



De-Pathologizing Love in Therapeutic Care: Attending to an Unwitting Hermeneutical Violence

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Abstract

This paper addresses the nature of pathologization in general and the pathologization of love in therapeutic care in particular. “Pathologized or pathologization,” means *an event, person, action, thought, feeling, or circumstance that is de-valuated as “less than,” as compromised or broken, and unwittingly (ironically, in the name of love) demeaned, belittled, ignored, jettisoned or ostracized for its not-enough-ness, its incorrectness, or its inadequacy in light of rank-ordered scales of measured worth.* The pathologist presumes an essentialist hegemony should be healthy love, consequentiality, views any expression less than this prescription as a privation or pathologization of healthy love, and is thus immature, ill, or unethical. Common ways therapists pathologize love in therapeutic space include the use of a modified against nature argument; which today is reframed as an against the status quo argument. The use of inflection and body language that communicates disapproval are, enacting ideologies of deficit-correction that inherently stigmatize, interpreting expressions of love “as other than it is,” or, “as nothing but something else,” such as adoration interpreted as really dependency or teenaged pining as merely raging hormones. Essentialist rank-ordered scaling inherent in these forms of pathologization is deconstructed, then explored in terms of the impact of this deconstruction in therapeutic care. The essay is concluded with suggestions of how to care for expressions of love in non-pathologizing ways within therapeutic space.

Keywords: Love, Therapy, Pathology, Hermeneutics, Violence

Introduction

Love is suspect, at least to the hermeneut of suspicion in therapeutic space, and thus begins the hermeneutical violence against love. One naïveté that we all hope isn't the case is that our cultures of care are not unwittingly cultures of harm, especially when intending a practice of care that bolstered by social consent and evidential foundations. How we handle love in therapeutic care: employ a hermeneutic of

violence of pathologization of the very love we yearn to enhance, though, is this the very thing we hope to avoid? Hence, the particular kind of hermeneutical, or interpretive, violence with which I am concerned in this essay is the process of pathologization in general, and the pathologization of love in therapeutic space in particular. By “pathologization,” as I use it in this essay, I mean *an event, person, action, thought, feeling, or circumstance that is de-valuated as “less than,” as*



compromised or broken, and unwittingly (ironically, in the name of love) demeaned, belittled, ignored, jettisoned or ostracized for its not-enough-ness, its incorrectness, or its inadequacy in light of rank-ordered scales of measured worth.

The pathologist presumes an essentialist consensus regarding what should and should not be considered as healthy love. This prescription, in turn, establishes a process that views any expression less than this prescription as a privation or pathologization of healthy love, and thus, is tagged as immature, ill, or unethical. The pathologist sees as his or her charge on the task of catching the instigators or perpetrators of illness, indicting them through diagnostic categorization, and sentence them with layer upon layer of stigmatization. Again, this is done more often than not in the name of a love called “diagnosis and treatment.”

Common ways therapists pathologize love in therapeutic space include the use of a modified against nature argument, which today is reframed as an against the status quo argument; the use of inflection and body language that communicate disapproval; enacting ideologies of deficit-correction that inherently stigmatize; and interpreting expressions of love “as other than it is,” or “as nothing but something else,” such as adoration interpreted as *really* dependency or teenaged pining as *merely* raging hormones. In this study, I deconstruct the essentialist rank-ordered scaling inherent in these forms of pathologization, then explore the impact of this deconstruction for therapeutic care. I conclude the discussion with suggestions of how to care for expressions of love in non-pathologizing ways within therapeutic space.

An Exploration of Pathologization and its Ideological Presumptions

When persons in therapy disclose expressions of love, such expressions seem to be more often than not be automatically shelved within a Dewey Decimal System of pathologizing interpretations: Is it codependency? A reaction formation? Some compensatory repair? Does it mask hate? Is it addictive? An expression of daddy issues? A mid-life crisis? A reaction formation? Mere hormones or oxytocin-induced blindness to reason? When we love those who hurt us, are we masochistic? Is being in love with an inflatable doll or a simulated avatar a perversion or arrested development or schizoid avoidance of Real human beings? Is mutual love at first sight a folie à deux psychosis?

