

PHILOSOPHICAL PAPER

Resoundings of the flesh: Caring for others by way of “second person” perspectivity

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Abstract

In bringing ourselves to the encounter with the experience of others, we bring our bodies with us—and, in doing so, we are able to resonate not only intellectually but also empathically with the other’s experiences and expressions (which are given to us both verbally and nonverbally). In remaining faithful to our foundations in phenomenology (Husserl, Heidegger, Merleau-Ponty, and Levinas), we shall talk about taking notice of others from within the relational “exchange” and reflect upon what, precisely, are the experientially given “affairs” to which Husserl invited us to return. Our interest begins with the other’s “first person” experience, but since we cannot access this directly, we must rely on the resonance we find within ourselves, within our own lived bodies, when we are addressed by the other, whether in word or in gesture. I am wondering what the other is experiencing and all my powers of perception are driven toward this other, whose first person experience remains just out of reach and accessible only insofar as I have this capacity for a deeper “bodily felt” awareness in which the other’s experience takes possession of me. Merleau-Ponty’s notion of bearing “witness” to behavior is useful in illuminating this “second person” perspective, which takes its point of departure from Husserl’s (1910–1911) intersubjective reduction, by means of which we “*participate in the other’s positing*” (1952/1989, emphasis added) and thereby grasp the meaning of the other’s expression. Ultimately, the intuitive talent of the caring professional will be shown to reside in his or her being able to move beyond *what the other is able to say* to a more deeply felt attunement to *what is being revealed to us in the other’s presence*. Applications to patient care are discussed.

Key words: *Attunement, caregiving, co-experiencing, empathy, ethics, flesh, intercorporeality, phenomenology, reciprocity, second-person perspectivity, tears*

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Toward a phenomenology of second person perspectivity

There is no trait of the face which does not receive its meaning from that primitive witchcraft we have called ‘transcendence.’ (Sartre, 1939/1974, p. 71)

Everything I have that is most secret goes into this visage, this face. (Merleau-Ponty, 1961/1964a, p. 167)

Meaning is the face of the Other, and all recourse to words takes place already within the primordial face to face of language. (Levinas, 1961/1969, p. 206)

Phenomenology of the lifeworld has informed caring science by offering an appreciation of the “first person” experience of patients to complement the impartial “third person” perspectives that otherwise dominate medical discourses about individuals in treatment. Helping health care professionals to become more mindful of the unique experience of patients, “human science,” “caring science,” and “nursing science” researchers have been paving the way for better treatment approaches that in turn engender better outcomes for a wide spectrum of medical and psychiatric disorders.

Although we will be drawing from phenomenological sources to illuminate the discussion of what we are calling “second person” awareness, the ultimate aim of this paper is for readers to be able to tap into their own “lived experience” in order to better

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understand and reach out to those who are in need of care. While one finds in the literature of psychotherapy plentiful elucidations of the “we-experience” within which therapists form impressions of their clients’ experience, there is still need for a more phenomenological clarification of this bi-personal field to help us explore this special but everyday mode of access to the experience of others.

Psychology seems to have begun as a discipline whose target was first person experience, but it quickly degenerated into strictly speaking third person approaches to the individual (Churchill, 2006). Eventually Merleau-Ponty would, in his essay on “The Film and the New Psychology,” offer the perspective of “a witness of behavior” as a fruitful alternative to introspection as a mode of access to lived experience. He observed:

We must reject that prejudice which makes ‘inner realities’ out of love, hate, or anger, leaving them accessible to one single witness: the person who feels them. Anger, shame, hate, and love are not psychic facts hidden at the bottom of another’s consciousness: they . . . exist on this face or in those gestures, not hidden behind them. (Merleau-Ponty, 1945/1964b, pp. 52–53).

At first I thought of this, insofar as it was his way of characterizing the camera that photographs an actor in a film, as a phenomenologist’s way of reaffirming the value of a third person perspective. Later, I would come to realize that the perspective of the camera, like that of a witness of behavior, is not confined to the third person (indifferent, distant) perspective but is also capable of the “up close and personal” perspective that might more properly be referred to as “second person perspectivity”—*as when one is addressed by the other in the face-to-face encounter*. We can tell a lot about others if we can look deeply into their face; this works quite well for us when we are watching a film, but we do not always find in everyday life such intimate access to other people’s faces, unless we are already in a close relationship with them.

