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Dignity in Context, and Out: Discussion of Lynne Jacobs’ “On Dignity, a Sense of Dignity, and Inspirational Shame”

Peter N. Maduro, J.D., Psy.D.

ABSTRACT
Dr. Lynne Jacobs’ “On Dignity, a Sense of Dignity, and Inspirational Shame” is an interdisciplinary integration of a priori ethics and a phenomenology of dignity. She contends that the human person’s engagement with other people—writ large in the therapeutic encounter—is inherently ethically situated. Moreover, she avers an inherent content to this ethics, namely, mutual respect for distinctively human value—dignity—between and among people. Her ethics of dignity informs her psychoanalytic exploration of experiences of dignity, indignity, and her notion of inspirational shame, among others. I join in Jacobs’ advocacy for therapeutic facilitation of a person’s sense of inherent worth, as well as her opposition to relational contexts of devaluation and degradation. However, the primordiality Jacobs grants to her ethics of dignity often obscures the constitutively cultural, familial, and personal contextuality of, first, her—and in my view, any—ethical conviction; second, what she describes as the experience of being human; third, the alleged indignity of human vulnerability; and finally, the claim that shame is the natural reaction to one’s failure to live up to personal ideals. In the end, and subject to certain clinical concerns, Jacobs’ article integrates into psychoanalysis primordial ethical duties that she and others claim inhere in us as human beings.

Introduction
Dr. Lynne Jacobs’ article (2017), “On Dignity, a Sense of Dignity, and Inspirational Shame” (hereafter, Dignity), is an interdisciplinary integration of a priori ethics and a phenomenology of dignity. On the ethical level, Jacobs contends that the human person’s engagement with other people—writ large in the analyst’s and patient’s engagement with one another in the treatment setting—is “inescapably ethically situated” (p. 383). Further, I read1 Jacobs to implicitly aver a specific, primordial content to this ethics in the ideal of mutual respect for distinctively human value—dignity—between and among people. A primordial ethics of dignity emerges wherein the human person has a duty to respect other peoples’ essential worth as human, and such others are entitled to receive such respect.

Jacobs’ primordial ethics of dignity informs her otherwise psychoanalytic exploration of the phenomenology of dignity, its counterpart indignity, and her controversial (at least in my view) notion of inspirational shame. For example, the spectrum of indignity, felt in a range of shame states from ordinary shame to annihilating unworthiness and radical aloneness, reflects the outcomes of relational engagements in which the person, or larger social milieu, fails an ethical duty to see the most basic dimensions of inherent worth in the other, including the holistic truth of such other’s subjective life and his/her rudimentary and kindred humanness.

Her project is ambitious and encompassing, and I feel Jacobs’ emotional conviction in its execution.2 I join in Jacobs’ heartfelt advocacy for the importance of validating and valuing forms...
of human relating in the facilitation of a person’s sense of inherent worth and healthy entitlement to respect. Additionally, I share in her outrage and ethical activism reactive to lived-contexts of radical invalidation and devaluation between people, and the devastating damage such degrading contexts produce.

However, I have a central thread of critical reaction to Jacobs’ interdisciplinary methodology and some of its clinical outcomes. The critical perspective is grounded in the way aspects of Jacobs’ integration of a priori ethics into her psychoanalytic phenomenology risks, in my view, drawing the clinician’s therapeutic eyes away from the constitutive relational contexts that render specific emotional configurations—here, dignity, indignity, and purportedly developmentally expansive shame, as well as related therapeutic attitudes—intelligible, distinctive, and clinically significant.

I contend that the primordiality Jacobs grants not only to ethics in principle, but to a content thereof in the form of mutual respect for one another’s value as human beings, i.e., dignity, obscures from time to time the constitutively cultural, familial, and personal contextuality of questions like (a) whether ethics situates all human and thus psychoanalytic relating, and if so what the values and ideals are that inform ethical attitudes and actions; (b) whether a sense of wholeness and existential, physical, and emotional competency are universal features of the experience of dignity; (c) whether human vulnerability is naturally felt as undignified; and (d) whether failure to live up to personal ideals (including ethical ideals) is naturally felt in shame.

In contrast to Jacobs’ contentions, I (a) ground my psychoanalytic ethics, motivation, and content in the most personal, historical aspects of my life; (b) believe any experiential nexus between wholeness and competency, on one hand, and the sense of dignity, on the other, is primarily rooted in the value-sets of particular cultural epochs, families, and other relational systems; (c) contend the experiential interrelationship between human vulnerability, on the one hand, and indignity or shame, on the other, that Jacobs and many of us see in our clinical practices is also primarily rooted in cultural, familial, and other relational value-sets; and (d) contend that while personal failure to live up to one’s ideals may be felt in shame, it may alternatively be felt in disappointment-in-self, regret, sadness, powerlessness or otherwise, depending upon context.3

In the end, Jacobs’ Dignity is an impassioned response to an issue before this edition of Psychoanalytic Inquiry, namely, the nature and scope of ethics in psychoanalysis. It extends the practice of psychoanalytic psychotherapy to pertain not only to the empirical and lived phenomena of any particular patient’s emotional life, but also to primordial ethical duties that she and others (see e.g., Levinas, 1969; Orange, 2011) claim inhere in all of us as human beings. The reader is left with

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3One consequence of losing sight of relational context is that psychoanalytic understanding becomes circumscribed—perhaps in its capacity to illuminate the context-specific personal meanings and functions that structure a given emotional experience or behavior. For example, it is true that in one person and relational context dignity may aptly refer to a healthy sense of inherent self-worth or entitlement to receive others’ respect—especially respect for that person’s human being and emotional life. However, in a different context I have heard it used to refer to a person’s trauma-rooted imperious demand to feel universally honored—to be seen by others as dignified—in order to protect against his/her painful conviction of inherent personal unworthiness. Two phenomena—one spelling healthy development, the other pathology—that may facially look similar and thus both be called dignity until one examines the distinct contexts in which they are felt or enacted.

A further consequence, and one carrying some irony, is that clinical understanding that fails to adequately account for context is apt to deal a blow to the patient’s sense of importance within the transference (perhaps what Jacobs’ later refers to as a sense of wholeness). To riff on Jacobs’ (2017) own turn of phrase, “if to be is to be related” (p. 387) then for an analyst’s understanding to decontextualize or derelationalize a patient’s experience is to deal a blow to the contextual integrity—dignity?—of the patient’s being and experience.