How can we know if we are loving or selfish, sacrificial or advantageous, generous or shrewdly utilitarian? *We can't.* We keep trying to believe there is a pure place of Unfettered Love from Above that is impervious to the contamination of fallibility. But would this be love, even if we found it? The hunt for an essential structure of love, it's “this-ness” and not “that-ness,” is itself unloving as demarcations, identifications, and objectifications of love leave someone unloved (i.e., left out of what counts as loving or what merits love). It is unloving if the search for this-ness is a process of purification and exclusion of that-ness. The search for this-ness presumes a trans-situational capacity such that love is love across any and all circumstances. This stance forgets that *who* we are, is *how* we are *in situations*—and situations change.

Nevertheless, even with the emphasis on reaching something's *haecceity*, or this-ness, rarely do we celebrate love *as love*, love without why, to



borrow Silesius' phrase. Celebrating love without why is to stay phenomenologically experience near to how love shows itself as it is, in its own way, bracketed from justifications, conclusive evaluations and/or utilizations as a commodity for production. Love is allowed to burn "as such," and as shown, regardless of this presentation. Instead, more often than not love runs the risk of being doused again and again in the name of therapeutic care as therapists respond to love's presentation and call by turning without why into a plethora of whys (explanations, justifications, reductions) and why nots (dispatched pathologizations). A veritable free association of the word 'love,' when used in therapeutic care, triggers a lookout for madness, in spite of our nearly universal desire to love again and again. What can we do, then, about how and why we pathologize love?

In pathologization, affirmations and negations of love as a positive or negative phenomenon are already appreciating (in the economic sense) loves worth before it shows itself. Love is scaled before a hearing, let alone a harkening, regarding its proximity or distance from established norms-as-ideals, whether what is normed is safety, truth, health, appropriateness, civility, rightness, evil, caring, or the good life. Normativity further relies on an objective "is-ness" of its absolutes, that is to say, views the norm as The Reality that anyone and everyone could plainly see, rather than as a relativity of constructed realities. Yet, the deletion and inclusion of diagnostic categories in various editions of the Diagnostic and Statistical Manual of Mental Disorders over the years is a case in point that posited truths are relative truth given conditional changes, needs and expectations of truth-makers. *Anything* can be pathologized.

For instance, offering soul food is loving in its generosity and flavor, but unloving if the project is to support healthy arteries. Tough love is simply love via limit setting, but at the same time unloving in its withholding and love withdrawal. Time out and taking privileges from children are touted as nonviolent forms of parental love, which concurrently are acts of power that use banishment and theft as ways to enforce how one wants another child to behave. Disclosing potentially abusive parenting practices to state investigatory agencies in order to prevent child abuse may indeed be a loving prevention of child abuse, but it is nonetheless a betrayal, at the very least, if not all the more a practice of harm by handing a child or family over to the abusiveness of system. A sniper in Syria who kills a suicide bomber to prevent his platoon's annihilation is upheld as a hero, but the same person pulling a trigger on the Southside of Chicago is a murderer—the difference being the assigned roles, contextual circumstances and the meaning of locations, as both locations are war zones.

Whatever is established as the loving norm leaves someone else ostracized, ignored or overlooked. Norming excludes. Norming is actualized through naming. Naming is primarily done through categorization and/or classification. Categorization, "kata agoria," originated as a way of shaming in the market place (Schurmann, 1987, p. 161). We reach for a categorization or classification when we need to know, to control and contain, and predict experiences. But in doing so, in moving from a hearing to a naming, we objectify and reify, and, more importantly, delude ourselves that we can conceptualize (from *Begriff, grieffen, capere*: "to grasp") what is ungraspable (Schurmann, 1987, p. 275). The word, 'love,' is as slippery as the



word, 'God,' which, as we know from Moses' encounter with *yahiya asher yahiya* (which I translate as "I am becoming what I am becoming") that neither the experience of I-ve nor g-d can be reduced to categorical confinement. Yet, we assess by naming and norming with discourse that rank orders ideal Forms and inadequate copies in a flurry of hermeneutical violence that tries to kill love's without why, and done so, of course, for our own good.

Pathologization of any sort is a type of hermeneutical violence in at least two ways. First of all, it demeans something's as-is-ness as less than, or needing to be something-else-than itself. Indeed, one who suffers more often than not seeks relief from suffering, but this need not leads us to classify suffering as *less than* comfort; they are two different phenomena, which co-constitute each other. Suffering is a *different*, but not a *deficient*, mode of existence, and has immeasurable value of its own according to how we make sense of it. Comfort, on the other hand, presumed to merely be a good thing, can dis-able and lure us into complacency. Each mode of being has its gifts and limitations.