In articulating my phenomenological approach to the question of second person perspectivity, I will be looking at this experience *from both sides* in order to try to capture the *reversibility* that lies at the foundation of the experience.¹ This means that I will be considering each participant in the role of both first and second person. I will also acknowledge the alienation from the second person that occurs at moments when, in the context of professional work, we must shift into the third person perspective (as when discussing a patient in a case conference or team meeting—or worse, talking

about them as though they were not there when they are sitting right in front of us).

Among the challenges for phenomenology is the crucial one regarding how do we break from the “first person singular experience” (which trapped Descartes inside his cogito) in order to encounter others in the world? I call this a challenge, because phenomenology is generally “done” in the first person singular, even if it necessarily presupposes the first person plural, which is to say that we “find ourselves” living in a world with others. (Indeed, phenomenology always begins and ends in the first person plural, since our research interests are drawn from our own social realities, and our research findings are presented to an intersubjective context for verification and critique.)

One might say that the second person perspective itself emerges when we first engage the other person as a “you”—which usually occurs at the moment that we first address (or are addressed by) the other, either as a speaking or non-speaking subject. In this sense, the study of the we-relationship, and of the second-person experience *within* that relationship, constitutes the first step in a social ecology of human experiencing that has its roots in our bodily being together—more specifically, in the resonance that occurs when our bodies meet. (See Churchill 2001 and 2007 for descriptive illustrations).

When we invoke Merleau-Ponty’s (1964/1968) notion of the reversibilities of the flesh, we are able to appreciate the “both/and” of our reciprocal roles as first and second persons “within” the we experience, rather than slipping ambivalently into the “either/or” dichotomy that one finds in Sartre’s (1943/1956) brilliant analyses of polarized “subject-object” relations (love, hate, shame, fear, pride, and sado-masochism). It was Merleau-Ponty who, following Husserl’s lead, gave us a clue on how to break the circuit of solipsism: “it is precisely my body which perceives the body of another, and discovers in that other body a miraculous prolongation of my own intentions, a familiar way of dealing with the world” (1945/1962, p. 354).

If the first person plural (Husserl’s “intersubjectivity”) is always already the backdrop for first person singular reflections (namely, his “transcendental reduction,” which opens the field to “transcendental subjectivity”), we must remember that Husserl (2006) posited early in his career, in his winter semester lectures of 1910–1911 (which he alternatively referred to as his “Intersubjectivity Lectures” or “Empathy Lectures”)² that within the reduction is given *not only* my own ego and its positings but also *the other* ego and its positings (Section 36, p. 79). In other words, Husserl pointed us in the direction of what has been called an

“intersubjective reduction.” It is precisely the possibility (and the positing) of this intersubjective dimension *within* the transcendental reduction that inspires here the move toward second person perspectivity as an embodied way of knowing the other.³

It is this *Ineinander* or *Verflechtung* (Husserl) that serves as ontological ground for experiences such as *das Einfuehlen* wherein we have a bodily “felt sense” (Gendlin, 1978–1979) of the other’s experience. We call this experience ‘second person’ awareness in recognition of the fact that it is not simply reducible to my first person singular experience: I am *not* simply engaging in a “reasoning by analogy” (wherein I would be making cognitive assumptions about the other’s otherwise private experience). Husserl’s technical use of the term “empathy” [*die Einfuehlung*] can be differentiated from the earlier use of the term by Vischer (1873/1994) and Lipps (1903/1935)⁴ and is also very different from current day psychotherapeutic usage of the term. For Husserl, it meant “the act by which we [perceive] another and therefore another self-awareness on the basis of its bodily presence-in-the-world” (Husserl 1910/2006, Translator’s Preface, p. xxvi). According to “*the twofold manner of the phenomenological reduction*,” there is “the uncovering of other phenomenological I’s through a doubled phenomenological reduction” in which, first, our own experience of empathy in itself is subjected to “viewing” [*die Erschauung*]; and, second, we may also practice the phenomenological reduction in regards to the *empathized consciousness* of the other, whom we are witnessing (p. 84).

Then all phenomenological being is reduced, on the one hand, to *one* (to “my”) *phenomenological I* that is distinguished as a perceiving, remembering, and empathizing I, being at the same time the phenomenologically reducing I, and, on the other hand, to other I’s, posited in empathy, and posited as looking, remembering, and perhaps [even] empathizing I’s. (Husserl, 1910–1911/2006, p. 86).

