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The Clinical Impact of the Encounter

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Contemporary Uses of Phenomenology: Psychiatry, Psychoanalysis, and the Neurosciences

"I am Listening to You"

The Clinical Impact of the Encounter

« Je vous écoute »

Impact clinique de la rencontre

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Dorothée Legrand

Abstract:

Whereas, on the one hand, the narrative approach to medicine relies on an ethic of mastery through the act of speaking, on the other hand, the psychoanalyst practices an ethic of hospitality through the act of listening. If listening in this way implies a subject who is susceptible to respond singularly, then to recognize or to abolish the patient as a subject would be the responsibility of the analyst anytime he calls for and respond to the speech of the patient by the very act of listening to him.

Résumé:

Quel est l'impact clinique de la parole et de l'écoute ? Deux réponses seront contrastées : alors que, d'une part, l'approche narrative de la médecine repose sur une éthique de la maîtrise par la parole, d'autre part, le psychanalyste pratique une éthique de l'accueil par l'écoute. Si un tel acte d'écoute suppose un sujet susceptible d'y répondre singulièrement, alors, reconnaître ou abolir le patient comme sujet serait la responsabilité du clinicien chaque fois qu'il appelle et répond à la parole du patient par l'acte même de l'écouter.

Keywords: psychoanalysis, narrative medicine, singularity, speech, listening

Mots-clefs: psychanalyse, médecine narrative, sujet, singularité, parole, écoute

Plan:

1. Clinical Encounters

At the outset, psychoanalysis "had only a single aim – that of understanding something of the nature of what were known as the 'functional' nervous diseases."[1] In wanting to know how to treat his patients more effectively, Freud listened: he listened first of all to a patient whose request was, most notably, that she should be listened to; and more precisely he "consented", not only to listen to his patient's replies to his questions as a medical doctor, but

also "to let her tell [him] what she had to say".[2] We should stress that the patient whom Freud was listening to here was not a patient requesting that she should be given the *right to speak*, because she was already speaking in answering the questions that were being (im)posed; rather Frau Emmy von N. was asking Freud if she could *to speak to him*: she was asking for the clinician's *listening* to *respond* to what is said to him. She was asking for the first and chief *act* of the clinician to be not his questioning but his *listening*.

Nowadays, running counter-wise to a medical practice that is forgetting the subject in favor of his brain, the medicine that is known as "narrative medicine" is explicitly rehabilitating the patient's speech and insisting on the therapeutic virtues of narration.[3] The clinician then commits himself to fulfilling the ethical duties which fall to him as he puts his patients in a position where they are able to recount to him their histories.[4]

The parallel between narrative medicine and psychoanalysis seems to be a glaring one, because these two approaches focus their practices on the patient's speech. Now, if there is indeed something of a parallel, it is precisely in the sense that these practices do not cross over: for the most part, they are entirely unaware of one another. Rather than simply putting this down to neglect, it deserves to be better understood: how do each of these two practices form a conception of the *clinical impact of speech* and of the *act of listening*?

2. The Illusion of a Teller

That which is promoted in the narrative approaches is less the content than the narrative act: they aim less at a description of the patient's experiential details than at the actualization of he whom the narrator becomes by virtue of the performative power of narration. Just as someone who says "I promise" is performing the very promise that he is stating, someone who says "I am" is performing his identity through the very act of putting it into words. Narration is thus an "art of self invention"[5]:

> when we talk about ourselves, and even more when we fashion an I-character in an autobiography, we give a degree of permanence and narrative solidity – or body, we might say – to otherwise evanescent states of identity feeling.[6]

The therapeutic surplus value of the narration is due to the fact that the "illusion" of the "teller-effect" grants him a "psychological gratification" associated with one of the "myths that fuels autobiography", namely, "the belief in the possibility of self-determination".[7] In particular, the narration is a performance by which the teller keeps in check not only the total loss of control that would allow the illness to impose itself, but also the taking over of the illness by another party, an omnipotent doctor who would take *his* patient "as [*his*] territory, at least for the duration of the treatment".[8] Adopting an attitude that is said to be "postcolonial"[9], the teller is able to take control of himself by performing a way of not *being* ill, a way of *having* an illness, an illness from which he can maintain a certain distance by giving it a meaning and a goal, the goal of giving meaning to his illness. The patient's responsibility here is not to master nor even to strive to master his illness; it is rather his *experience* of the illness that has to be rescued "from formlessness"[10] by means of narration.