Secondly, pathologization is hermeneutically violent in that it essentializes what is relative by omitting contextual and informational details of narratives that challenge a narrator's power or dominant narrative's eisegetical hegemony (imposed, dominant and manipulated narration). Policing what can and cannot be included as part of a narrative, regardless of whether such police are elected, appointed or imposed, attempt to protect and serve the purpose of preventing multiple reads of an event's meaning(s). If, for an example, I establish my own essentialist definition of love as *to be for the well-being of the other's meaningful and*

fulfilling pathways in life, then, from the stance of protecting this narrative, I would ticket anything short of this ideal as "pathologized" in some way (e.g., as being for myself rather than another, or as inadequate due to an incompetency of loving). Thinking of one's own needs, then, becomes seen as selfish if the norm of love is to think of the other's needs first, if not exclusively. On the other hand, self-care is viewed as an important competency for therapists and a compromise of the quality of work, thus unloving, if not exercised. As we can see, an event's significance, even when maneuvering through rank-ordered scales of measurement, is relative given different contexts and projects. Is capitalization off of another's suffering self-care and loving, or is it a loving sacrifice to live into a vocational calling of therapeutic care as one's livelihood? Which is the "right" interpretation? Who gets to decide? For how long? This relativity continually shows itself through cracks in dike that tries to assure us that norms are Norms sans relative interpretation and power. Relativity of meanings offers liberation from oppressive impositions of absolutes, but, as a consequence of its freedom, can also give free reign to interpretive violence as the central tool of pathologization. The difference with the latter practice is that interpretive violence does not see its conclusive interpretations as relative, but as absolute, though takes advantage of relative flexibility to reframe any presentation as pathological, if the need arises.

Another pathologizing mechanism of interpretive violence is defining an event or presentation as something "as other than as is." Someone in therapy who is frustrated with the analyst for not celebrating his new-found love is chided by the analyst's gaslighting retort, "What shall we do? Let



us rejoice in your impending castration?” Existential fear mixed with the excitement of risk in loving another person somehow finds itself named as castration anxiety. Interpreting a comportment as something other than its phenomenological presentation, as other than how an experience is made sense of by the one living it, is interpretive gentrification. We drive out unwanted lived understanding of events (counter to the analyst’s preferences) into other neighborhoods of meta-psychological schemas that better fit how analyst put the world together. For example, as this ideology pertains to love, relying on each other in caring ways becomes codependency, with codependency being what needs to be corrected. An older man and a younger woman pairing becomes daddy issue partnering with a mid-life crisis, a less-than more socially normed age-appropriate expectation that requires adjustment. Someone who decides to pull back from a relationship that seems to be going well is interpreted merely as a witch complex or as sabotaging a relationship, presumably with the conclusion that being a witch is a forbidden comportment. Each interpretation carries with it a pathologized negation of values counter to desired and dominant values, thus denoting something as wrong or broken or that needs to be repaired. This process has a spectrum-like organizational feel that orders prescriptions of the good life and jettison what is ab-normed.

A final quality of pathologization in general to address here is deficit-correction ideology and comportment in therapeutic care, and its accompanying goal focused production. Deficit-correction, to be itself, must feeds on situation of brokenness; with no deficits to fix, it cannot exist. For the deficit-corrector, the very first encounter is

an encounter with something or someone necessarily viewed as compromised. Borrowing from medical modeling and its purification of pathogens, the first gaze at the one suffering is top down (the well looking from above onto the ill) and polarized (those need healing and those healing). Criteria, created and sustained by power, grants itself justification of the stigmatizing which means to reach productive (efficient outcome studies) ends. Moreover, such commodification (value as exchange value) for production never rests in its conclusion as, by definition, it must continue to produce more and more, better and better, with each previous production being always less than what could have been produced, therapeutic production of success notwithstanding. Love without why is commodified given this model of production, and, whenever it resists such commodification, it is pathologized. Love without why is ushered into love as valuable within “if, then” and “when, then” conditions. If love fits the imposed schema of healthy love, then it is acceptable. The schema alters according to cultural or political needs, much like how masturbation was viewed taboo given that its spilled seed did not produce offspring to secure generational propagation. Therefore, before one utters the first word or offers the first inflection of voice in therapy, the already situated therapeutic frame itself exacts violence on love without why through its patronization and stigmatization in its deficit-correction and its reduction to production in its commodification.