What is essential about empathy is [firstly] that . . . [it] goes beyond the stream of consciousness of the *ego* to present the other pure *ego* and its stream of consciousness through appresentation, and [secondly] that the being of this stream . . . is a being that is “in itself and for itself and conceived through its own being” (p. 164).

Most of the time, scientific phenomenological researchers are not studying their own acts of empathy but rather the individual psychological lives *revealed* by their empathizing acts. This is why we can, following Schutz (1962), say that we are

then conducting phenomenological research *within the natural attitude* (that is, we do not make a transcendental turn toward our own empathizing consciousness) while at the same time accomplishing a phenomenology of the natural attitude (that is, performing a psychological reduction on the self-report data provided by our research participants). All of this, of course, sounds very technical; but what does it really come down to? Are these procedures described by Husserl intended only for the transcendental philosopher?

Let us take a closer look at what he is saying: in an appendix to the same winter lecture course, Husserl (1910/2006) wrote: “. . . there are, besides the perception of bodies, the perception of animals and the perception of human beings too, i.e., that which I rather poorly called ‘empathy’, or somewhat better, ‘empathizing perception’” (p. 164). What Husserl has designated here as an “empathizing perception” [*einfuehlende Wahrnehmung*], we might refer more simply to as second person perspectivity—for then it seems more obvious: It is *a lived bodily experience in which a “felt sense” of the other’s “interiority” (namely, my resonating with the other’s intentionality) is given to me spontaneously, in a “passive genesis” of meaning.*

Even this characterization is still too formal: the important thing here is that it is a *perceptual* moment, within my encounter with the other, *in which I feel present to the other’s soul*. We do not always feel present to other’s soul when we are passing people on the street; it is, rather, in the up-close moment of contact where the other looks me in the eyes, and where we move beyond the momentary glance, holding the gaze, and studying each other’s face for signs of expression. In such moments, when the other looks back at me, I can feel a deeper sense of their attunement—something that Heidegger (1972) called “*Mitbefindlichkeit*” (p. 162). This is a “shared attunement,” in which I come to know something about the other, even if I cannot yet put it into words.⁵ And yet, according to Heidegger, we can experience this shared attunement when the other attempts to *communicate* his or her experience to us: “*Sie [die Mitteilung] vollzieht die Teilung der Mitbefindlichkeit und das Verständnisses des Mitseins*” (Heidegger, 1972, p. 162). What is key to this passage is that he tells us *not only* an *understanding* of our being together gets communicated but also, equiprimordially, we “find ourselves” [*sich befinden*] “tuning in” to a shared mood or disposition.⁶

This “empathizing moment” within second person perspectivity is something that happens to us all the time, but we do not think about it, because we do not always put this moment of perception into words. It often remains ineffable,

because we are concentrating on the words that are spoken by the patient (or by the research participant, or by the person addressing us on the street). Only later do we reflect back to ourselves, “hmmm, I found myself with tears forming in my eyes as the patient was describing that difficult moment of her experience,” and then I wonder if *she* might have been feeling sad as well? In our encounters with patients and research participants, we are often gathering preverbal (and therefore easy to overlook) “data.” If we are taught as both researchers and practitioners to be both observant and reflective, then we should start paying closer attention to such moments in which others are revealing themselves to us (see Churchill, 2010).

If we were to only ever adopt a third person perspective, such as the behaviorist does, then the other’s first person experience would remain opaque to us. If, alternatively, we attempt to “adopt” the other’s first person perspective in our *imagination*, then we remain ultimately within our *own* framework. Merleau-Ponty reassures us, in the *Phenomenology of Perception*, that:

In reality, the other is not shut up inside my perspective of the world, because this perspective itself has no definite limits, because it slips spontaneously into the other’s, and because both are brought together in the one single world in which we all participate as anonymous subjects of perception. (1945/1962, p. 353).

The unsatisfactory alternatives of dispassionate third person and imaginative first person perspectives can be transcended when I allow myself to *resonate with* the other: such as when I am the second person whom the other addresses.