Thus, this approach draws on an ethos of self mastery: "The moral imperative of narrative ethics is perpetual self-reflection on the sort of person that one's story is shaping one into, entailing the requirement to change that self-story if the wrong self is being shaped."[11] Narrative medicine thus raises the act of telling one's story to the rank of a "moral imperative" and in so doing also elevates the act of constructing oneself, the self-determination of one's experience, by attributing meaning to one's suffering, taking control of the experience of illness, and domesticating the unknown. This practice would purportedly have therapeutic virtues, at least in as much as it is held to reduce

the anxiety associated with being the object of forces that are uncontrollable, incomprehensible, untellable, and unnameable: *giving a meaning* to the illness from which I am suffering gives me a power over it, at the very least the power of not succumbing to the unutterable non meaning into which the suffering is leading me.

3. Meaningful Stories of Meaningless Suffering

When the patient speaks up in an exercise of self mastery we meet what narrative medicine singles out as its therapeutic force; but this is also its weakness. In giving meaning to illness, the teller does indeed "metaphorize" the entity whose story he is telling[12]: "Any important disease, whose physical etiology is not understood, and for which treatment is ineffectual, tends to be awash in significance."[13] The illness is then conceived of as "a form of self-expression"[14], with the patient finding in the illness "the occasion finally to behave well"[15], becoming "more conscious when he is faced with his death".[16]

Now, this operation which aims to make the illness "attractive" by reducing the meaningless suffering of the sick body to a meaning that can by mastered, this operation by which the patient metamorphoses his useless suffering[17] by giving it the goal of feeding his narrative performance.[18] This is an operation by which the patient might be able to overcome his vulnerability with respect to the illness and the suffering. Furthermore, it is an operation that eclipses the *ineluctable* reality that the illness is, and in so doing, it eclipses the very constitution of the subject that we are as "the subjectivity of a man of flesh and blood".[19]

That which the ethos of mastery in this way eludes is the subject such as he is subjected "in the unusual sense of the term that Lacan and Levinas employ"[20], the subject "touched, affected, stimulated, surprised, and in a certain measure violated"[21] by that which he can neither initiate nor control, by what happens to him, by illness, or by suffering.

The cost of the narrative practice, founded as it is on an ethos of mastery, is that of limiting the subject to the field of the meaningful by cutting him off from that which cannot be formatted in a narrative form, by cutting him off from that which thus eludes this form of putting into words, then eluding this form of meaning making.

Under the weight of narrative proprieties[22], the teller would be constrained to "eradicate" from himself all those dimensions that are "recalcitrant"[23] to the narrative shaping. This "self-mutilation" would be all the more invalidating given that the growing presence of narrative approaches in diverse contexts (those with a clinical aim, but also those with an epistemological aim) would impose a "narrative imperialism"[24]: every last thing can and must be said.

Now, when the narrative approach becomes a norm in this way, it becomes a constraint and any contravening of the tacit rules of narration can lead to the "institutional confinement" of people who would not model their stories on the conventional narrative format, thus remaining, if not incomprehensible, at the very least uncomprehended.[25]

With these criticisms of the narrative approach[26], one could be led to think that language necessarily denatures subjectivity such as it is lived through in an immediate way. A conclusion such as this would assume a conception of language that would be reducible to its narrative use and whose participation in subjectivity would be contingent.

But if language cannot be reduced to narration, then that portion of subjectivity that would be recalcitrant to narrative shaping would not for all that escape any capture by language, and, in particular, it would not be excluded from the clinical encounter in which the patient's speech is offered to the clinician's act of listening. Is it possible, therefore, to speak one's suffering without reducing it to what can be said about it in a narrative format, and what then would the clinical impact of listening to an act of saying such as this be?