In order to remain consistent, though, I don’t want to pathologize pathologization, and yet, this may be another unavoidable aporia, or unresolvable dilemma. The lived meaning of pathologizing has its own significance as



does anything else. The intended concern is to protect those who could suffer at the hands of the unloving, or to correct what is broken in one's loving of others to alleviate alienation. Both of these acts presume that their ways of caring help, and that protection and alleviation from suffering are healing. This very well may be the case in certain circumstance, but like all other relatively truthful fits between how one suffers and how one cares, these acts can also inflict and amplify suffering. We can never fully alleviate suffering, and it is deceptive to suggest to those in therapy that this is possible. Likewise, learning how to endure and pull on resources amidst suffering may be more therapeutic than getting rid of symptoms. Symptoms, therefore, are not pathogens, but lived communications of how we have taken up our shared existential condition in uniquely personal ways. These symptoms merit hearings, not decontamination. Having been a recipient of a full knee replacement among other successful surgeries, I concur that things can and should be fixed, but this model of care is a mismatch with care of the soul-as-lived-meaning. Caring for soul-as-lived meaning with a deficit-correction model of care is as mismatched as trying to cook spaghetti with a vacuum cleaner. Our most devastating pathologizations come in the name of care, particularly when inflicted on expressions of love. Let's review ways in which we do that in therapeutic space.

Pathologizing Love in Therapeutic Care

One form of pathologization of love in therapeutic care is the lingering impact of the "against nature" argument, which, more often than not, is "against the status quo." An original example of love being pathologized as against nature, of course,

was the inclusion and then subsequent liberation of gay sexual identity from the Diagnostic and Statistical Manual of Mental Disorders, which should amplify the relativity, rather than the absoluteness, of our preferences of what is considered ill or not; such designations are ideologically and historically conditioned. Hence, the reason why the against nature argument is more like an against the status quo argument is its selective attention to what counts as "for nature" given social and political commitments. Actually, evolutionary theorists have often suggested that a communal or tribal model of securing multiple partners could be the best model for species survival, but a heteronormative, nuclear-family biased stance sees this lifestyle as abhorrent (i.e., affairs are bad). The argument against nature then becomes anything that steps outside of the status quo's expectations. But, again, we are *all* otherwise to someone else's centrality.

A second way therapists pathologize is through what I call, *developmental moralism*, which proposes that more advanced and progressive stages of development are better than less developed ones. This, of course, requires an essentialist norm that is privileged, such as maturity over immaturity or reason over affective reaction. Yet, formal operations cognitively are not better than an earlier sensory motor stage, they are different skills and ways of being in situations for different tasks. One wouldn't want to use formal operations when having sex or enjoying the sunshine on one's body or having a delicious meal, nor use sensory motor operations to manage a budget. Each has its significance and purpose, with neither one being better or worse. Progressive thinking, though, sneaks in rank-ordered valuations through the back door, if not monitored.



A blatant form of developmental moralism historically was the patriarchal bias and heteronormativity in Freud's privileging of genital love as the highest form of love, with arrests being anything short of it. Other examples abound. The adolescent lover, viewed as a half-baked adult, is seen as selfish, and myopic of others' needs, while privileged adult love is more sanctioned as appropriate. Adult love is the sought-after goal, which includes mutuality, putting one's needs at least in the mix with consideration of one's own needs, respecting boundaries of choice and titration of love given and received, and seeing the other as more than just a utility for one's own needs. Note the calculus in this description, though. To what extent, under what conditions, and where exactly are the boundary lines in discerning such needs and gifts, and drawn by whom? Can such calculation, being espoused as reasonable (rather than mad and/or hormonal) be our example of love? If so, is passion pathological? For what purposes do our criteria serve for norming developmental expectations, and are we trading oppression of a plurality of developmental stances for production (i.e., reasonable workers, rather than violent and disgruntled ones, enhance production)? When selfishness is self-care according to what chronological age one may be, essentialist developmental moralism crumbles. More importantly, phenomenological horizontalization offers another option than essentialism by equally respecting any and all forms of love, at any age or situation of live. A child's love of pet is not lesser than a parent's love of her child. The love of a trauma victim isn't better than the love of pecan pie. Of course, intensity and weighting of how experiences matter to the one going through them do differ for people, but that something is meaningful in

one's loving merits equal hearing, if one remains phenomenological. We de-pathologize when we equalize.