What I am acknowledging in the current formulation is that second person perspectivity is a special mode of access to the other that occurs *within* the first person plural: in “experiencing the other within the we,” we are open to the other as a “thou,” another “myself”—at the same time, I am able to appreciate that at this same moment I become an intimate “Other” to the one with whom I find myself in an “exchange.” Thus, the secret to understanding second person perspectivity is realizing that it works *in both directions at the same time*, and always within a “we-relation.” In principle, we must acknowledge that the we-relation, which serves as context for the experience that I am describing here, does not have to be a face-to-face relationship “in the flesh”—even if the most profound experiences of empathy are more likely to come out of the interpersonal encounter. What about when we are reading a handwritten letter from a friend that is addressed to us?

Do we not experience the other’s *living presence* in this form of expression? Why is it that I can be moved to tears when I pick up one of my mother’s handwritten letters to me? Is it not because in being addressed by her, even from afar, I feel myself present to her *living intentionality*? Is it not *her loving me*, her first person experience while she was writing me the letter—that I am “viewing” (to use Husserl’s preferred term *erschauen*) when I read her words? Is not the meaning of her words precisely the love that she was so clearly experiencing and manifesting in her act of writing? Finally, is not her intentionality, which alone was capable of animating her words, the very object of my empathizing perception?

So then, how are qualitative data, written for the researcher in answer to an access question, different in principle from a letter from my mother? In principle, they are alike, except for the difference in the intensity of emotion that I might feel while allowing the other’s intentionality to come into view. When during a seminar, I digress into a personal anecdote and find myself moved in the telling of the story, I find my eyes watering up, and almost immediately, I notice tears forming in the eyes of some of my students. Is this just some simple reflex triggered by “mirror neurons?” Or, is it rather an adventure in the reversibilities of the flesh, where the others who are bearing witness to me find themselves moved by *my* own intentionality?

In all of these examples, the one who is witnessing the other, whether through the other’s handwriting or storytelling, becomes present to the *psychological dimension* of the other. It is this dimension that I referred to earlier as a “living intentionality,” as in the “loving intentionality” of my mother. It is this dimension to which Merleau-Ponty (1960/1961) referred in his “Preface to Hesnard” when he stated, “phenomenology and psychoanalysis . . . are both aiming toward the same *latency* (p. 87).”⁷ We become present to this latency when we openly receive the words and expressions of others.

Caring for others: Implications of second person perspectivity for health care professionals

If first person research inquiries make us better aware of the interior perspectives and private concerns of both patients and caring professionals, the second person perspective is one that can illuminate the ways in which we as observers have a direct access to the meaning of others’ experiences without having to go through the intermediary of first person reports. This is especially important when the other is unable to speak for herself; but, it is nonetheless a valuable “tool” in all health care

contexts. It is based in the phenomenological appreciation of the aptitude that we all have as living persons to engage directly with others, to perceive meaning directly in human expression, and to be able to grasp intuitively what the other needs from us.

It is not so much a question of having to “decipher” the other’s expressions as to simply *live* in them: the German word *Nacherleben* implies a kind of “lived experience” or “co-experiencing” that brings us closer “toward” an understanding of others. Dilthey used this term to describe our means of access to higher forms of understanding other’s experiences of life (1927/1977). Husserl thought of such experiences as facilitating “a kind of reflection” (*eine Art der Reflexion*) wherein the other’s experience and mine are together part of an open system in which a “reversibility” of our lived bodies enables a mirroring where (to paraphrase Merleau-Ponty) *the other’s gestures furnish my own intentions with a visible realization*.⁸

Within the phenomenological starting point of the *Ineinander* and *Verflechtung* (in contradistinction to the Cartesian *cogito*), I find myself open to experiencing meanings in the other’s expressions that are not “my own” (first person) meanings but rather belong to the (second person) realm of the other, such as when reading my mother’s letters. Thus, the meanings that I experience are properly grasped as the other’s meanings (or perhaps “our” meanings) and not simply my own. We are speaking of second person awareness whenever we become aware of the other’s intentionality within a communicative exchange. It refers to my consciousness of the other when the other is addressing me: what is it that I learn about you when you look me in the eyes and appeal to me as caregiver?