4. Speaking One's Suffering

Suffering takes hold of me. The suffering is what is "unassumable".[27] Suffering is "vulnerability", "pure pathos".[28] It is through the very fact of being *submitted* to it that I live it as suffering. Passivity is the very mode by which suffering imposes itself onto my experience: a "taking into consciousness" of suffering is not the "performance of an act of consciousness" but "a submission".[29] The suffering which I have not "taken into consciousness" cannot be taken as the theme of my narrative performances, but this suffering none the less expresses itself. It marks, most notably, my face; this face whose expression escapes any control, my control or the control of the other in front of me. Here, face is the name given to "the way in which the other presents himself, exceeding *the idea of the other in me* […]. This *mode* does not consist in figuring as a theme under my gaze"[30], nor as the theme of a story. Since no narrative performance could ever do it, the face exposes the suffering that stands in contrast to "the assemblage of data into a meaningful whole."[31]
A moan, a cry, my face marked with suffering obliges the other to the impossible by turning itself into an appeal for him to reply to the irremediable, the "original call for aid, for curative help, help from the other me whose alterity, whose exteriority promises salvation"[32], a call that is not felt as such except via the response whose promise it performs. Now, in addressing the other in front of it, "the face speaks"[33], and if this is so, it is because the manifestation of the face is structured as speech, the expression of the face being irreducible to the representation of its form, just as the act of speaking is irreducible to the thematization of what is said, namely, to narration. The act of speaking "holds importance less for its content in terms of information as for the fact that it is addressed to an interlocutor"[34], and to have a face is to be face to face with the face of the other, another face with respect to which "I do not simply stand contemplating", indeed, "I respond to it".[35] The face in the expression through which the act of saying is shown is therefore intrinsically intersubjective, in so far as it puts me in a position to respond to the other who addresses his act of saying to me by facing towards me, just as he puts the other in a position to respond to me, thus positioning us as subjects, one of us face to face with the other.[36]
But might it not be the case that to respond in his way to the other who is suffering is to succumb to his suffering, to participate in it, and thus to increase it twofold? Or, inversely, might it not be that to respond to the other who is suffering is to smother his request along with the subject who is expressed in it, on the pretext of finding a solution to the suffering that he is voicing? No, this is not the case. These two clinical pitfalls are avoided so long as responding remains the *act* of someone who *listens* to the request of someone else; so long as responding remains the act of continuing incessantly to listen to the request of the other for the duration of the time that he goes on addressing this request to me; so long as minimally, but fundamentally, responding to the other is to recognize that the other is offering to my listening the singular request that he is addressing me. *To respond* is not to give something as an answer.[37] Before asking for a remedy, the first request from a subject who suffers is for his suffering to be recognized, and therefore to be listened to: the first act by which the clinician responds to the suffering of the patient who addresses him is therefore the recognition of this suffering, and by virtue of this, the recognition of the subject who is caught in it. This is how,

> The psychoanalyst, in order not to detach analytic experience from the language of the situation that it implies, the situation of the interlocutor, comes upon the simple fact that language, prior to signifying something, signifies to someone. It is simply because the analyst is there listening that the man who speaks addresses him […]. What the man says may, in fact, "have no meaning", but what he says *to the analyst* conceals one anyway. It is in the impulse to

> respond that the listener senses this; and it is by suspending this impulse to respond that the analyst understands the meaning of the discourse.[38]

This kind of suspension of answers does not minimize the silent analyst's act of responding, but on the contrary maximizes it, if the analyst turns this suspension of his speech into an *act* of listening, which would therefore be "a silence from which we speak"[39]; this silence is "that of a given speech. It gives speech, it is the gift of speech."[40]

To listen is thus to respond to the given speech, a response that calls upon the speech of the other just as much as it receives it; this *responding* is not a pure passivity, it is an act that starts elsewhere, there where I am not, there where I shall never be; there where the other is, whence he speaks to me, addresses me and thereby requests to be listened to.[41] Reciprocally, and in an indissociable manner, to speak is thus to respond to the listening that has been given; and again, this *responding* is an act, but an *act* that takes place at the heart of a space created *by the other*, a space where words are drawn in, a space created for the mouth of the one by the ears of the other.

