, above all, not become indifferent with regards to the other person, the patient: meaning to be passionately committed to the other person's well-being.

Being passionately interested in the patient is to have a genuine wish that he / she should fare well in life. To perceive this is to recognize the patient as a valuable human being equal to oneself. This is something that most therapists have experienced multiple times. As a therapist, one cares about the patients, even though one has learnt not to let one’s own emotions interfere with the work with patients. Nevertheless, this is the way it is. This is because love, compassion, and commitment,

are basically inherent in any human being, which makes it difficult to distinguish between preferential love and compassionately wishing the Other well. This is a form of counter-transference, characterized by a genuine involvement in the life of the Other, in the same way that parents are committed to the small infant. Thereby, one knows that this is not preferential love, or a falling in love. It is about seeing the other person.

In the same way that the child is interested in seeing his / her parents, the patient will wish to see the therapist. Through the patient's persistent transferences toward the therapist, the patient will learn that the therapist can be a fallible human being. These transferences confirm that one tolerates a fallible human being as one's therapist. Through experiencing the therapist as a fallible human being, the patient's expectations become adjusted about being a perfect, idealized person: to being a human being with good intentions: for, being a human being, it is possible to live with everyone:

“There are, of course, works that in a particular sense are called works of love. But even giving to charity, visiting the widow, and clothing the naked do not truly demonstrate or make known a person's love, inasmuch as one can do works of love in an unloving, yes, even in a self-loving way – and, if this is so, the work of love is no work of love at all.”  
(Kierkegaard, 1998, p. 13)

Kierkegaard thereby emphasizes that the most significant element of the works of love is the intention; as to how the works of love are done. For this reason, he believes that works of love should not only be visible in the consequences of actions, but that they also should have an effect on the person performing the actions. The intention affects the actions in the relationship, the ethical and moral pattern of behaviour. This signifies that both parties in the therapeutic relation have an intention of wishing the other person well. In the therapeutic relationship, both therapist and patient are concerned that the other is comfortable in the relationship. Both wish to ‘see’ the other, not only for the sake of the other, but also to satisfy his / her own curiosity. The need of human beings for social rapprochement, for confirmation and recognition, which exists since birth, also unfolds in the therapy room. Who is this human being? And what is concealed behind his / her exterior expressions, or what do these other expressions express? Both wish to reach in to the other, where the first encounter between the mother and the new-born child is the relational model, with all one's expectations about care, confirmation, nearness, and recognition intact. The commitment goes both ways. Neither of the parties in the relationship is indifferent to the other. Both are affected by the ethical attitudes played out in this relationship.

### **Modern Dynamic Theory and Ethics**

When considering this in relation to modern dynamic theory, one will find similarities in the way that this human element is regarded. In J. Benjamin's intersubjective theory, the personality development of human beings is seen as a result of a reciprocal impact in near relations. Each individual grows

and develops within, and through relations to other subjects in its surroundings. (Benjamin, 1988, p. 19-20)

From the first moment, the interaction between mother and child is a reciprocal curiosity about the Other, the other as subject. This assumes that both are capable of seeing other persons as separate from themselves, recognizing that they are different, albeit similar. Both are capable of disregarding the difference, and seeing the other as a “a human being who is capable of, and with whom it is possible to share similar mental experiences”. (Benjamin, 1988, p. 20) Kierkegaard’s ethics and Benjamin’s intersubjective theory turn the conception of the psychic world away from the persons’ relationship to his / her object to a subject’s meeting with another (Real) subject. In the deliberations of both, the encounter with the neighbour, the other person, is now an encounter between subjects.