My interest is of course in your first person experience, but since I cannot access this directly, *I must rely on the resonance I find within myself*, within my own lived body, when I am addressed by you. *What do I feel called to do* by the other? This “feeling called” can be described (in diagnostic language) as “secondary” to the experience of the one who calls me to care and protect. In the “selfless” attitude of the caregiver, the other becomes of primary importance, the first person of concern. I am wondering what she is experiencing, and all my powers of perception are driven toward this other, whose first person experience remains just out of reach and yet accessible insofar as I have this capacity of second person awareness, in which the other’s joy or despair or pain or sadness resonates in me. Insofar as I recognize it as the other’s experience rather than my own, it belongs to the second person realm. Without my witnessing the other’s experience

(whether addressed directly to me or expressed in close enough proximity for me to become a part of the “field” within which the other’s experience takes place), I would only be making guesses about the other’s experience, possibly distorted by “projective identification” or “sympathy” or “inference.” But when I am a true *witness* of the other’s experience, I am entering into that vibrant field in which meanings, originating in the other, become a spontaneous upsurge in my own experience.⁹ We consider this to be a *privileged* mode of access to the other insofar as the other *addresses* us with his or her gaze, *invites* us to respond, to be attentive, and *calls* us to understand.

When the schizophrenic girl shouted obscenities at us (we, the orderlies and nurses, who were about to subdue her and carry her down to the seclusion room), she was not talking about someone else (i.e., about those evil hospital workers who do not really care about you); she was addressing us directly, calling us her oppressors, forcing us to take stock, if only for a moment—and demanding that we take responsibility for our actions toward her. As long as we *allow ourselves* to remain as third persons, we do not really listen to the ravings of the psychotic—nor do we really take responsibility for what we are doing (because, after all, we are only carrying out orders). Bureaucracy must maintain anonymity in its (third person) dealings with others, in order to avoid “favoritism” and other concessions that might come about if a real sense of responsibility were to become the basis for the relationship of the bureaucracy to the people it serves (Berger, Berger, & Kellner, 1973).

The psychotic’s behavior might sometimes be nothing more than a stubborn insistence that he/she be taken seriously and that we who deal with troubled patients acknowledge the personal relationships we have with them. The stroke patient who cannot speak nonetheless struggles to lift her forearm off the bed, balancing on her elbow, gesturing for someone to hold that hand—and, even if she does not know who it is who is walking around in her space in the ICU, she is hoping for someone to become a thou and thereby establish a “we.” The first person plural simply establishes a plurality of subjects; it is the second person experience that puts one in communicative exchange with another “me”—with a “someone who will listen to me.”

It is within this context of intersubjectivity that we not only address the other, reaching out to another subject, but also feel ourselves addressed by the other even if only by an appeal of the eyes. In this address, we experience a tacit call to respond, to assist, to share the moment, to offer help. And, it is when we find ourselves on the receiving side of this

communication, when we are addressed or when our own gesture is responded to, that I speak of the second person perspective (because at this moment, I am the second person relative to your first person). If I cannot know your experience the way that you do (if I cannot know the dying person's pain the way he/she experiences it), I nonetheless am able, insofar as I am there with you, to perceive from this "second" perspective that you are in need of assistance.

The caregiver must be able to enter into this more intimate relation of an 'empathizing perception' or second person awareness, in order to anticipate the other's need, to be able to "leap ahead" in this Heideggerian sense of an "anticipatory" caring for others (*vorausspringende Fuersorge*) (Heidegger, 1927/1962, p. 158). When a more "distant" health care professional enters the room, he/she remains blind to the other as a person and deaf to the tacit soliciting of care that is the call of the other. The food service employee who delivers a food tray to the rolling table standing across the room from the patient's bed—and just leaves the food sitting there out of reach—is at best merely indifferent to the other's condition and, at worst, demonstrating contempt for one's fellow man. When my mother suffered strokes as a consequence of pacemaker installation at a training hospital in New Jersey, the nursing staff and food service employees did nothing to assist her in feeding: her meals were routinely delivered and then picked up, untouched, even after we had brought this to the attention of the head nurse *on each shift*. Was it lack of time? Simple oversight? Or was it rather a systematic failure of our health care professionals to care? And wherein lay the deficit in their training, I wondered? Had caring been omitted from their job description? If only such "professionals" could have heeded the words of Levinas (1961/1969), who stated that "in expression the being that imposes itself does not limit but promotes my freedom, by arousing my goodness" (p. 200). My siblings and I pulled our mother as quickly as possible from this hospital where a general lack of care was apparently the rule rather than the exception.

