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*Phenomenology of Intersubjectivity:  
A Historical Overview Of The Concept  
And Its Clinical Implications  
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I confess to a degree of ambivalence in writing a paper on the relevance of the concept of intersubjectivity for psychoanalytic theory and practice. The concept has been around for the better part of a century, and while its history is unclear Husserl was apparently the first philosopher to employ the term as a fundamental facet of his philosophy, making it a cardinal principle of his philosophical method, phenomenology. Its currency pervades the phenomenological literature, including the work of Martin Heidegger, Jean-Paul Sartre, Maurice Merleau-Ponty, Paul Ricoeur, and many others. In the context of phenomenology, intersubjectivity is inseparable from the concept of experience and is applicable when endeavoring to determine self's relation to others, and the relation between self's experience of others as subjects of experiences that are not directly given to self.

Intersubjectivity was subsequently adopted by philosophers who are not wedded to the phenomenological critique of experience, including Apel and Habermas who reject the phenomenological emphasis on consciousness and its subjective bias in favor of a conception of intersubjectivity that is situated in language as an instrument of communication. Consequently there are two philosophical traditions from which intersubjectivity may be discerned: 1) through the subject's conscious experience of others, and 2) through the unconscious dimension of language, which serves as a vehicle for discourse.

Both of these avenues are distinctive and suggest different applications to both theory and practice of psychoanalysis, yet few analysts who identify themselves as working from an intersubjective perspective reference the history of this concept, and for those who do the sources they typically cite are not explicitly concerned with intersubjectivity theory. For example, some of the contemporary analysts who identify themselves with intersubjectivity (Benjamin; Auerbach and Blatt) appeal to the legacy of G. W. F. Hegel as the source of their understanding of intersubjectivity theory. Yet Hegel never employed the term in his philosophy and, as one of history's most famous idealists, was unsympathetic with most of its features. If, for the sake

of argument, we include Hegel as a source of intersubjectivity theory, then we have three sources that are featured in the contemporary psychoanalytic literature devoted to this concept.

The first was employed by psychiatrists and psychoanalytic practitioners who were influenced by Heidegger's modification of Husserl's phenomenology, including Ludwig Binswanger, Medard Boss, and Eugene Minkowski. Though Heidegger had a profound impact on the existential school of psychoanalysis, intersubjectivity was rarely cited among existential psychoanalysts until R. D. Laing incorporated the term into his early publications, *The Divided Self* (1960) and *Self and Other* (1961[1969]). Laing's use of intersubjectivity relied almost entirely on his reading of the phenomenological literature, principally Heidegger, Scheler, and Sartre, but also Hegel and Marx. Laing was critical of what he perceived to be the failure of psychoanalysis to recognize intersubjectivity as an essential component of self's relation to others and the manner in which self's experience is to a significant degree determined by the people with whom self is in relation.<sup>1</sup> Laing's use of intersubjectivity relied more or less entirely on the phenomenological critique of experience that challenged the conventional psychoanalytic conception of the unconscious, which I will examine below.

The linguistic approach to intersubjectivity was popularized by Jacques Lacan in the 1950s and 1960s, at the same time that existential psychoanalysis was at its zenith. Though Lacan was initially influenced by Husserl, Heidegger, and Sartre, he eventually abandoned his early interest in phenomenology in favor of structuralism and linguistics, embodied in the work of the anthropologist, Claude Levi-Strauss. Lacan found that language offered a more accommodating vehicle for situating intersubjectivity into the psychoanalytic conception of the unconscious than did phenomenology.

Lacan also incorporated Hegel's dialectical theory of desire into his conception of intersubjectivity and the structuralist theory of language. Intersubjectivity, though originally an integral component of phenomenology, gradually gained currency among psychoanalysts who were either opposed to phenomenology or unfamiliar with it.