In the end, the thrust of my critical reaction to Jacobs’ claims derives from my relational conviction in respect of human emotional life—a conviction in which I know Jacobs shares. A corollary to this relational conviction is that claims—which psychoanalytic, ethical, or otherwise without exception—that have the effect of denying or obscuring such relational contextuality are inherently suspect in the psychoanalytic clinical project, which I see as one of fundamentally relational understanding and influence.
interesting questions regarding whether and how the empirical and personal sphere of his/her psychoanalysis is enriched and/or problematized when integrated with the universally ethical.\footnote{A final introductory note: Given the substantive breadth of *Dignity*, I had to pick and choose what I would discuss. A major casualty of these choices was the array of poignant clinical vignettes through which Jacobs animates her contentions regarding dignity, indignity, inspirational shame, and related therapeutic attitudes.}

\section*{Advocating for dignity in personal emotional experience}

When taken as a purely psychoanalytic elucidation of experiences of dignity, indignity, and their relational contexts—that is, apart from what I believe to be her interdisciplinary integration of \textit{a priori} ethics, which I discuss below—Jacobs’ *Dignity* is a reminder, which I endorse wholeheartedly, of the crucial importance of relational context in the individual person’s development of his/her sense of self. I read it as a heartfelt advocacy for the overwhelmingly evidenced importance of one person’s (e.g., caregiver’s, therapist’s, or society’s) validating and valuing attitudes, perceptions and treatment of the other (e.g., child, patient) before him/her/it in the development of such other’s sense of inherent worth and healthy entitlement to respect.

Moreover, I read it as encoding Jacobs’ outrage reactive to her witnessing and directly experiencing relational contexts of invalidating degradation between people, and the devastating damage such behavior often produces in the form of isolation and “toxic, annihilating shame” (p. 385). I am very moved by these dimensions of the article, and admire Jacobs’ phenomenology of dignity especially as a means of articulating these convictions, opposing contexts of degradation, illuminating clinical attitudes that might open therapeutic possibility, and advocating for the primacy of an ethics of mutual respect among people.

With more direct focus on her phenomenology, I experience the interconnection that Jacobs asserts between component experiences of self-worth, other-worth, coherency, agency, distinctiveness, concreteness of action, \textit{et cetera}, on the one hand, and the encompassing, if multifaceted, experience of dignity, on the other, as akin to the connection that others (e.g., Kohut, 1971; Socarides and Stolorow, 1984/85; Orange, Atwood, and Stolorow, 1997; Stolorow, 2011; Maduro, 2011) detail between the integration of an array of differentiated and sometimes discrepant depressive and expansive affectivity (e.g., anxiety; grief; powerlessness; agency; aliveness; cohesion; differentiation; temporal-continuity) on the one hand, with complex configurations of selfhood, otherhood, and worldhood, on the other. In this way, when viewed as emotional experience, dignity seems like an amalgam of many emotional components or predicates that has a holistic life of its own.\footnote{One might read Jacobs’ conceptualization of dignity as a unified subjective phenomenon entailing four important dimensions of experience. First is self-experience, where dignity shows up in the sense of self-worth, agency, coherency, and individuality. The second is the experience of other, including the sense of other’s worth (other-esteem) and others as having distinct centers of initiative and experience. The third dimension entails one’s experience of organic relatedness or interconnection with other, in particular in action, such that the integrity of one’s values in action/behavior within such relatedness becomes relevant and important. And the fourth is a dimension of one’s experience of one’s world, particularly one’s being-with-other-in-our-world, kinship and belonging within our human world, or being human among fellow humans. For Jacobs, dignity is hardly an experience reserved to the narcissistic realm, but rather involves a broader, affectively and behaviorally integrated phenomenology of self-other-world in concrete interaction.}

Moreover, when Jacobs synthesizes her phenomenology of dignity with her ethics (discussed below), I find dignity becomes something beyond a configuration of context-bound emotional experience, amenable to psychoanalytic inquiry, and more like a variety of living-a-life-in-relational-context or being-with-others-in-action—i.e., existing—understanding of which pulls for a broader form of inquiry. Perhaps, like Jacobs, I wonder whether dignity can be approached psychoanalytically as a multifaceted emotional phenomenon or only in a broader, interdisciplinary examination of it as a complex mode of being-in-the-world—maybe even a mode of being that eludes satisfactory formulation.\footnote{Jacobs finds that dignity “encompasses more than we can say of it” (p. 380).}
Perhaps, unlike Jacobs, however, I also wonder whether—in the course of formulating an interdisciplinary understanding of dignity—too many meanings, each embedded in its own distinct disciplinary culture and occurring at different levels of abstraction, get packed into a single notion and term, thereby limiting its practical value. For example, as subjective experience, I find that dignity, as the sum of many component experiences, is less clinically useful to me within my psychoanalysis than the individual components taken on their own. In the end, I question whether dignity has as much value within psychoanalysis as it does within the specific meaning-cultures and language games of philosophy, theology, and jurisprudence from which Jacobs draws. My reaction in this regard may accord with why dignity has not received a great deal of attention within psychoanalytic literature to date (see Drocek, 2015).

**Dignity as personal ideal for living**

Nevertheless, Jacobs offers the reader more than one elegant example of interdisciplinarily informed psychoanalytic phenomenology. In one such instance, she expounds dignity as a personal ideal for living. In this thread of her phenomenology, I read dignity *qua* ideal as developmental achievement, and as source of ethical activism that entails embodiment, not just ideas and talk.

Jacobs claims that the person who, by virtue of developmentally favorable relational conditions, feels an “intact and resilient” sense of inherent self-worth (p. 381) will likely also feel a natural self-assurance that s/he is entitled to be treated respectfully by others. In turn, such a person is likely to feel “a sense of reticence and centeredness” as well as respect for “others’ dignity” (p. 381), or what I referred to above as other-esteem.

Such a healthy sense of self-worth, assurance, entitlement, and respect, Jacobs contends, will have a measure of sturdiness to it as well. Not only will it resist collapsing in the face of adversity, as when others treat one poorly, but it will show affirmative conviction and (at least non-violent) fight, as illustrated in the comportment of the “students who engaged in lunch counter sit-ins during the early days of the civil rights movement” (p. 381).

In this vein, Jacobs notes that people who feel intact dignity will typically demonstrate a commitment to “living according to their values even in the face of adversity” (p. 381, italics mine). I emphasize *living* and *their* in the previous quotation because implicit in Jacobs’ claim are, to my ears, three other experiences that arguably travel with dignity as she conceptualizes it. They are personal distinctiveness, or individuality, which Jacobs names, as well as mineness (ownership) and embodiment (concreteness of agency). I could imagine Jacobs saying: “If a person feels genuine dignity, s/he will experience a commitment to own and act upon his/her own distinctive feelings and values in the course of living his/her life.”

From this perch, a sense of personal dignity is associated not only with a healthy personal sense of self-worth, agency, and individuality, but with the embodiment and concrete actualization of what one distinctively owns as *mine* and values in the living of one’s life. By such embodied action, I distinguish between agency that involves implicit capacity and freedom to act in accord with desires, fears, and values, on the one hand, and the actualization of such desires, protections, and values in embodied conduct, on the other. For example, some of us have the agency (capacity; freedom) to care for ourselves or a suffering stranger, and we may talk the talk of genuinely held ideals that insinuate taking steps towards such care, but yet we do not take...
such steps. Others may talk the talk and walk the walk too. I hear Jacobs claim that genuine dignity entails not merely talking the talk, but also walking the walk.

In short, as an ideal that reflects the values one emotionally owns as distinctively mine, as well as the efforts to live up to them, dignity is something one not only feels, but does and lives. Dignity is therefore experientially closely tied to action, which reflects the link Jacobs draws throughout Dignity between the phenomenology of dignity and ethics.