Like developmental moralism, a similar third way we pathologize love in therapeutic space is through imposing binary polarizations in search for purity: immature love/mature love; healthy love/unhealthy love. This is a Manichean Gnostic approach to love, which divides existence up into good and evil, with mainly spiritual expressions of love being good and ethereal and healthy, while embodied, relative complexity of situations being evil, mutable, and hormonally inducing blind judgment. Purification ideologies assume there is a kind of pure love that is unfettered by mixed motives or self-referential concerns. On the other hand, we affirm the anti-hero, who has mixed motives for apparent good deeds. The anti-hero (e.g., Batman, Heisenberg in *Breaking Bad*) reminds us that altruism is both other and self-seeking. But it and therapeutic failure is often equated with unanalyzed, lingering, unwashed presences of mixed motives. Each act of love, though, can be both enhancing and destructive. A truly loving situation is complex and mirrors any true ethical dilemma as being both loving and unloving at the same time. Staying in a marriage that is cold and destructive for the children's sake may be simultaneously loving and destructive. Using physical violence to control others can also be concurrently loving and unloving.

A fourth way we pathologize in therapeutic space is by noting something as "nothing buttery" (e.g., nothing but hormones, nothing but eroticized pain, nothing but "daddy issues," nothing but peer pressure), a phrase I learned from Mary Midgely, the renowned Oxford scholar. Nothing buttery is the reductionism that



nullifies agency and reduces matters to a controllable simplification (Midgely, 2013), such as when we view love in therapeutic care as nothing but compensation for narcissistic wounds or as hormonal excitation. It is also a type of interpreting a phenomenon as “other than it is.” Nothing buttery-ism tries to minimize the power of that which cannot be grasped, controlled or measured. This is how soul was reduced to mind and mind to brain, as the physical material of grey let us rest more securely in our knowing than the invisibility of lived, but unmeasurable, experience. Both lived experience and grey matter are empiricisms, albeit different data; lived experience being resistant to reductionistic control. Not only is a nothing but position inattending to the co-construction of meaning and physiology, but is myopic to how multiple variables come to create any moment, not just one singular, unilinear causation. Keep in mind that correlation does not mean causation and that the ever present chemistry of love does not mean such chemistry is privileged over the meaning that activates it. Because a cat is in the room when I am loving my partner does not mean that the cat caused the love.

A fifth way of pathologizing in therapeutic space is the ideology that if there are power differentials of any sort, love cannot be present. Here all of the ways we pathologize love in therapeutic space come together in a sine qua non example: Power is used to dismiss or pathologize claims that one can love within power differentials, much like clinicians telling battered women that as therapists we know better than they do that such women should leave their respective violent situations or be considered masochistic and unloving of their children. Power relations are inevitable and inescapable, as Michel Foucault continually reminded us. The culprit is not a power

differential, but how power is used. Furthermore, when one says the person in a subservient position cannot consent to loving and being loved by the person in a dominant position we are also imposing yet another kind of dominance that determines *for others* whether or not their choice is truly consensual, as well as presume what is considered submissive and dominant. We all have limits to what we may be able to discern at any given moment, but to essentialize a definition of who is compromised, whether it be cognitively, structurally, or otherwise, ignores the respect of each situation and what agency means in such situations. Whether such interventions are necessary at times, of course, merits attentive consideration, but not automatic imposition, and certainly not with a blindness to how the abuse of power is used in practices of care as much as in practices of harm. We can easily combat self-righteousness self-righteously, battle against those exclusive by excluding those who are exclusive, rescue someone dictating another’s decisions by deciding for them this is unacceptable; in short, this is how we kill with kindness.