I share this anecdote only to indicate what it is that urgently calls out to the health care provider. Levinas writes, "The face opens the primal discourse whose first word is obligation" (1961/1969, p. 207). If today's phenomenologists are not yet at home dwelling reflectively in second person awareness, it is nonetheless the case that there is a necessary shift from first person singular to second person awareness the moment we embark on the task of an ethics. Even before we engage in our ontological and ethical reflections, there is an *ethos* of the social

world itself, which serves as backdrop for all my actions. Within this *ethos*, we encounter what Levinas called "the face of the other." The other's face, for Levinas, is an appeal, a call to action.¹⁰

There is a poignant scene in the film *The Diving Bell and the Butterfly* where a stroke victim suffering from "locked-in syndrome" is approached by his speech therapist, who is teaching him how to communicate by blinking his eye, to signal which letter of the alphabet that she is reading aloud to him is the next letter of the word he wishes to "say." The scene, which consists of one continuous shot,¹¹ looking through his one good eye into the face of the speech therapist, is a perfect example of second person perspectivity in its double reversibility. We see her leaning in toward our eye (since "subjective camera" gives to us the physical "point of view" of the character) and we are able to "read" *her* emotions as she begins to realize what it is that he is communicating to her. At the same time, she is looking *from her perspective* into his one open eye, which still serves as "the window of his soul." When he begins to spell out "I want death," she turns away quite dramatically—not from his physical eye but from the despairing soul that she is *looking into* through his eye. As tears form in her own eyes, her expression turns from welcome receptivity to a troubled and even angry rejection of his words, which she calls an "obscenity." Mediated by the camera's POV, we see into *her* grieving soul as she looks into his. The eyes are the medium of this exchange, and neither we nor the speech therapist are at this moment conscious of our own first person experience, so much as we are present to the (second person) experience *of the other who is looking into our eyes*. (There is never a dry eye while watching this scene.)

Bedside care

Fortunately, my family was able to find excellent caregiving on the part of the individuals whom we hired to provide both part-time and full-time care to our mother. Each developed a personal relation with mother, to the point of doing her exercises together, watching television together, and even praying together. When mother could no longer formulate her own prayers due to her ongoing strokes, Phoebe—a woman from Kenya with a remarkable sense of solicitude—would put her hand lovingly on mother's forehead, stroking her hair and face, saying her prayers *for* her. Mother in turn could repeat the last words of each of Phoebe's phrases, as a way of joining with and "owning" the prayers. They looked into each other's eyes, and at the end of the prayer, mother would

say “I love you” to Phoebe, and Phoebe would respond in kind. Then, Phoebe would retire to her room, after turning on a “baby monitor” so that she could hear if mother were stirring during the night. Phoebe engaged in an “anticipatory” mode of care, not only listening to mother’s appeals but also being on the alert for any signs of distress.

During her final days, after transitioning to what the hospice nurses called “active dying,” mother was immobile, unable to execute movements, and unable to speak. She was, however, able to express feeling as when her eyes would fill with tears at the sound of my father’s piano playing, heard on a cassette tape placed near her pillow—a recording I had discovered buried in a drawer from two decades ago. Phoebe had learned to differentiate these loving tears from the painful tears that erupted when the morphine was wearing off (and from the simple leakage of liquid quite involuntarily from the tear ducts, which occurred from time to time). This sensitivity on Phoebe’s part to mother’s almost inaccessible inner feelings made possible a more humane experience for mother up to the end.

The suffering she must have endured remains unfathomable to me. She went without food and water for all of 9 days before she finally succumbed. Her last meal was some cinnamon applesauce and chocolate pudding, which we gave her on Mother’s Day to cover the bad taste of the morphine, which I personally administered in liquid form under her tongue or in the side of her cheek. Each day, another hospice nurse would come to check her vital signs and would leave saying that mother had probably only a matter of hours, at most 2 days. And yet she hung on. Day after day, night after night, breathing rhythmically and sleeping eventually with her eyes open. I would try to moisten her lips with a little “lollipop sponge,” as they were still discolored from the first time she bit down on them in pain when the morphine had worn off. Our pastor gathered with us around her bed, and we held hands while saying a prayer. I reached under the sheet to take my mother’s hand. She had been incapable of voluntary motor movements for several days, and yet when I reached for her hand I felt her hand clenched—pulling up the sheet, I saw that her hand was locked with a tight grip on the bottom sheet and under-pad, in what could only have been a desperate response to unimaginable pain. In my own horror at this realization, I asked mother to blink her eyes if she could hear me. (My sister had tried this some days earlier, and it had worked.) She blinked once and then twice more. I asked if she was in pain and she fluttered her eyes. Earlier, a nurse had told us we could stop administering morphine because mother had seemingly entered a trance-like coma. I then