“Recognizing the intersubjective self is not the same as denying the importance of the intra psychological; the inner world of imagination, desires, anxiety and defences; of bodily symbols and images that are connected despite the ordinary rules of logic and language. In the inner world, the Self incorporates, repulses, identifies with, and rejects the other, not as a genuine being, but as a mental object. Freud identified this process, which represents the dynamic unconscious” (Benjamin, 1988)

Both Benjamin and Kierkegaard emphasise the intersubjective as the foundation of the human need for recognition, but also to give recognition to others. To allow others to understand that he has love in himself, as Kierkegaard would say, “...seen with and recognised for one's intentions, emotions, actions and existence ...”, as Benjamin puts it. (Benjamin 1988, p. 20)

To be recognised as such is to be seen as one who fundamentally is, that which the person has the ability to become, by releasing the love within and genuinely seeing others by seeing beyond their differences: to see that others also have the ability to release the love within. (see above). In the dialogue and interaction with other human beings, confirmation and recognition are considered the key elements. It is an ethical attitude, fundamental to all human interactions – including psychotherapy. The reciprocal need for perceiving, thereby acknowledging one’s fellow human beings, is a fundamental ethical attitude underlined in recent dynamic theory.

The idea of reciprocal recognition is accentuated as essential to the intersubjective point of view; it entails that we actually have a need to recognize the other as a distinct person, one who resembles us, but who is nevertheless different. Even the infant has a need to see his mother as an autonomous person, and not only as the “exterior world”, or as a helper to support his ego. (Benjamin, 1988, p. 23)

This point of view is one that we recognize from Kierkegaard’s deliberation on love as inherent in the human being and the need to evoke love in the other: the passionate love for a human being as a fundamental, inherent force from the beginning. To see the Other, the patient, as our kin, is to re-enforce our appreciation of our fellow man, and let that person, the patient, become aware

that love is within him or her. When that person finds that love within, he or she will be able to love another person, be a part of a community, and experience the joy of loving another human being.

The experience of being in a loving community is like being indebted to those that one has around, binding one to the group cohesion. This indicates that ethics and morality, attitudes and intentions, are essential in a treatment situation. Love is, according to Kierkegaard, a reflex of the eternal, and therefore love is an inherent property of human beings. It is a characteristic that exists in all humans. In the double movement, the area of tension that exists between the eternal and the timely is activated in those life experiences that man always has to relate to - the idealized and the worldly ethics. The neighbour is the most significant concept in Kierkegaard's ethics.

Performing works of love will also affect a person performing these actions, Kierkegaard says. Building up or healing another human being is edifying to the builder as well. To give treatment and to be a caregiver is to be a builder up or a healer. It is not about emotions: it is a passion for working with the clear intention of perceiving that person, thereby allowing the person to see that he / she has love in himself / herself, and has the ability to get close to other people in their community. This means that the works of love can never be a means, or a method: it is a fundamental ethic and a moral attitude; a way of perceiving the other. Psychotherapy will always be governed by this way of meeting / perceiving the patient. Psychotherapy is, in other words, an ethical and moral act in the meeting with the patient.

What and who I am depends – to a certain extent – on how I am being perceived by others, but in addition to that, how I also perceive others than myself. In the ethical commitment, we perceive the Other as an equal. The Other is a human being like me, for whom I have a responsibility. This requires that I mobilize all that I can to make the Other understand that he has a value that enables him to be in close relations with others, irrespectively of the context.

This signifies that there is a difference between having, expressing through charity, and “being” in love. There is a difference between ‘having’ and ‘being’, as a basic attitude to life. The significant difference between ‘having’ and ‘being’ is that one may be indifferent to what one has, but not to what one is. One may possess all kinds of worldly goods, but, as a human being, one may be just like any other person who does not own any of these things. On the other hand, “being” in love, is qualitatively different. I cannot be indifferent to what I am. My character traits are mine alone, and it is not possible to be indifferent to them. An integrated ethical attitude to life, characterised by a duty to see behind the facade, (i.e. without the medical diagnostic of ‘culture’), will therefore become my manner as a therapist: a duty to see the patient with “*a closed eye*”.

This underlines that a therapist's ethical and moral attitude is essential and primary, and that any psychotherapeutic technique should follow on from this. It's therefore not only possible that, first

and foremost, the success of a therapist relates more to his / her ethical attitude, and that any technique that he / she uses is secondary.

### Author

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