A sixth way we pathologize love is through microaggressive inflections in our voice and body language when clients speak of love. This process can show itself in inflective manipulation, or with raised eyebrows communicating shame attacks or patronization (e.g., “Well, you will just have to take the consequences, everyone has a right to his or her choices,” or, “You *really* think that is the partner for you?”). Long before suicide comes Dasein-icide. Dasein-icide is the killing of soul, or lived meaning. Rank-ordering what is and is not meaningful according to the discernment of the therapist grates the souls of those who seek our care into scattered fragments. This is mostly done



subtly, with an unspecific, “hmmm,” or a sigh, or intermittent unresponsiveness. Such expressions disclose our allegiances to preferred values, such as when we get “tight” listening to someone’s story. If we aren’t convicted that love is love in any expression, it will show itself in the restriction of our therapeutic space. One could synopsize that these forms of pathologization in therapeutic space are forms of disrespect. The way of regaining respect may be through deconstructing rank-ordered scales of measurement that essentialize. The antidote for such essentialism is an acknowledgement of the relativity and equalization of significance in each and every moment. We live out what matters most to us at any given moment. But this ontological quality of our shared existence need not justify imposing what matters most to *us* onto everyone or anyone else. We may think we do not do so in therapeutic care, but our ideologies belie us. The forced choice of an either/or essentialist position or a both/and commitment to plural diversity may be resolved through a paradoxical essentialism that has its own deconstruction built in, which is that we are *essentially diverse* in a plurality of lived truths.

Possibilities of De-Pathologization and the Return of Hospitality for Love in the Therapeutic Space

Elsewhere I have described at length a way of working as a radical existential-hermeneutical-phenomenologists in therapeutic care where I unpack as a therapeutic process of “being-with” (DuBose, 2016a). This is my attempt to offer a way of caring that tries to minimize pathologization, and I end these reflections with how I see this approach to love. Being-

with is how we are ontologically with one another in the world, but is also on ontic way of practicing therapeutic care across disciplines. I differentiate the ways of being-with as being-for, being-alongside, and being-otherwise.

Being-for is a radical validation of lived meaning, *of any sort*, no matter what the comportment discloses. This includes serial killing, abuse, and other events that typically call for horror and disgust. Being-for is not a confirmation of, or agreement with, the values disclosed in any particular expression of lived meaning, but it is a commitment to register authentically how it matters to the one living it out, and finding the human place in oneself where such values deeply make sense. The client becomes a person who matters deeply to us in ways beyond the commodification of a business exchange. The therapist’s job is to clear space to understand lived meaning, as it is intended for us to understand it by the person living it, and not to rank order what is healthy and what is ill. Moving from phenomenological bracketing to evaluated, categorical classification is moving from therapeutic care to clerical filing.

This approach avoids classification or categorization as doing so moves from its phenomenological horizontalization and description of lived meaning as it is particularly lived out in specific situations to an experience distant objectification of lived meaning. One isn’t “co-dependent” or “masochistic” or “acting out a reaction formation,” but wanting to know that someone is present in the house for safety, or is sacrificing one’s time to engage a demanding parent, or feeling both close and irritated with someone loved. Leaving phenomenological description to name an experience is moving from loving *with*, to analyzing *as*.



Furthermore, each way of living has its own gains and losses, possibilities and limitations. The monogamist misses the freedom and plurality of partners, but relishes the depth of singular commitment. The polyamorist enjoys the communion quality of un-possessive love, but misses the singularity of the monogamist. Neither is ontologically right or wrong. This is the case with any form of loving or living, or any moment for that matter, no matter what the chosen pathway. The therapist clears space for this existential reality to show itself without dictating which path to choose, and not out of feigned neutrality but authentically believing that each pathway has its calling and purpose, its possibilities and limitations, its losses and gains. This kind of therapeutic comportment is multi-partial, which is loving as much as is bracketing assumptions to allow any phenomenon to speak.

Being-alongside another is a way of being-with that de-constructs and re-contextualizes a person's way of being loving in the world. Moving from the generic and the abstract to the particular and the personal in specific contexts or circumstances, we draw out the singularity of lived meaning while mitigating against objectification-as-abstractification. There is no general love, only particular expressions of it, and, likewise, we only love in particular ways. Indeed, one can have an overall "love of humanity" as a feeling, but this takes place in a particular circumstance, as well as in a particular time and existential situation.

Another component of being-alongside is acknowledging the shared existential condition we have with anyone and everyone who entrusts us with their care. This does not mean we have the same experience, quite the contrary. We always

and already take up our shared existence in unique ways, but we nonetheless share ontological givens. The task of the therapist is to find that meeting point and *walk with*, rather than *do to*, others as one human being with another human being. Our task is to discern the significance of this shared human condition—not prescribe which kinds of loving are healthy or ill. This approach is not person-centered, or symptom-centered, but "human condition" centric. We may not love in the same way, but in our own particular lifeworld we experience loss and desire. The tears of a breakup, though uniquely weighted by each person, make sense to us, as does the smile of recognition and affirmation. Being-alongside walks with another human being *as* a human being in the shared task of clarifying lived meaning as disclosed in the particularities of existence, which in our topic, is in the particularities of lived loving.