5. I am Listening to You

Here, we can perceive one requirement of the fact of putting into words: that speech passes back and forth *between* subjects in each other's presence; in particular, the requirement of the clinical encounter is that speech should be listened to.[42] This is only banal in appearance, because in fact receiving or giving speech can be conceived of without listening – while the very force of the notion of listening is that it cannot be conceived of without speech, or without a voice that turned into speech by the very fact of being listened to as such.[43]

Here, it appears that narrative medicine places at the heart of its practice, not listening, but a sort of speech that, even if it cannot be dissociated from the context of enunciation, and undergoes its effects, would be able to manifest itself without necessarily being listened to, since its transformative force would operate first and foremost between the narrator and his story, and not between the orator and the auditor. In effect, in this context, putting the illness into words aims at the re-shaping of the illness, through self-determination, through self-control, through the attribution of meaning to suffering, through the extraction of the illness from the formless chaos that it imposes. Here, narration is conceived of as a reflexivity that allows for a seizing of power over oneself: the teller demands "to represent oneself rather than being represented".[44] It is a matter of taking possession of the experience of one's *own* illness and of one's *own* suffering by taking possession of one's *own* voice by telling one's *own* story. In this practice, on *s'la raconte*, one is "full of it", so to speak, and a narration would therefore be able to make do without an other who listens. Now, reflexive narration such as this finds it hard to make itself any room so as to be deployed with a psychoanalyst because the analyst turns listening into his main act; if not his only act, at least his first act.

What, then, is a form of listening that responds to the act of saying performed by a patient who is suffering, without taking possession of what he says? How does this form of listening operate on the patient? Who is being listened to? By whom is the speech received? To whom is the hospitality extended? Is it to "someone with whom you begin by asking his name"; someone whom "you enjoin […] to state and to guarantee his identity"?[45] Does the hospitality, the listening,

> begin with the question addressed to the newcomer […]? […] Or else does hospitality [the listening] begin with the unquestioning welcome […]? […] Is it more just and more loving to question or not to question? Does one give hospitality to a subject? To an identifiable subject? To a subject identifiable by name? […] Or is hospitality [the listening] *rendered*, is it *given* to the other before they are identified, even before they are (posited as or supposed to be) a subject […], a subject nameable by their family name, etc.?[46]

Would the psychoanalyst's act of listening fall under the heading of an unconditional hospitality[47] that does not presuppose the question "what is your name?", nor does it presuppose "learning a name already given", but on the contrary "gives" a name by responding to the newcomer who asks to be welcomed.

By placing myself in a position to listen to you in a singular way, I recognize that you, not such and such a subject, but you, you are here, face to face with me, and therefore you have a name, a name which I give you in the sense that in listening to you, I welcome your speech as singular speech, I suppose that you address me in your name.

"What is your name?"; "the injunction to respond, lest we forget, can be an act of extreme violence […]. You must answer for yourself, for your identity".[48]

The violence of the simple and banal question, "what is your name?", holds a subjective positioning that it *imposes* on the one to whom it is put. Making itself the point of reception of what comes along, whatever comes along, the act of listening is immunized against this violence but "the sometimes appeasing lexicon of welcome and hospitality"[49] should not make us forget its intrinsic violence which is due to the fact that this act of listening supposes a subject who is liable to respond to it in a singular way, namely by speaking in his name. This violence matches the transformation of the newcomer into a subject who speaks in a singular way because he speaks as such. So it is that if, as an analyst,

> I call the person to whom I am speaking by whatever name I like, I notify him of the subjective function he must take up in order to reply to me, even if it is to repudiate this function.
>
> This decisive function of my own response thus appears, and this function is not, as people maintain, simply to be received by the subject as approval or rejection of what he is saying, but truly to recognize or abolish him as a subject. Such is the nature of the analyst's responsibility every time he intervenes by means of speech[50]

… and perhaps in a way that is both more basic and more fundamental, to recognize or abolish the patient as a subject would be the responsibility of the analyst each time that he calls upon and responds to the patient's speech by the very fact of listening.