I became acquainted with intersubjectivity when I was a student and colleague of Laing's in the 1970s. It was during this time that I also became acquainted with Hegel's philosophy and the impact that his conception of the "master-slave" dialectic had on a generation of French philosophers and thinkers, including Sartre, Merleau-Ponty, Lacan, Levi-Strauss, Foucault, and others. Though Hegel was no phenomenologist and much of his philosophy was devoted to searching for the Holy Grail of absolute knowledge, he was also a painstaking student of interpersonal relationships and the relationship

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<sup>1</sup> See Simon Silverman Phenomenology Center, 1995, for proceedings from a symposium devoted to the clinical implications of Laing's interpersonal phenomenology.

between consciousness and experience. His critique of the inherently frustrating and ultimately futile craving to satisfy one's desire for self's recognition by others — i.e., for the other's unconditional love — had a monumental impact on Lacan's understanding of intersubjectivity and its role in psychoanalytic treatment.

It should be apparent from the above that, until recently, the only psychoanalysts who possessed the philosophical credentials to employ intersubjectivity in a psychoanalytic treatment setting were the Scotsman, R. D. Laing, and the Frenchman, Jacques Lacan.<sup>2</sup> Their respective conceptions of intersubjectivity were indebted, in the former's case, to phenomenology and, in the latter, to an idiosyncratic synthesis of structural linguistics and Hegelian dialectics. Yet intersubjectivity theory played a relatively minor role in their respective thinking and was never employed by either of them to designate their approach to psychoanalysis (Laing referred to his perspective, in turns, as existential, phenomenological, and sceptical, whereas Lacan referred to his as Freudian, linguistic, and structuralist). Many of the features as well as the sources of Laing's and Lacan's respective conclusions overlap, a coincidence I have already examined (1985). Given the central place this concept has enjoyed in my own philosophical and psychoanalytic development, why should I feel ambivalent about writing a paper on my thoughts about the relationship between intersubjectivity and psychoanalysis? Why indeed should I not feel enthusiastic to do so?

My ambivalence does not pertain to whether intersubjectivity should or does play an important role in psychoanalysis. It concerns the manner in which the term has been appropriated by contemporary American psychoanalysts identified with the so-called relational school of analysis. My reluctance to include myself in this movement, despite the points of convergence in our respective positions, is due to the way that both the theory and technical implications of utilizing intersubjectivity are typically treated. On a theoretical level the term intersubjectivity is used as a way of characterizing the work of Freud as distinctively non-intersubjective and, presumably, inferior. I have argued in earlier publications that I do not share this assessment of Freud's legacy. On a technical level intersubjectivity is used in a more confused fashion, sometimes associated with a more relaxed clinical technique that purports to be a novel innovation and improvement over so-called classical technique, whereas at other times it is employed as a feature of Melanie Klein's, Heinrich Racker's, and Wilfred Bion's respective conceptions of projective identification, an emphasis in psychoanalytic thinking that is rejected

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<sup>2</sup> Roger Frie (1997, p. 77) cites Binswanger as an early proponent of intersubjectivity theory, derived from Heidegger's conception of care (*Sorge*) and situated in Binswanger's theory of love. However, since Binswanger does not explicitly employ the term I do not include him in the above lists.

by relational psychoanalysts who do not embrace intersubjectivity (Giovacchini, 2001), and even some analysts who are identified with it (Stolorow, Atwood, and Brandchaft, 1994). Consequently, the current literature on intersubjectivity has in its brief history developed so many permutations and qualifications that it has become necessary for the author employing it to qualify the precise manner in which it is invoked.

My purpose in this chapter is twofold: 1) to trace the history of the concept to its philosophical roots, and 2) to examine the myriad ways in which intersubjectivity has been incorporated into psychoanalysis, focusing primarily on the work of Laing, Lacan, and those contemporary American analysts who are most identified with intersubjectivity theory. Although the clinical application of the relational and intersubjective perspectives are in many respects consistent with my own, I will show that there is little that is novel or new in this perspective that was not already evident or implied in Freud's conception of the psychoanalytic treatment situation, or was not previously noted by the interpersonal and existential psychoanalytic traditions.