asked if she would like morphine, and once more her eyelids fluttered and then closed tightly shut for a moment, as if to be sure we did not mistake it for a simple blink. I administered a full dose of morphine and Phoebe sang a spiritual song to her. Phoebe then pointed to mom’s eyes and “mouthed” the words “Crying—she is crying” pointing to the tears that were forming in the corner of her half-shut eyes. It felt important to be with her there at the end, to witness her suffering, to be able to respond to her ever so slight, yet palpable, calling out for care. Mother was not the kind of person to ask for help, or complain of pain, or to trouble anyone for anything. When convalescing at my sister’s home the year before, confined to a wheelchair or walker, she would ask if she could get anyone a glass of water, when it was she who was thirsty! Her requests were hardly requests at all—they were always offers to provide care for others. How easy it had become to think of mother as self-sufficient. One month before she died, she said to me, “I can’t wait till I can be independent again and take care of everything for myself.”

In the end, her greatest gift was allowing us to care for her. This meant stepping out of our own self-preoccupied first person experience and sitting alongside her bed during those last weeks in which she never left her bed. The previous autumn she had turned to me from that same bed and with tears forming in her eyes, said, “I hope you know I’ll always be in your corner.”

I can only hope that at the end, she was able to feel that we were there for her, in *her* corner.

Closing

Yes, the secret to understanding second person perspectivity is realizing that it works *in both directions at the same time*. It is built upon the phenomenon of *reciprocity*, in which we experience the true miracle of intersubjectivity.

Merleau-Ponty (1960/1964d) wrote in “The Philosopher and His Shadow,” “others and my body are born together from the original ecstasy” (p. 174). This ecstasy refers to that special moment within “first person plural” experience when we experience the call to step out of ourselves to enjoin the other in a simple moment of being-with. Sometimes this moment can be experienced in silence, as when I was sitting by my mother’s side. At other times, it can be a communicative dance, an exhilarating exchange, as in my encounters with the bonobo.

Either way, when I experience myself as being addressed by the other, when I am pulled into the other’s field, I am simultaneously pulled out of my own solipsism into the resoundings of the flesh.