**Advocating for ethical activism in psychoanalysis**

For a long time, Jacobs has advocated in her scholarship (e.g., 2001, 2004, 2005a, 2005b, 2008, 2014a, 2014b), institute courses and programs, interpersonal dealings, and otherwise for interdisciplinary conversation that, among other things, enhances her own and her fellow psychotherapists’ awareness of race, gender, socio-economic, and other forms of diversity. Such enhanced awareness extends to the clinical biases that derive from diversity-blindness and its impact on therapeutic possibilities. In this way and others, Jacobs is active in her efforts to integrate contextual awareness and understanding deemed essential to therapeutically touching populations not otherwise adequately reached by psychoanalysis. She embodies her convictions big time! I see her contextualism-in-action as expressive of her ethical commitments.

With this backdrop, Dignity stands out as yet another instance of Jacobs’ contextualism in ethical action. It is an effort to extend psychoanalysis’ reach so it can touch an even broader, arguably still inadequately understood, patient population, namely, the class of people whose sense of inherent self-worth as human beings has been profoundly inhibited or injured, including the devastatingly alienated outsiders called the degraded.

In my view, there can be no more virtuous psychoanalytic activity than work—scholarly or otherwise—to deepen our field’s capacity to see, understand, and therapeutically impact those whose experiences currently lie outside its horizons of perception. In as much as Dignity advocates for, among other things, a set of developmental findings, understandings, and related ethical attitudes that enhance therapeutic possibilities with people for whom the sense of dignity (their own, or others’) is in question or under assault, it is not merely an offering of phenomenology or even ethical content for its readers to consider; it is additionally an instance of the aforementioned ethically driven action and horizon-expansion. For in it, Jacobs walks her walk by taking steps to advance what she believes to be crucially important, namely, the significance of validating, valuing attunement to the essence of each kindred human being’s existence and subjective life in development, community, and therapy.

**Ethics, dignity and relational context—primordialized dignity: Decontextualized dignity?**

From within her literature review and phenomenology of dignity, Jacobs articulates an unequivocal contention. She writes:

> [A]ll human behavior is inescapably ethically situated. That is a condition of being human that applies to every moment of engagement with our world. It is most obvious in our relations with other people, and is writ large in our consulting rooms. [p. 383]

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8Jacobs is a fellow member and faculty member at the Institute of Contemporary Psychoanalysis (ICP) in West Los Angeles, CA. Just a few examples of her long-standing contextual activism as an ICP faculty member include her 2015–2016 doctoral level course entitled, “Diversity and privilege,” her one-day seminar in the ICP San Diego Saturday Series entitled “Unpacking the meaning of Whiteness;” and her 2015 ICP Symposium presentation entitled “Complexity and the relational unconscious.” She has taught similar courses over the years and has participated actively in ICP’s efforts to raise awareness of diversity matters within its membership of psychotherapists.

9And there can be no greater instance of such ethical work than the act of closing that perceptual gap, including closing it through acknowledgement of regions of the impossibility of its closure that thereby open possibilities for dialogue (see Jacobs’ clinical vignette of the participant at her workshop in Germany).
As I read it, this statement entails a philosophical contention that human being and interaction is not intelligible except in reference to values and ideals, and in terms that include should and ought to.\textsuperscript{10}

Whatever one’s position regarding the conviction that human being and relating is primordially ethically situated,\textsuperscript{11} it does not yield an inherent content as to what it means to relate and act ethically, what values and ideals inform one’s shoulds and ought tos. This is where Jacobs’ Dignity is most distinctive. Why? Because, as I read it, Dignity provides a specific content or ideal for ethical being and relating, namely, mutual respect between and among people for their distinct human value—dignity. Moreover, and important, Jacobs appears to grant primordiality to this content,\textsuperscript{12} yielding a primordial ethics of dignity: a universal duty to acknowledge, honor, preserve, restore dignity between and among human beings, including, perhaps especially, between caregivers—like psychoanalysts—and those in their care.

It is in this sense that Dignity entails Jacobs’ integration of her a priori ethics into her psychoanalytic phenomenology. Her primordial ethics rises, like groundwater from beneath, and informs the psychoanalytic soil with which it interpenetrates, bearing interdisciplinary fruit. One variety of such fruit consists in her ethically thickened psychoanalytic phenomenology of dignity.

For example, as interdisciplinary integration, Jacobs might be understood as offering us an ethically enriched psychoanalytic theory of a particular form of trauma, namely, trauma to the essential value of human being. In this theory, an ethical breach and trauma is occasioned when a person (perhaps particularly a caregiver) fails to see and respect the fundamental value of a fellow person and his/her emotional life (perhaps particularly a young other whose sense of self-in-the-world is early in development and thus especially vulnerable). This fundamental value might be considered that essential worth—dignity—that inheres in the person’s being and subjectivity simply by virtue of his/her being human.

Such traumas thus consist in one person’s, or society’s, developmentally devastating devaluation, shaming, or exclusion (as non- or sub-human) of another person. The consequences of such traumas may involve destructive and enduring emotional convictions that constrain subsequent experience with crushing meanings, like “There is no worth in my human existence,” that, in turn, collapse the person’s horizons of personal experiencing. Within such a collapsed experiential world the person might, for example, see only the “utter, unspeakable loneliness-of-aloneness” (p. 387) of his/her unwanted sub-human soul.\textsuperscript{13}

But how does Jacobs arrive at primordial ethical contents, like these aforementioned duties and entitlements? What is the basis for her claim of their universal application? Do human beings have an inherent value or dignity? The answers to such questions pertain to the validity and impact of the content-claims (e.g., attitudinal and behavioral ideals) she imports—via interdisciplinary integration—into psychoanalysis. My sense is that she grounds her explicit and implicit ethical-content assertions in a matrix of the empirical, historical, and philosophical justifications she unfolds in her subsections “What do I mean by dignity?” and the “Ethics of dignity”.

\textsuperscript{10}And perhaps good, bad, right, and wrong.

\textsuperscript{11}When I employ my psychoanalytic phenomenology to critically examine Jacobs’ claim that human behavior is a priori ethically situated, I play devil’s advocate and imagine a person for whom a sense of agency is so nonexistent that the idea of ethical engagement is nowhere to be found in his/her experiential world. If such an experiential world is possible, I find myself wondering whether one can validly claim, as she does in Dignity, that “all human behavior is inescapably ethically situated” (p. 383) and, if so, what the basis for such a claim’s validity might be? Is it, for example, found in a form of philosophical phenomenology, theological illumination, or other avenue of knowledge into the realm of the a priori? If so, is the human person’s a priori ethical situatedness true, in some sense of the term, even if impossible to experience or know for those traumatized within annihilating relational contexts?

\textsuperscript{12}For example, Jacobs writes variously: “All of these attitudes, directly or indirectly, are sensitive responses to the foundational issue of human dignity, or what it means to be human” (p. 383, italics added for emphasis), and “Thus, we ordinarily treat people with sensitivity to their dignity, which means we treat them with sensitivity to qualities that we think inhere in human life” (p. 384, italics added for emphasis).