In analysis[51], the patient "gives himself a partner who stands a chance of responding"[52] and this act of responding of which the analyst takes responsibility begins not only with the first interpretation, but from the moment he opens his door[53] to the stranger, says hello[54] to the unknown stranger, and listens to him in a singular way.

This act is only banal in appearance because it leans on the presumption of subjectivity of he who presents himself at the door and stands face to face with you. To welcome, to listen, and to respond is also to give a name, that is to say, to receive the newcomer by recognizing him as a subject who bears a name by the very fact of entering by standing face to face with you in the space of listening that you are opening to him.

The act of unconditional hospitality extended to the subject who speaks, by he who listens, can be understood better when one[55] reads again the basic rule that is the foundation of every psychoanalytical act, a simple rule, but one that stands radically apart from an ethos of mastery: Freud enjoins his patients, "before inviting them to give the detailed story of the history of their illness, to say in addition everything that occurs to them, even if they deem that it is without importance or that it is not linked to the subject, or that it is without meaning"[56]; this is a rule of unconditionality that only carries any meaning in as much as it is applied not only to the patient, but also, and even more so, to the clinician who is supposed not to focus "on anything in particular but [to] give everything the same kind of 'impartially suspended attention'."[57] Applied to the clinician, this "prescription" is the "necessary corollary to the demand [made of] the analysand"[58], and it is precisely this practice that puts the clinician in the position of being listened to *unconditionally*,

as a subject who bears his name and his voice, regardless of what he says.

Thus, even though psychoanalysis was baptized a "talking cure", it also emerges, and emerges indissociably, as a "listening cure", not through the listening of curative suggestions or interpretations, but through the fact of being listened to. Speech and listening are inextricable at the heart of the clinical encounter and it is in this sense that the subject in analysis

> accepts a position that is more constitutive in itself than all the orders by which he allows himself to be more or less taken in – the position of interlocution – and I see no disadvantage in the fact that this remark may leave the listener dumbfounded. For I shall take this opportunity to stress that the subject's act of addressing brings with it an addressee – in other words, that the speaker is constituted in it as intersubjectivity[59]

… because psychoanalytic interlocution "includes the interlocutor's response". Thus, far from admitting "that the subject is somewhere, at a privileged point where he is able to have an endoscopy of what is going on inside himself"[60], the psychoanalytical practice means to remain loyal to the very phenomenon that is given at the heart of an encounter between subjects, namely a speech that offers itself to the listening of the other party.

6. Indiscretion with Regard to the Unsayable

"What is said does not go without saying"[61], and to listen to this saying at the heart of what is said is to listen to "speech as an act in the subject".[62]

Should attention be focused painstakingly on the referent of what the subject is speaking about, then, immediately, "the fact of saying remains lost behind what is said in what is heard".[63] However, the saying does not go without the said, "saying and what is said are correlative to one another" and "the fact of saying is subordinate to its theme"; this is "the price that the manifestation demands"[64], the "price of a betrayal".[65] Thus, the psychoanalyst's listening does not go without saying which does not go without what is said. One is then able to understand that the psychoanalytic practice embraces the narration that the patient offers to be heard, but within this listens to the fact of saying that arises within what is said, like the subjective structure in which the narrative fabric is woven. Therefore, it is a matter of hearing the fact of saying and its subject by listening to what is said and its object.