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Notes

1. In my earlier treatment (Churchill, 2006) of this perspective, I started out with the usual linguistic distinctions: with “first person” referring to *my* stance as thinking subject, “second person” referring to *your* position as the one I am addressing, and “third person” referring to the person “over there” whose behavior I may be observing at a distance. I then reversed the usual (linguistic) use of “persons” in order to accommodate the psychologist’s interest—not in his or her own experience, but rather that of the patient, the client, the research participant. Thus, we might say that, in the psychological application of second-person perspectivity, the psychologist is positioned as second person relative to the individual whose first person experience is the object of concern. In my role as second person, I have become the vehicle, or better, the instrument, of the other’s expression. “Suddenly there breaks forth the evidence that yonder . . . life is being lived: . . . another private world shows through, through the fabric of my own, and for a moment I live in it. . . . [And finally,] my private world has ceased to be mine only; it is now the instrument which another plays” (Merleau-Ponty, 1964/1968, p. 11 as quoted and edited by Rosan, 2012.).
2. Most exciting about this book is that it introduces Husserl’s ideas on empathy and intersubjectivity long before much of his writing on these topics began to appear in print in the mid-1920s. This shows that Husserl was concerned very early on with these themes; while he does not deliver as much as one might like in these directions, he at least sets the stage for the direction that others have taken with his work (most notably, Merleau-Ponty). His discussion here of a “double reduction”—and of the givenness of the experience of the other within one’s own reduced sphere of consciousness—contributes greatly to an English-speaking readership’s understanding of a thinker who is often associated exclusively with his Cartesian-friendly “egological reduction.”
3. See Zahavi (2001) for an illuminating discussion of Husserl’s approach to intersubjectivity; see Thompson (2001) for a collection of essays from a wide array of scholars, all focused on some aspect of “second-person issues” in the study of consciousness.
4. See Rosan (2012).
5. Merleau-Ponty does more than just put it into words; he memorializes the moment in a moving tribute: “*Vision ceases to be solipsist only up close, when the other turns back on me the luminous rays in which I had caught him, renders precise that corporeal adhesion of which I had a presentiment in the agile movements of his eyes, enlarges beyond measure that blind spot I divined at the center of my sovereign vision, and, invading my field through all its frontiers, attracts me into the prison I had prepared for him and, as long as he is there, makes me incapable of solitude.*” (1964/1968, p. 78).
6. See Heidegger (1987/2001, pp. 80–112) for elaboration of the problem of method in understanding others, in its relation to the problem of the body and of the “bodying forth” [*leiben*] of both myself and the other within a communicative exchange.
7. The fuller statement is worth considering for its dramatic effect: “. . . it is by what phenomenology implies or unveils at its limits—by its *latent content* or its *unconscious*—that it is in consonance with psychoanalysis.” (Merleau-Ponty, 1960/1961, p. 86) “Phenomenology and psychoanalysis are not parallel; much better, they are both aiming toward the same *latency.*” (p. 87).
8. Concretely, “when I say that I see someone, it means that I am moved by sympathy for this behavior for which I am a witness and which holds my own intentions by furnishing them with a visible realization” (Merleau-Ponty, 1948/1964c, p. 93). As a mirror - “a sort of reflection”—I re-enact the other’s behavior by vesting in the other’s stance, gesture, expression a lived understanding of human intentions that constitutes my presence to the world. This “re-enacting” or “co-performing”, which others have referred to as “imitative empathy” (Allport, 1937; Lipps, 1903), does not require any reflective effort on our part for it is what characterizes our “natural experiential attitude” toward others. “I know unquestionably that man over there *sees*, that my sensible world is also his, because *I am present at his seeing, it is visible* in his eyes’ grasp of the scene” (Merleau-Ponty, 1960/1964d, p. 169). This natural standpoint would be the essential basis for all experiences of other people, and thereby for any conclusions we might draw about others in our personal (as well as professional) lives.
9. In his presentation at the Oxford Conference, Peter Rosan (2012) presented vignettes of empathy and stated: “These vignettes represent variations on the theme of the subject as an *engaged participant*, indeed as an instrument, *attuned and thereby illuminating an interiority*, the other’s as well as his/her own, not otherwise accessible had the subject remained a dispassionate or neutral observer of the other” (emphasis added). This is really quite brilliant: “attuned and thereby illuminating”—as if to say that our ontologically disclosive powers (our powers to illuminate, to “logos”) are themselves derived *from our embodied attunement* to others. In addition, Rosan’s observation—that the interiorities illuminated belong both to myself as perceiver and the other as perceived—points in the direction of a foundation for all of Husserl’s claims regarding the intersubjective realm: this would be the very matrix of the aforementioned “double reduction” whereby we become present, in the reduction, to not one but two intentionalities: mine and that of the other whose experience I am “viewing.”
10. Feeling connected ethically to other sentient beings indeed transcends interhuman relations as we enter into interspecies communication. At a North American zoo, a man observed JoJo, an adult male chimpanzee, slide down an embankment into the moat separating the chimpanzees from the human observers. And seeing that the chimpanzee could not swim and was slipping under the water, he did something quite remarkable: incredibly, he climbed over the barrier, entered the water, and pushed the chimpanzee back to safety all amidst the cries and screams from the onlookers who observed several adult males with hair on end approaching from the side of the enclosure. Once more fearing the worst, the human onlookers could only seem to expect that the other chimpanzees, and possibly even JoJo himself, would only intend to hurt the man, unable to recognize his heroic act as anything but a threat. JoJo, exhausted from the ordeal, slipped once more into the water and the man turned around, again amidst the screams coming from the growing crowd, and once more pushed JoJo to safety. Later, the director of the Jane Goodall institute, Hans Cole, called the man on the phone and said, “That was a very brave thing you did. You must have known it was dangerous, everybody was telling you. What made you do it?” And the man replied “Well, you see, I happened to look into his eyes and it was like looking into the eyes of a man, and the message was ‘won’t anybody help me?’” (Jane Goodall, personal communication, May 18, 2005).

11. The shot begins at 00:32:40 and ends at 00:34:30 into the film (Schnabel, 2008).

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