\textsuperscript{13}When a person’s (or society’s) ideas and actions fail this duty to recognize and respect the value that inheres in the other—his/her dignity—then there is something essential to such other’s human being that is being violated. That is, in circumstances where this inherent human worth is under assault—whether out of an offender’s ignorance, negligence, or (probably fearful) intentionality—a form of dehumanization is in process because understandings, actions, or events that diminish this worth—by failing to see and respect it—deprive the other of something that “defines [him] as human” (p. 381).
As just one example of thinking I found intriguing, Jacobs elaborates philosopher Peter Baumann’s (2000) distinctions between “dignity simpliciter” and “human dignity” (p. 382, Jacobs’ italics), the latter of which he argues is “something that can be violated, but … cannot be lost” (p. 382). Baumann’s argument for inherent dignity, however, is ultimately grounded in empirical, developmental findings, not philosophical insight into the realm of the a priori—though, as I contend in the following, he appears to infer the latter from the former. He argues, “I need to have self-respect” and, because self-respect depends on “recognition” and respect “I get from others,” I should, ought to, or am in some sense entitled to receive it from them (see p. 382 wherein Jacobs discusses and quotes Baumann, 2000). I hear this as the child’s birthright to be respected or loved by his/her parents or caretakers—in part so as to affirm his/her inherent worth and develop the self-respect necessary to lead a psychologically stable life.

Baumann (2000) appears to suggest—and I assume Jacobs tacitly relies on his thesis, at least in part—that the human person’s profound developmental need for others’ respect (caregivers’ and beyond) reflects his/her inherent worth, entitlement to its affirmation, as well as others’ duty to affirm such worth. Here developmental phenomenology is used to disclose primordial human worth and the a priori ethical duty in others to confirm it.

In these ways, Jacobs establishes, imports, and integrates content-truths—here, ethical in nature—of universal application to human being into our home discipline, psychoanalysis. However, psychoanalysis, as I see it, is a science that devotes itself to empirically grounded understanding of highly individual worlds of emotional experiencing and the uniquely configured relational contexts in which they take form and transform. It is not, in my view, a discipline primarily concerned with universals.14

I do not counter the empirical/developmental finding that a caregiver’s recognition and affirmation of his/her child’s inherent worth is vital to the possibility that such child establish and maintain core dimensions of self-experience, perhaps especially on the level of self-esteem, self-respect, and loving relatedness-with-other. Nor do I oppose the notion that a child/person has a birthright to such treatment. However, I contend that importing an ethical content-universal into psychoanalysis gives rise to clinical and educational risk. And I believe my concerns are borne out in Jacobs’ phenomenology of dignity, as I will elaborate below.

But first, what is the nature of the risk to which I object? There are different dangers. One methodological risk I see is this: Inferring an a priori content-universal, like Jacobs’ ethics of dignity, from an empirical, i.e., a posteriori, finding, like Baumann’s (2000) aforementioned developmental finding that human beings need to be treated by others with respect in order to develop a healthy sense of self, risks conflating two very different nexuses between empirical evidence and universalized conclusions.15 In one, which I see as characteristic of psychoanalysis from time to time, there can be a nexus between massive empirical evidence and a generalized supposition—for example, human subjective experience is constitutively relational—where the supposition relies upon, is grounded in, and follows from the empirical findings. In a second, which I see from time to time in Jacobs’ method in Dignity, there is a nexus between empirical evidence and supposition (like her a priori ethics of dignity) where the supposition corresponds with a universal-content that ontologically precedes and purportedly merely discloses itself in the empirical evidence.

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14Psychological (at least my version of it) is fundamentally distinct from disciplines concerned primarily with primordial universals—like philosophy and a priori ethics. Interdisciplinary work that integrates purported philosophical/ethical knowledge of universals into psychoanalytic knowledge of lived, particular, context-bound subjective experiences can be a thorny activity because, among other reasons, each discipline arises from its own distinctive context of concern, history and culture—including phenomenological focus, epistemological assumptions and method, as well as language—or what might be called a matrix of disciplinary character. As such, it is crucial to closely track and compare disciplines’ characters and consider their commensurability among and between one another. Such critical reflection on one’s methodological process seems to me requisite in achieving valid and psychoanalytically helpful interdisciplinary integrations.

15Although the risk may be methodological in origin (and thereby relate to matters of validity, et cetera), it turns out to produce substantive trouble.
Within psychoanalysis, the gravest danger in this regard is that by putting a supposition, e.g., her a priori ethics of dignity, before the a posteriori empirical evidence, a clinician risks taking his/her eyes off the empirically presented, particular, lived, relational contexts within which his/her own, and his/her patient's, emotional experience takes form, and instead seeing such experience as manifesting universal truths to which the supposition purportedly corresponds. That is, what risks occurring in one's clinical perception and thinking is that the phenomenology (e.g., transference phenomena) is attributed to ontologically or ethically pre-determining absolutes instead of to nuanced, lived, a posteriori, dynamic relational complexities—whether dyadic, familial, or cultural (Maduro, 2008a).

Taking one's eye off the empirical and relational ball may have its greatest risk on the level of psychoanalytic education. To take again the example of relationality, if one deems that the presupposed relationality of emotional experience (see e.g., Atwood and Stolorow, 1984, 2014; Mitchell, 1988) derives not from empirical evidence, but from the realm of the a priori (e.g., Heidegger, 1927), then the psychoanalytic candidate (or other young clinician) arrives at relationality without having to perceive and find it—for example through sustained empathic-introspective investigation—within his/her patient's or his/her own emotional experience, or the field co-constituted by them. The result, in this example of relationality, is that such clinician never really learns in a hard-won empathic-introspective way to see the relational contextuality of human emotional life as empirically, versus pre-empirically, grounded. To the extent that one—like Baumann and presumably Jacobs—contends that dignity ultimately inheres in individual emotional experiencing on some pre-empirical, primordial level, then I would note the same risk.

Such risk becomes heightened, I contend, when the content of the universal respecting experience is normative in nature, such that it pulls for the organization of therapeutic experiencing not only with claimed universal truth-value but with ethically charged shoulds and ought tos. This is the case, I believe, with Jacobs' ethics. As integrated into her psychoanalytic take on dignity, I read Jacobs to tacitly indicate a universally applicable duty to see the value in another person or his/her emotional experience, to approach a person with an attitude of open receptivity to the wholeness of their experience, to act and give to such other in a fashion that values their humanness.

Lurking prereflectively, I fear, is the potential countertransference meaning of such an ethical duty for the psychoanalyst: might it be felt as an ethical and therapeutic requirement to see and affirm an (as if) intrinsic dignity in the other? Naturally, theoretical and transference risk is one thing, and actual clinical risk and impact is another. Jacobs makes clear that the sense of dignity is not experientially extant in the person prior to, or without, rich relational facilitation, confirmation and welcoming of its expression in a person's life-world. Nevertheless, again, I am concerned that the clinician who absorbs Jacobs' integration may feel ethically mandated (Brandchaft, 2007; 2017).

\textsuperscript{16}Such an outcome also deprives such a person from becoming a relational psychoanalytic true believer, in so far as seeing is believing.