### *I Philosophical Foundations of Intersubjectivity Theory*

The roots of intersubjectivity theory derive from Husserl's use of the term in his conception of phenomenological philosophy and method of inquiry. Whereas the term, phenomenology, is invoked in a common sense sort of way with increasing frequency in the psychoanalytic literature, the way I am using it is rooted in the philosophical discipline that was initiated by Edmund Husserl (1931) and subsequently modified by Martin Heidegger (1996), and others. Typically taken to mean that which pertains to the subject's experience, phenomenology is a discipline that arose around the same time Freud was formulating his treatment philosophy. Its method is devoted to subverting the over-conceptualization of human existence by bracketing theoretical explanations and returning us, in our naiveté, to the ground of our native experience. According to Edie (1962),

Phenomenology is neither a science of objects nor a science of the subject; it is a science of experience. It does not concentrate exclusively on either the objects of experience or on the subject of experience, but on the point of contact where being and consciousness meet. It is, therefore, a study of consciousness as intentional, as directed towards objects, as living in an intentionally constituted world [i.e., one rooted in intersubjectivity]. (p. 19)

Phenomenological inquiry differs from conventional scientific investigation in that science is not concerned with nor is it able to study experience, per se. Its

manner of investigation is directed instead to objects of perception, the nature of which is said to exist independently of the subject who conducts the investigation and whose reality is presumed to exist independently of the investigator. Hence science is unable to account for the experience of the subject who engages in research because the subject's experience is (alleged to be) separated from and, consequently, inaccessible to the object of scientific investigation, no matter what the object may be, whether material, conceptual, or imaginary.

Diametrically opposed to this standard of investigation, phenomenology seeks to examine the nature of the world as experienced, whatever the object of inquiry may be, including one's self, one's thoughts, and one's experience of others. In other words, instead of applying a theory that presumes to account for what is happening "in" the patient one is analyzing, the phenomenologist goes directly to the person himself, by examining his own experience of his relationship with this person. This is not a matter of speculation but of determining the ground of experience at the moment it is transformed through the interhuman bond shared with others.

Following Husserl's call to return to "the things themselves," a generation of phenomenologists, including Martin Heidegger, Max Scheler, Jean-Paul Sartre, Maurice Merleau-Ponty, Paul Ricoeur, and Immanuel Levinas set out to investigate their experience of the world in a radically different manner than the one to which scientists or philosophers were accustomed. According to Safranski (1998), Husserl and his followers

were on the lookout for a new way of letting the things approach them, without covering them up with what they already knew. Reality should be given an opportunity to "show" itself. That which showed itself, and the way it showed itself, was called "the phenomenon" by the phenomenologists. (p. 72)

Ironically, phenomenology resists definition because, like experience itself, its method is antithetical to theoretical and causal explanation. Its point of departure is its rejection of the conceptualizing tendencies of the hard, human, and social sciences. In the preface to his *Phenomenology of Perception*, Merleau-Ponty (1962) suggested that phenomenology is necessarily difficult to define because it

remains faithful to its nature by never knowing where it is going. The unfinished nature of phenomenology and the inchoative atmosphere that has surrounded it are not to be taken as a sign of failure; they were inevitable because phenomenology's task was to reveal the mystery of the world and of reason. (p. xxi)

Phenomenology shares with psychoanalysis the view that explanation is inadequate to the task of understanding what is given to experience and shares with psychoanalytic treatment the task of determining the peculiar and inherently ambiguous nature of suffering itself. This feature of phenomenology (that the object of experience can never be decisively separated from the subject who experiences it) is both intentional and intersubjective, because my experience of the other is always unremittingly mine, with all its attendant ambiguity and baggage.