Being-otherwise addresses what is often left out or overlooked in the lived values disclosed in comportments. It is important here not to slip back into a privileged hierarchy of how one should live one's life, or relishing in a freedom to impose moralisms. It is where, though, one highlights how others are impacted by one's comportment. Again, this is not a reprimand but a recognition of what we all share: we do not experience ourselves as others experience us. Yet, only when a respectful validation of a person's lived meaning is in place can there be an honest expression of how one may be sight limited in the full impact of one's comportment offered for consideration. Consideration is the goal, not direction or prescription. The therapist's task is clarification, or engaged understanding, and neither condemnation nor orchestration. This does not mean that the therapist is not for justice and mercy.



Being-otherwise is an expression of both justice and mercy. The therapist *is* enacting justice by bracketing, by not imposing hegemonic ways to live life, by aligning with Life in both suffering and joy, noting Michel Henry's understanding of the word, 'Life' (Henry, 2002), by aligning with the values of the Taoist Zhuangzi's equalization of all things and relative gradation and a commitment to egalitarian inclusivity (DuBose, 2016b). The therapist is enacting mercy by not condemning what others consider unholy, by not being "if, then" conditional therapists, which includes being open and validating of those who do not share these values. The radical existential-hermeneutical-phenomenological therapist is not neutral, and takes a stand: a stand for multi-partiality, for not being hegemonic, for not saying, "my way or the sick highway for you." The education here, therefore, is learning to stay loose, to be multi-partial, to see meaning in every moment, to un-know, to re-lease and let go of prediction, control and prescription--a very different educational curriculum than usually offered when training carers of soul. Finally, being-otherwise also addressed the Otherness of an event or comportment, which in this essay is love's otherness—a final reflection in our conclusion.

Conclusion: The Possibility of an Ethics of Therapeutic Care of Love from below

Love is without why, meaning love has its own significance without justification or need for e-, or de-valuation. Framing an expression of love into delineating its causal or explanative lineage is an objectification of love. Someone's love of heroin is not "due to" something else; this kind of thinking makes each moment of existence a caused, vaporous epiphenomenon of that

which came before it, and hence, disrespectfully nullifies something's inherent integrity "as is". Therapeutic care from a radical existential-hermeneutical-phenomenological stance shifts from "why" to "how and in what way and under what conditions and when and when not." It inquires so as to understand, but not interrogate. It bears witness to experience as it unfolds without leaving this kind of hospitality in order to classify or categorize. Approaching love this way offers a place for those who are left out when we posit what is and is not loving.

Love's otherness means that is cannot be denoted, categorized, objectified, manufactured, or bottled for sale. The moment we classify and rank order it, love becomes something other than itself. The desire to pathologize is conceived when love hurts in the name of love. But perhaps the way to resolve this issue, if resolvable, is not by shoring up efforts to rank order what is pure and unfettered as different from the brokenness and finitude of being with one another, or becoming more proficient at naming what is and is not loving. Every attempt to do so still leaves us with some form of exclusive pathologization. Even if we agree that love is to support and enhance the well-being of another, we are still left with several disturbing questions: What if the other's definition of well-being is destructive to the giver? What if enhancement of the other depletes energy needed to love someone else who equally needs our love? What if the other's need of love is never reciprocated? We, of course, have answers we offer to these and other questions, which beg further questions. The short of it is that whenever love is defined, someone is unloved in the process. This is an existential reality that is no one's fault, but nonetheless calls for response.



Sacrifice can save lives and reinforce usury. Generosity offers sustenance and can disempower. Inclusion is hospitable, but can also be its own demise by including the one who is exclusive. Understanding validates, yet can reduce otherness to sameness. Love is patient and kind, but, at times, impatience may be the most loving expression needed. Love is long-suffering, but love is also self-care that ceases to allow abuse. Love does not keep a record of wrongs, nor is love unheeding of repetitive patterns of destruction that merit tracking. An ethic of love in therapeutic care, therefore, may begin with acceptance of the thrown nature of love as *both* life affirming and life denying, given relative circumstance and projects.