\textsuperscript{17}In short, keeping our focus for now on the impact upon the therapist's or candidate's perception and understanding, such content-primordializations may prereflectively organize clinical perception with presumed, universally valid content, and thereby predetermine what is seen and how it is explained. Such theoretical organizations will, in turn, deemphasize close examination of the person's (whether the patient's or therapist's own) unique phenomenology and the relational contexts within which it forms. Specifically, the emotional complexities of transference/countertransference systems (what I deem to be at the quintessential center of psychoanalytic inquiry and process) risk being seen and understood in terms of predetermining universals, rather than the nuances of the particular patient-analyst intersubjective system.

\textsuperscript{18}Again, Jacobs writes that a sense of dignity includes the following component experiential senses: sense of worth, sense of agency, sense of coherence (sense of one's life having an intelligible narrative or story), sense of having a personal idiom or uniqueness (distinctness or individuality), sense of meaning or purpose, sense of having something of value to give, sense of wholeness, sense that our bodies and emotional lives will perform properly and possess an internal integrity and competency, sense of respect for others (other-esteem) and corresponding integrity in one's behavioral treatment of such others, and a sense of being human among fellow humans.

As such, Jacobs' view of dignity draws on a complex developmental foundation. Even an immature, evolving sense of dignity would appear to entail development of an array of experiences, including self-other differentiation and recognition of the other as a center of his/her own feelingful initiative. Moreover, per Jacobs, dignity entails agency and, as elaborated previously, concrete action in the living of life, all of which presumes a high degree of consolidation in a person's sense and way of being in the world.
Brandchaft et al., 2010) to see and respect dignity in his/her patient (at least on one level of perceptual abstraction), while contemporaneously being called upon to empathically track, see, and differentiate (again, on a different level of clinical perception) the patient’s actual subjective experience and its contextuality, the latter of which might be an experience in which there exists utterly no sense of, nor developmental foundation for, dignity. I wonder whether the young clinician should be called upon, and can, sustain the distinctions between a priori ethical universals, on one hand, and empirically observed, relationally embedded emotional experiencing, on the other, within the immediacy and throws of therapeutic activities.

If a clinician conflates these two dimensions of observation and understanding out of pathological accommodation (Brandchaft, 2007; Brandchaft et al., 2010) or otherwise, s/he may, for example, be unduly preinclined to view a patient as failing themselves if, by virtue of developmental trauma, such patient has an impaired sense of self-as-distinct-from-other, little sense of agency, and no feeling of dignity. Or s/he may be unduly preinclined to view such a patient as resisting the correctness of the clinician’s ethically righteous aim to see and reinforce the patient’s dignity. The failure might be seen as the patient’s failure or refusal to embrace a dignity that is already in him/her or to entertain the clinician’s privileged view of a dimension of the patient’s inherent worth and, in this understanding, the clinician might blame the patient for his/her developmental trauma, conceive a resistance in the patient to self-regard or to the goodness of the clinician’s insight or love, and as a result neglect therapeutic exploration of the patient’s actual lived trauma as well as the treatment interventions required to right the patient’s course going forward.

Although I view the challenge of juggling and integrating such differing language games as inherently thorny and problematic, I do not view it as insurmountable. In this regard, my critique on this issue—although earnestly felt on a broader theoretical level—may be at its most practical with respect to Jacobs’ article as a heuristic tool. Although I might decline making the universal ethical claims Jacobs does, I defer to the importance some see to integrating universally rooted ethics into psychoanalysis (see e.g., Jacobs, 2004; Orange, 2011; Drocek, 2015). Because Dignity is a contribution to such efforts, I would feel more sanguine if Jacobs drew sharper differentiations between psychoanalytic phenomenology and contextualist explanations (and their language games), on the one hand, and philosophical/ethical claims (and their language games), on the other. According to me, if Jacobs has an impaired sense of self-as-distinct-from-other, little sense of agency, and no feeling of dignity. The failure might be seen as the patient’s failure or refusal to embrace a dignity that is already in him/her or to entertain the clinician’s privileged view of a dimension of the patient’s inherent worth and, in this understanding, the clinician might blame the patient for his/her developmental trauma, conceive a resistance in the patient to self-regard or to the goodness of the clinician’s insight or love, and as a result neglect therapeutic exploration of the patient’s actual lived trauma as well as the treatment interventions required to right the patient’s course going forward.

I deeply value and respect my patients and their emotional worlds, and I hold such respect as central to my clinical/therapeutic ideals. However, I conceive of these ideals as rooted in my own personal history and experience, and not as arising from a groundwater of a priori, whether ontological, ethical, or other. The relational contextualism I presuppose in my psychoanalysis derives from the vast evidence my relational forbears (see, e.g., Atwood and Stolorow, 1979; Greenberg and Mitchell, 1983; Mitchell, 1988; Aron, 1996; Jacobs, 2005; Brandchaft, 2007; Brandchaft et al., 2010) and I have garnered from our empirical study of clinical phenomena. Invariably my contextualism and ethics—in contrast to an a priori ethics—is itself context bound, perspectival, and ultimately personal (see Atwood and Stolorow, 1979, 2014; Gergen, 2009; Maduro, 2017a, 2017b).

As such, I do not object to ethics in psychoanalysis, but see the content and ideals of such ethics as every bit as contextually rooted as other personal experience. My psychoanalytic ethics—in its current

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19The methodological critiques I have articulated in respect of Jacobs’ interdisciplinary process produce a less substantive complaint I have about Jacobs’ organization of Dignity. I found that because Jacobs weaved in and out of different language games in sometimes subtle ways, I was frequently left standing on the somewhat unstable ground of ideas whose interconnections occur across different orders of discourse and/or abstraction. This produced noteworthy experiences of oscillating understanding and then confusion in me as an interested reader (naturally, there are other explanations for this sort of experience in me that would be unfair to pin on Jacobs, including my ever-finite wit).
theoretical evolution—would thus take the form of a “moral pluralism” (Gergen, 2009, p. 363) wherein an analyst’s values, ideals, and associated ethical convictions, motives, and actions are understood as embedded in the uniquely personal, historical, and cultural contexts of his/her development, as well as his/her specific personal and professional experience. In this way, I object not to the content of Jacobs’ laudatory ethic, but to her primordialization of it and to the (at least potentially) clinically decontextualizing effects of such primordialization. In the end, whereas an empirically rooted contextualism leaves room for one’s ethics, absolutized a priori ethical contents risk stripping clinical perception and understanding of empirically evidenced context.

**Dignity and context: The sense of being human**

Drawing on Togashi (2014) and Kohutian empathy and twinship experiences, Jacobs contends that a “sense of being human” is fundamental to having a sense of dignity (p. 382). This sense of being human proves to be perhaps the most distinctive aspect of Jacobs’ phenomenology of dignity—distinguishing dignity, for example, from a sense of inherent self-worth deriving from sources other than the essence of humanness. However, Jacobs treats certain affective experiences, for example the sense of wholeness and what I call personal competency, as the universal contents of this sense of being human. In so doing, she obscures the contributions to them of particular cultural and personal contexts.

Jacobs offers up several features of what it means to feel human. I describe two of them, namely, the aforementioned wholeness and personal competency, and then critique them in a subsequent subsection.