However, far from making do with duplicating what is said and a fact of saying, the psychoanalyst delimits it as something unsayable. Running counter to a "narrative imperialism" in which everything is said, for the psychoanalyst, "not just anything can be said. And it requires saying."[66] The psychoanalyst listens to the saying that is betrayed in what is said without being said, "everything shows itself at the price of this betrayal, even the unsayable".[67] Taking the responsibility of this indiscretion, the psychoanalyst lends himself to "listening to the unheard of".[68] "the indiscretion with respect to the unsayable" does not mean "forcing to speak"; the unsayable is

> the impossible[69] as impossible to say […]. Now this, this impossible, is a figure of the irreducible, of the ungraspable, of the unassimable, which means that it is not only the case that words fail to say it, but rather that the impossibility is literally radical and as such irreducible.[70]

It is in reading this unsayable to the letter that one can hear within it how "never is it a question of the unsayable ending up by being said, by speaking its secret, saying what cannot be said"[71]; rather, the unsayable fact of saying "shows itself", the subject is exposed, the bare face, face to face with the other.

The unsayable fact of saying, the face of the other addresses me, like an appeal for my response, and because I respond to it through the very fact of listening, I recognize through this act his presence, a presence that cannot go without what is said in narration, but cannot be absorbed back into a narrative theme. Even if he

takes himself or is taken by me as a narrative theme, even if he speaks of himself or if I speak of him, a divergence "inevitably opens between the Other as my theme and the Other as my interlocutor, emancipated from the theme that seemed a moment to hold him."[72] The conclusion that Levinas draws from this observation is a radical one: through this "divergence that inevitably opens between the Other as my theme and the Other as my interlocutor […], the formal structure of language thereby announces the ethical inviolability of the Other."

Thus, it is not *in spite* of language that I encounter the other, his singular experiences, and his suffering: despite the conventions that regulate any discourse and inevitably constrain narration, despite the potential inaccessibility of unnarratable experiences, it is as a "subjectivity that speaks"[73] that I encounter the other party in his singularity; it is in speech that I am exposed to the expression of the other and that I recognize him as an irreducible, inviolable subject, when I am responding to his expression. So, it is not in spite of *language* that I encounter the other. Rather, that which remains irreducible to any *narrative* frame, to any capture as a thematic object of description or knowledge, is the other who comes to meet me, to address me, impressing upon me to respond to him, if only in listening to the singularity of his vulnerability to suffering. Language is a "relationship between men"[74], a "relationship between separated terms".[75] The other who speaks to me and to whom I speak "remains infinitely transcendent, infinitely foreign"[76], possessing an unsayable singularity, and it is as such that he is inviolable.

In the narrative approach, either the power of the doctor is extended from the body of the patient to his speech[77], when the clinician acquires the "narrative skills"[78] that are needed in order to interpret the stories of his patients; or the power passes from the hands of the doctor to those of the patient himself, to whom is then given the responsibility of shaping the history of his illness into a narrative form so as to control the experience. These two narrative approaches to medicine lean, as we have underlined above, on *an ethos of mastery by speech*. Contrary to this (and here we are grasping the scale of the difference that separates these two clinical practices), psychoanalysis "is attention to speech or welcome of the face, hospitality and not thematization"[79]; the psychoanalyst practices *an ethics of welcome through listening*, listening to "un-narratable" other, the other who is "unconvertible into a history"[80], the other who is "inviolable" by virtue of the very structure of language.

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Notes:

[1]Freud, S. (1924), p. 191.
[2]Freud, S. (1895), p. 69.
[3]This is notably the case in English speaking domains, but also in Japan; see Ishihara K. (Ed.) (2013). For a wider perspective on the narrative paradigm, see Spector-Mersel, G. (2010).
[4]Charon, R. (2008), p. 25.
[5]Eakin, P. J. (1992), p. 71. See also Bamberg, M. (2011).
[6]Eakin, P. J. (2004), p. 129.
[7]*Ibid.*
[8]Frank, A. (1995), p. 10.
[9]*Ibid*.
[10]Frank, A. (1995), p. 10.
[11]Frank, A. (1995), p. 158.
[12]Sontag, S. (1974).
[13]*Ibid*.
[14]*Ibid.*
[15]*Ibid.*
[16]*Ibid.*
[17]Levinas, E. (2006)
[18]Frank, A. (1995), p. 115.
[19]Levinas, E., (1991), p. 142.
[20]Waldenfels, B. (2011). p. 28; Habib, S. (2005).
[21]Waldenfels, B. (2004). p. 238.
[22]Garden, R. (2010), p. 131.
[23]Sartwell, C. (2000), p. 35.
[24]Phelan, J. (2005), p. 206. See also Bamberg, M. (2012).
[25]Eakin, P. J. (2006), p. 182.
[26]See also Woods, A. (2011).
[27]Levinas, E. (2006), p. 78.
[28]*Ibid*.
[29]*Ibid.*, p. 79
[30]Levinas, E. (1969), p. 50.
[31]Levinas, E., (2006), p. 78.
[32]*Ibid.*, p. 80.
[33]Levinas, E., (1969), p. 198; p. 219.
[34]Levinas, E. (1984), p. 33.
[35]*Ibid*., p. 82.
[36]Waldenfels, B. (2005), p. 90.
[37]Waldenfels, B. (1994).
[38]Lacan, J. (2006a). p. 66. This stands in contrast to some interpertations of Lacan's teaching; see for example Defrenet, B. (2009).
[39]Derrida, J. (1997a), p. 200.
[40]*Ibid.*, p. 201.
[41]Waldenfels, B. (2010), p. 79.
[42]Maltèse-Milcent, M-T. (2006); Clerc, D. (2007); Chervet, B. (2007).
[43]Lacan, J. (1988).
[44]Frank, A. (1995), p. 13.
[45]Derrida, J. (2000), p. 28.
[46]*Ibid.*, p. 28 - 29.
[47]Or "the unconditional welcoming of *lalangue*" (Habib, S. 2012). See also Dufourmantelle, A. (2009). This "the unconditional welcoming" should not be confused with the "unconditional positive regard" of Rogers, C. (1961).
[48]Derrida, J. (1999), p. 131.
[49]Derrida, J. (1997a), p. 109.
[50]Lacan, J. (2006b), p. 247-248.
[51]And particularly in the transference to which it gives rise.
[52]Lacan, J. (2001b). This characterisation was brought to my attention by F. Gorog during the seminar on psychoanalysis and philosophy that she runs with S. Habib (2012-2013). See also Soler, C. (2012).
[53]Derrida, J. (1997a), p. 56.
[54]The non banality of the banal "hello", and its clinical impact, have been unpacked in detail by S. Habib during the seminar on psychoanalysis and philosophy that he runs with F. Gorog (2012-2013).
[55]*Ibid.*
[56]Löwenfeld, L. (2007), p. 5.
[57]Freud, S. (2002), p. 33.
[58]*Ibid.*, p. 34.
[59]Lacan, J., (2006b), p. 214.
[60]Lacan, J., (1993), p. 35.
[61]Lacan, J. (2001a), p. 452.
[62]Lacan, J. (1998). p. 145. Note that Lacan affirms elsewhere that the subject is an "effect of the said" (Lacan, J. (2001a), p. 472).
[63]Lacan, J. (2001a), p. 449.
[64]Levinas, E. (1991). p. 6.
[65]*Ibid.*
[66]Lacan, J. (2001a), p. 472.
[67]Levinas, E. (1991). p. 7.
[68]Habib, S. (2010), p. 176.
[69]The fact of saying "touches on the real in meeting it as impossible" (Lacan, J, (2001a). p. 449).
[70]Habib, S. (2010), p. 177.
[71]*Ibid*., p. 178.
[72]Levinas, E. (1969), p. 195.
[73]*Ibid*., p. 182.
[74]*Ibid*., p. 52.
[75]*Ibid*., p. 195.
[76]*Ibid*., p. 194.
[77]King, N. (1992), p. 186.
[78]Charon, R. (2008), p. 25. For a critical discussion, see Petersen, A. *et al.* (Eds.) (2008); Macnaughton, J. (2009).
[79]Levinas, E. (1969), p. 195; *Cf*. Derrida, J. (1997a), p. 49-50.
[80]Levinas, E. (1991), p. 166.

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