If love can be both loving and unloving given different situations and needs, and no pure clarity of an essentialist Love can be reached, then perhaps the most loving thing to do is to keep trying to discern how to love *particularly in specific situation* given this kind of thrownness. Even reaching for criteria of what is loving, even if relegated to the unique situation and those involved in it, is still needing to name and calculate in order to reduce the complexity of this thrownness. So, as an absolutist position is unloving in its hegemony, even if done in the name of love, while a relativist position is unloving in never saying no. A non-pathologization of love begins with this kind of ideological metanoia about love.

An ethic of therapeutic care of love presumes that harkening to the lived meaning in any expression of being in the world will birth what we cannot name, and that the grace of this stance offers perhaps our best possibility of un-nameable love. We can prepare for it, participate in its advent, discern its nuance in different situations and know that when we love, whatever that may

look like, there will be mixed motives, expressions of love that others may find unloving, and possibly disappointment. It may be that love becomes itself in its giving and receiving when it comes to realize its fallibility in distinction from its seductive ideal. Given that love, from its inception, is embedded with unloving qualities, given that love betrays as it loves, given that love can and will end, often unpredictably and without consent, given that love is inevitably limited in its expression, we are called to note that these qualities of love are not flaws, but aspects of its constitution that make it what it is. Love, understood in this way, is loving from *below*. This understanding of love is not a capitalization of Love that seeks escape from the messiness and complexity and finitude of existence, nor seeks to love in spite of such finitude, but loves precisely due to its finitude. Love from Above essentializes an Ideal of Love that cannot be love. It starts with perfection and then rank orders melting drizzles less than the Absolute Form of Love. Perhaps the most painful experience in life is when we find out that our love is never enough or when we are inadequately though inevitably loved by a finite human being rather than a god—both situations signified by our first cry as an infant, which nonetheless remains a cry throughout our existence, albeit in with different tones of concern. This pain speaks its wisdom about love (without Capitalization) that realizes Love is often simply not enough to prevent suffering or heal alienation, even when we have been told from Above that all things are possible with Love. Love cannot make someone love us, or force forgiveness or mercy. Sometimes our love allows someone to hate us, or our understanding allows someone to not want to be understood.



But perhaps, as the Buddhist masters have warned us, we have been riding an ox, looking for an Ox. Borrowing from the weak thought of Vattimo and Caputo, that in love's "weakness," or its imperfection, vulnerability and fallibility, is its power (Caputo, 2006), the aporia of all aporias may be that *love, to be itself, is limited in its loving*. Completeness, perfection, purity seem to mitigate against love. Love is not accomplished, but risked. Love is not manufactured and produced, or forced, or required, but invited and offered. We catch glimpses and traces of love, but the moment we move to name it, we objectify it and it becomes something else. Our best bet in the lookout for love, much like spotting the rarity of a snow leopard, is to wait in as loving a way as we can muster, in our fallibility, and with resolute anticipation in our participation in the possibility of loving and being loved. At the very least, we can offer a place for those who are damned as unloving or ill-loving in therapeutic space, even if for an hour. May that place be a space that not only talks *about* love, but *is* loving—the place of the phenomenological bracketer, the hermeneut of validation, the existential lover who respects the otherness of loving expressions while sharing a human condition that is dying to love, dying for love.

References

- Caputo, J. (2006). *The weakness of God: A theology of the event*. Bloomington, IN: Indiana University Press.
- DuBose, T. (2016a). Engaged understanding for lived meaning. In Schulenberg, S. *Clarifying and Furthering Existential Psychotherapy*. New York: Springer.
- DuBose, T. (2016b). Can you tell a dragon fly about ice? The implications of Zhuangzi's "relative gradations" for contemporary psychology. In Yang, M. *The useless tree: Taoist principles of Zhuangzi within existential psychology*. San Francisco, CA: University Professor Press.
- Henry, M. (2002). *I am the truth; Toward a philosophy of Christianity*. Berkeley, CA: Stanford University Press.
- Midgley, M. (2013). Mary Midgley in conversation with Graham Ward. Conference presentation at The Soul, Oxford University.
- Schurmann, R. (1987). *Heidegger: On being and acting: From principles to anarchy*. Bloomington, IN: Indiana University Press.