**Wholeness**

One feature of feeling human, per Jacobs, is the sense of being known by oneself and others within the full truth and complexity of one’s embeddedness in human relationships and world (see also Coburn, 2009; Atwood, 2012; Maduro, 2013; Sucharov, 2013). In the analytic setting, such a sense of wholeness—and by extension humanness and dignity—might entail the patient’s sense of being known by the analyst as fellow world-embedded-being, as fundamentally “more alike than not” (p. 382), as belonging to the same species and belonging to a class of human siblings who are intrinsically identified with one another. Yet, it also entails the sense of being known by and with the analyst in one’s highly personal configuration of such relational-embeddedness, namely, one organized by the person’s own distinctive life experiences, and thus marked with the person’s individuality. Feeling a sense of wholeness and of being human, as I read Jacobs, therefore entails feeling kinship and belonging with others in virtue of shared human-commonalities, yet also in virtue of one’s uniqueness and difference, including perhaps especially the uniqueness of one’s experiences with other human beings.

This view suggests that the sense of wholeness, being human, and in turn dignity entails experiences well along a continuum of knowing oneself, and feeling known by others, in one’s socio-cultural, familial, intersubjective milieu, in all its lived particularity. One defining instance of such

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20 I acknowledge the limitations of my moral pluralism and join Gergen (2009) in believing it needs to go further in what he calls “second order morality” (p. 364). By virtue of this order of morality, such pluralism would entail a duty to sustain dialogue with those others who hold distinct conceptions of the good (i.e., alternative ethical/moral perspectives and cultures) so that inevitable conflict between and among us and them does not degenerate into significant forms of mutual destruction and even attempts at elimination.

21 I have not thought a lot about ethics in psychoanalysis, nor about my ethics in my psychoanalysis, prior to reading Dignity and writing this article. I offer this confession as first-hand evidence of the value of Jacobs’ ethical contextualism and activism. Whether or not one agrees with her views on ethics in psychoanalysis, I am embodied proof that her activism is thought-provoking and gets people, like me, to think about such issues, and perhaps act on them, if only in the form of articulating what they deem important.

22 From my (Maduro, 2015) perspective, nothing provides distinctiveness and uniqueness to a person more that his/her particular contextual situatedness.
individualized situatedness is constituted by the person’s emotional experiences with others and the subjective legacies—i.e., organizing principles (Atwood and Stolorow, 1984, 2014) or hopes and dreads (Mitchell, 1993)—that encode this relational history in subsequent experience, including in the treatment relationship in the form of transference. In this way, transference constitutes a concrete instance of both the person’s embeddedness in the world at large as well in a unique, dyadic treatment context. Therapeutic understanding of transference—a mainstay of psychoanalysis—thus in turn constitutes a relational activity of welcoming understanding, and arguably honoring, the person’s wholeness.

This might make sense of why, per my reading of Jacobs, a sense of dignity in the consulting room entails a person feeling that his/her traumas are openly received and understood. It also makes sense of why it is so important for clinicians to bear countertransference anxiety and, in turn, embody the clinical attitudes that facilitate meeting the patient in his/her emotional world so that both analyst and patient can come to better understand and affectively dwell (Stolorow, 2014; Atwood and Stolorow, 2016) with or in it. In short, affect tolerance, therapeutic attitudes, and other measures that facilitate the patient’s and analyst’s experiences of their context-embeddedness (e.g., reflective awareness of subjective structures of the transference field of the analysis) would be ones that support the sense of wholeness, being human, and dignity.

**Personal competency amalgam**

Jacobs also associates the sense of being human, and by extension dignity, with mental, physical and other forms of personal competency. She claims, for example, that the “sense that our bodies will perform properly … [and the sense] of psychological integrity” (p. 384) are capacities “we think inhere in human life.” (p. 384).

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23 With respect to development of the sense of wholeness and being human (as central components of the sense of dignity), Jacobs illuminates the importance of clinical attitudes that embody the therapist’s “openhearted intent to learn from the patient and from the[r] emergent dialogue” (p. 383). Such welcoming attitudes as epistemological fallibilism (Orange, 2011), humility and openness to surprise (Brothers, 2008), anti-reductionism (Sucharov, 2009), and structure-bracketed openness to the person (Kunz, 2007) will characterize therapeutic systems that cultivate therapeutic investigation and understanding of a patient’s whole world-embedded personhood and thereby, per Jacobs, facilitate in him/her the sense of dignity.

Additionally, such therapeutic systems are well advised to involve clinical attitudes of humility and generosity (Orange, 2011), as well as perceptual focus on the person versus content (Kunz, 2007), so as to protect against dialogic collapse into reductive dichotomies, foundational truths, or other predetermined and thus constraining categories of relating and speaking. Instead, such clinical attitudes and focus will valorize flexible, usable meanings that are open to revision and that address the person as a whole as s/he becomes progressively understood, versus some distilled content s/he presents.

In a similar vein, Jacobs (2009) articulated a Buberian “I-Thou” (p. 383) attitude in which, through attunement to the patient’s distinctive affect, the analyst does not merely recognize but “confirms” the “wholeness of the patient” in all his or her unique and intelligible historicity (p. 383). Such confirmation “accords … a respect and dignity” to the patient as a “separate center of initiative” in all his or her personal particularity (p. 383). Parallel to Buber’s assertion that “sicknesses of the soul are sicknesses of relationship” (Buber and Friedman, 1969, p. 160), Jacobs’ Buberian attitude might hold that “health of the soul depends on healthy dialogue and confirmation in relationship with other.”

In these ways, among others, therapeutic attitudes that facilitate the sense of dignity convey the analyst’s treatment of the patient not as an object of reductive understanding and treatment, but as a genuine “partner in the process” who is competent to “make meaningful choices about the direction of the work” (p. 383) and thus worthy of respect. Jacobs calls these ethical attitudes.

24 Or, in the alternative, as Jacobs poignantly advises, when, by virtue of degrading trauma, the patient’s experience of the analyst’s close understanding has been rendered impossible, they may join in “mourning the gap” that isolates their respective experiential worlds (see p. 386).

25 Wearing my philosophical hat, I join Jacobs in seeing the individual person as best understood through a rigorously contextual explanatory lens. Such an explanatory lens is consistent with western philosophical contextualism, like that of existential philosophy (see e.g., Heidegger, 1927), and, of course, the developmental and other empirical findings of Gestalt psychology and psychoanalysys (see, e.g., Jacobs, 1989, 1992) and psychoanalytic contextualism (see e.g., Atwood and Stolorow, 1984, 2014; Mitchell, 1988). That is, because human beingsubjectivity is viewed from these perspectives as inherently embedded in its world, including its relationships with others, then it makes sense that the sense of being human might entail the experience of a multidimensional contextuality, i.e., the sense of wholeness.
Jacobs illuminates the senses of wholeness, personal competency, being human, and dignity in part by illuminating experiences of their assault—assault not just by biological and psychological limitation (illness; aging; mental/emotional vulnerability), but by the limitations on our agency and control over others and the world, as might manifest when one is thrown into trauma and deprivation, trips and falls, is arrested publicly, or is demeaned or objectified by another. Jacobs claims these and other indicia of limitation in our relationally embedded, embodied, and psychological selves—limitations in what I have called the experience of personal competency—“pose severe challenges … to our sense of being human” (p. 385).

Further, and as noted early on, Jacobs claims that the emotion reactive to assaults on one’s wholeness and personal competency, or other purported indignities, is shame. Jacobs writes that “shame in its many forms, from embarrassment to mortification to humiliation, can be considered the primary emotion of indignity” (p. 385).

**Critiques of wholeness and competency as universal aspects of humanness and dignity**

I suggest that even the sense of wholeness, as a feature of the sense of being human and of personal dignity, is saturated in relational context. Holistic perspectives on human being and subjectivity have not always prevailed in our cultural and personal value-sets. To universalize or naturalize (L. Brothers, 2001) wholeness as a natural experiential feature of the sense of being human—dignity—is to risk obscuring cultural, familial, and perhaps other contexts from clinical perception. Might it be more accurate to claim that a sense of wholeness has become progressively more associated with being human in our epoch of post-Cartesian (Stolorow and Atwood, 1992) and post-modern perspectives and values? I contend that the context-laden nature of experiences of wholeness and being human, and by extension dignity, is evident here, even though I tend to see the world in the same way as Jacobs on this score.

In respect of the nexus Jacobs draws between the sense of being human, on the one hand, with the experiential amalgam of what I have termed personal competency (which is assaulted by manifestations of existential, physical and mental vulnerability), on the other, I think its culture-laden constitution is apparent in the difference between Jacobs’ findings and my own. For example, I find human limitation neither inconsistent with being human, undignified, nor shameful. To the contrary, I consider human finitude defining of being human. I view my different perspective as demonstrative of the contextuality—cultural but also, for example in my case, familial—of what it means to be human.

Grounded in Jacobs’ own cultural perspective here, existential, physical, and mental invulnerability becomes idealized such that vulnerability on these levels is viewed as a failure to be aligned with what is true and cherished in being human. In this regard, Stolorow (2015) writes,

> It is pervasive in our cultural meaning-making to equate vulnerability—whether physical, emotional, or existential—with something shameful, an abhorrent weakness to be kept hidden and evaded, or counteracted through some form of reactive aggression and destructiveness. Vulnerability, in other words, is regarded as an aberration, a contemptible anomaly to be expunged from our experiential world.

I believe Jacobs conflates phenomenological and explanatory language games on this topic by inferring that the regularity with which she clinically observes a close association between human vulnerability and shame means therefore that shame—or indignity—is the natural (universal)

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26 Might Cartesian thinkers (see Stolorow and Atwood, 1992; Slavin, 2002) have felt that being human was more deeply disclosed in a sense of individuality grounded in radical distinctness and separation from the world? If so, from such a Cartesian vantage point, the vulnerabilities of embeddedness (see Orange, 2009; Maduro, 2015) would be seen and felt as undignified or subversive to a sense of being human. As I contend below, such a seemingly Cartesian point of view seems to prevail in other areas of Jacobs’ phenomenology of the sense of being human and dignity.

27 My maternally rooted nuclear family organizing principle consisted in an emotional equation between existential, physical, and emotional vulnerability, on one hand, and mortifying personal defectiveness, on the other. For an autobiographical account of the genesis and impact of this organizing principle see my memoir (Maduro, 2008b).
reactive affect that travels with vulnerability. Again, this naturalization of the empirical nexus between varieties of human vulnerability and shame obscures, I contend, the presence of clinically important cultural and often familial contexts wherein human vulnerability has acquired the meaning of a personal flaw.

Ironically, in sharp contrast, I hear Jacobs’ previously discussed phenomenology of whole-
ness as founded in a complexity-informed contextualist perspective that partakes in a different cultural, as well as psychoanalytic, value-set (see e.g., Heidegger, 1927; Buber and Friedman, 1969; Atwood and Stolorow, 1984, 2014; Mitchell, 1988; Orange et al., 1997; Jacobs, 2001; Coburn, 2009; Sucharov, 2013). In this contextualist perspective, existential, physical and emotional vulnerability are constitutive to being-in-the-world such that embracing, owning and nonevassively living in such vulnerability—versus viewing it as a flaw, and accordingly aspiring to transcend, evade, or fix it—are valued and closely associated with authentic human being. Stolorow (2015; bracketed and italicized text is my expansion, and bold added for emphasis) formulates this perspective well:

Existential philosophy [and I add most holistic paradigms of the human person and his/her embeddedness in the world] ... teaches us that the various forms of vulnerability are constitutive of our very existence as finite beings. Because we are limited, finite, mortal beings, vulnerability to trauma is a necessary and universal feature of our human condition (Stolorow, 2011; https://www.psychologytoday.com/blog/feeling-relating-existing/201412/no...). Suffering, injury, illness, death, heartbreak, loss—these are possibilities that define our existence and loom as constant threats. To be human is to be excruciatingly vulnerable.

Although Jacobs’ observation of wholeness as a natural component of the sense of being human makes good sense and is consistent with philosophical and psychoanalytic contextualisms, her contentions regarding the amalgam of personal competency appear rooted in an idealization of human invulnerability and, by extension, a non-critical acceptance of the affective configurations (e.g., undignified or shame-soaked vulnerability) such a perspective promotes. What is most important to me is this: whatever the content of the sense of being human, I contend it is at least partially culturally, familially, and otherwise relationally organized, and thus highly context-specific.

Additionally, whatever one’s cultural ideal, failing to live up to an ideal is not in my phenomenological book necessarily organized or felt as shame. That is, the experience of failure to live up to a personally, familially, or culturally) held value will itself be organized in a fashion that depends upon particular relational contexts. Aside from shame, I think of reactive affects like disappointment, sadness, powerlessness, anxiety and other varieties of vulnerability as also potentially emotionally expressive of one’s failures, depending on context.

In terms of clinical implications, if a clinician sees a patient’s reactive shame as the natural response to existential human vulnerability, s/he is more likely to fail to see the presence of shame-producing repetitive organizing principles in the patient (rooted, I contend, in his/her peculiar history and culture, versus in the essence of his/her vulnerability), less likely to investigate and illuminate the developmental origins of such organizing principles, less likely to detect features of the therapeutic situation that may reconfirm the patient’s shame-producing convictions, less likely to thus detect the relational (i.e., analyst’s) contributions to the patient’s resistance, and less likely to see potential transference longings in the patient for his/her emotional vulnerability to be seen as natural and valued, and thereby liberated from the shaming meanings.

More immediately, because Jacobs’ thesis in Dignity reflects important phenomenological convictions about what is entailed in feeling human, esteemed, and dignified, one can expect that they will lend themselves to powerful transference meanings in her readers, and perhaps indirectly, the patients of those of her reader-clinicians who join her in such convictions. One can expect wildly different transference experiences in patients if they perceive Jacobs, or like-minded clinicians, to view their vulnerabilities as human, or as failures to be human. By virtue of the peculiar mix of her Cartesian and post-Cartesian perspectives, ideals, and attitudes, Jacobs may, in the end, risk decontextualizing and shaming the same patient for his/her natural
vulnerability whom she simultaneously welcomes into her therapeutic embrace in all his/her wholeness.\textsuperscript{28}

**Critique of inspirational shame**

In connection with her discussion of the so-called “revelatory capacity of shame” (p. 386), Jacobs describes the “wash of shame” she feels when she “fall[s] short of living in a way that is congruent with a cherished value” (p. 386). Again, I question whether falling short of adhering to one’s values is necessarily felt as shame. Is it really shame that one naturally feels in response to failures to live up to a genuinely held value of one’s own? Although I am not immune to shame states, I ordinarily experience my (many) shortcomings with sadness or in disappointment in myself, and not as shame.\textsuperscript{29}

Similarly, if I fail to live up to a value held by another person whom I respect I might feel disappointment in myself, or I might expect the other’s disappointment in me. However, I distinguish such disappointments from shame and shamings. I do not see why the inability to seamlessly live up to one’s values—a natural limitation in capacity and self-sufficiency—would be viewed and felt as shameful absent a relationally rooted conviction wherein such vulnerability is seen as evidence of a personal flaw.

Consequently, I contend that one’s own, or one’s interpretation of the other’s, view of one’s failure is bound up with relational context. For example, it will make a decisive difference if a person has a history wherein his/her limitations were met with caregiver, or societal, understanding versus caregiver narcissistic injury or societal contempt; in the former case, they are felt as understandable personal limitations; in the latter case, they come to be felt as flaws, intelligible only as failures to support the other’s defensive grandiosity (Miller, 1981; Stolorow, 2015).\textsuperscript{30}

In short, how a person experiences his/her limitations will depend upon relational context, and I find that a dimension of contextuality again becomes obscured in Jacobs’ phenomenology of so-called revelatory or inspirational shame.

I fully concur with Jacobs that the integration of the affects of personal failure can be developmentally expansive: it’s helpful to be able to tolerate the affects that disclose our personal limitations. However, so-called revelatory or inspirational shame is, in my view, a misnomer for genuine ownership of personal limitation, which, I suggest, may be felt in an array of affects depending upon its past and immediate relational context.\textsuperscript{31}

**Concluding reflections**

I cannot help but wonder why Jacobs—an ordinarily radically contextual thinker, practitioner, and activist—makes as many decontextualizing phenomenological inferences as she does, for example by treating wholeness and personal competency as natural, universal aspects of the sense of being human, and shame as intrinsic to human vulnerability. What has put her into such a derelationalizing mood? I have no answers, but only intuition and speculation.

\textsuperscript{28}In a similar vein, although I concur that analytic attitudes of welcome, openness, presence, willingness to be affected, respect, and understanding for a traumatically degraded patient’s intrinsic value as human will, in most contexts, produce therapeutically developmental experiences, I contend that, in certain perhaps peculiar treatment situations, the same attitudes and empathic understanding may be experienced as invasive, humiliating or terrifying. It depends, I contend, on often nuanced features of context.

\textsuperscript{29}Ironically, I successfully liberated my sense of personal limitation from the grip of shame through therapeutic work with Jacobs herself!

\textsuperscript{30}Like a pretty ornament reflects positively upon the bejeweled tree from which it hangs.

\textsuperscript{31}I offer my critique as a clinical psychoanalyst, and not as a philosophical phenomenologist. There is a long-standing debate among those fascinated by the phenomenology of shame regarding whether, among other disputes, it is rooted in innate emotional structures or arises only from lived relational contexts, whether it serves valuable developmental and social functions, or is singularly damaging on individuals who feel it (see, e.g., literature review at Zahavi, 2014).
My sense is that this mood tracks back to her *a priori* ethics of dignity. I speculate that Jacobs ascribes primordiality to her ethics of dignity not only because it is crucially important to her—presumably in part by virtue of her experience with emotional worlds devastated on the level of personal value—but also because, qua primordial, it is protected from a feared ethical relativism wherein (as is my view) ethical ideals are ultimately rooted in the ethical person’s distinctively personal, historical, cultural life-world. Might the personal, historical, perspectival nature of ethics (Maduro, 2017a, 2017b) and the moral pluralism it implies, risk, for Jacobs, a cultural collapse into amoral, relativistic chaos in which mutual respect between and among humans becomes devoid of significance?

Although it is certainly Jacobs’ prerogative to integrate her empirical contextualism with an *a priori* ethics (after all, we all have our universals), the consequences of such an integration entail certain costs. As I hope to have shown, universalized emotional contents—including ethical ideals—reliably decontextualize clinical perception (see e.g., Maduro, 2002, 2008a). It is my sense that Jacobs’ primordialization of her ethics of dignity stealthily (and I suspect somewhat inadvertently) draws her phenomenology of dignity away from the constitutive relational contextuality in which it, like all emotional phenomena, takes form. This is no small cost within a psychoanalytic contextualism like mine and, as I understand it, Jacobs’.

Although I contend Jacobs’ *Dignity* produces problematic decontextualizations, I join in its heartfelt advocacy for the immense importance to the formation of a person’s healthy sense of self of others’ respect for his/her inherent human value. Moreover, I applaud Jacobs’ efforts in her clinical, educational, and academic activities, including the writing of *Dignity*, to advance a practical dimension of psychoanalytic ethics wherein psychotherapists are called upon to not just talk the talk, but actively walk the walk of their ideals.32

In the end, Jacobs’ interdisciplinary method and ethical-phenomenological convictions respecting the nature of dignity join with her immense experience and activism within psychoanalysis to provide the reader with an ethically stimulating, phenomenologically illuminating (if at times controversial), and rhetorically rich manifesto. Her manifesto directs the reader to consider the crucial importance of respect for one another as kindred human beings and, more broadly, promotes ethical awareness and activism in psychoanalytic understanding and practice.

Notes on contributor

*Peter N. Maduro*, J.D., Psy.D., is a clinical and forensic psychologist, and psychoanalyst, with a private psychotherapy practice in Santa Monica and South Pasadena, California. He is a Supervising and Training Analyst, and on the teaching faculty, at the Institute of Contemporary Psychoanalysis in West Los Angeles, California. Additionally, Dr. Maduro is a member of the International Association of Psychoanalytic Self Psychology, the International Association of Relational Psychoanalysis and Psychotherapy, and the Division of Psychoanalysis (Division 39) of the American Psychological Association.

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32 As noted, *Dignity* itself, and the challenge of discussing it for this issue of *Psychoanalytic Inquiry*, has moved me to consider more seriously my own psychoanalytic ethics. Additionally, it has drawn out in me a greater ethical activism (e.g., standing up for, and articulating, what is important to me). As such, although I have my critical reactions to aspects of Jacobs’ *Dignity*, the evidence is overwhelming that it has achieved what I can only imagine to be one of its central goals, namely, to draw readers into active consideration of their ethical convictions and, ideally, to move them into greater activism in respect of those convictions, whatever their content may be.


_____. (2008a), Thou shalt not know thy relational contexts: Blindness to the contextuality of emotional life. Unpublished manuscript.