In recent years a so-called paradigm-shift is said to have shaken the foundations of psychoanalysis and has even altered its course. I refer to the emergence in the American psychoanalytic community of the relational and intersubjective perspectives that posture their views as advances over Freud's technical formulations. Whereas it is claimed that a two-person psychology is distinct from a one-person paradigm and a relational perspective can be distinguished from a biological one, I perceive these developments as essentially theoretical in nature and thus offer little that is novel or original in the way of technical innovation, despite claims to the contrary (see for example, Stolorow, Atwood, Brandchaft, 1994, pp. 3-29). In as much as this model is depicted as a departure from the classical drive perspective, I perceive in Freud's technical formulations a sensibility that faithfully approximates a phenomenological orientation, even if his theories oftentimes contradict his clinical intuition. Approached from this angle, psychoanalysis is already phenomenological in its latency because it has always favored interpretation over explanation, and because it relies on the experience of the patient to guide the treatment, not what the psychoanalyst claims to know. The phenomenologist's perspective is sceptical instead of theoretical, because it is rooted in a philosophy of perpetual inquiry that is surprisingly compatible with Freud's technical principles, if not his theories. Indeed, Freud's principles of technique make little sense outside of a phenomenological context. So what does this have to do with intersubjectivity?

### Husserl's Conception of Intersubjectivity

The principal concern of Husserl's phenomenological investigations was that of determining the constitution of the subject's experience and of refuting the accusation that any such philosophical program has a tendency toward solipsism: the failure to account for the reality of a social world beyond one's subjective impressions. Husserl's response to this accusation was that the very nature of subjective experience implies a world beyond oneself that is, by definition, experienced. In other words, experience is inherently *intersubjective*, not subjective. His problem was then how to justify this statement.

Husserl's solution was to situate his theory of intersubjectivity in his

conception of empathy. Husserl adopted the term empathy (*Einfühlung*) from Lipps and the Munich school, but in modified form. Husserl's student, Edith Stein (1970), devoted her dissertation to the problem of empathy and Husserl's reformulation of it. According to Stein, empathy is the source of my experience of "otherness," i.e., other persons as centers of agency. When, for example, I see another person in pain, my awareness of her pain derives from my empathic recognition of the same kind of pain I myself have experienced. People incapable of empathy or who have a limited capacity for it cannot empathize with others because they are out of touch with their own pain, whereas people who have a great capacity for empathy are unusually aware of their suffering, a qualification that is typical in individuals who become psychoanalysts.

Yet, according to Stein (and Husserl), I can never know another person's pain *directly*. I can share another person's experience but I cannot *undergo* another person's experience in the same manner that person does. The fact that I cannot know others in this primordial sense bothered Husserl because he was convinced it is necessary to know others "absolutely" in order to overcome the accusation of solipsism. Thus Husserl's conception of intersubjectivity was intended to refute solipsism, a task that he devoted his entire philosophical career to achieving. In some ways Husserl was stuck in Descartes' project of determining how the subject can be certain of the existence of a world beyond his own subjectivity. The principal difference between them was that Husserl felt Descartes had not gone far enough in his investigations and was trapped in a rationalistic fixation on his own internal thought processes, because he had not appreciated that the nature of experience is not strictly mental or emotional but *transcendental*, in that it offers the possibility of recognizing the world, not as a construct, but as a *phenomenon*. Yet despite all his efforts to overcome Descartes' solipsistic tendencies, Husserl's followers, beginning with Heidegger, concluded that there was something wrong with the premise with which Husserl (and Descartes before him) had begun his project: how to establish a proof of the existence of a world beyond one's subjective states. We now turn to Heidegger's reframing of Husserl's project and his rejection of Husserl's theory of intersubjectivity.

### Heidegger's Conception of Intersubjectivity

Heidegger is probably most famous for his decision to root his philosophy in ontology, the study of Being, instead of epistemology, the study of knowledge. This is irritating to philosophers and psychoanalysts alike because it discards epistemological questions in favor of a fundamental critique of what human existence is about. This is a topic that most people would prefer to leave alone, for why question the "why" of our existence when it is patently obvious that we,

in fact, exist? But Heidegger was not simply interested in why we exist but how, and to what end. For example, when I pause to take stock of myself by asking, Who am I?, I am asking the question about the *meaning of Being*. In fact, we submit to Being all the time, but without knowing it. Whenever we are engaged in writing a paper, painting a picture, driving a car or riding a bicycle, we let go of our rational and conscious control of the world and in that letting-go we submit to Being, an experience that, by its nature, we cannot think our way through.

Arguably the most vociferous opponent of Descartes' rationalistic constitution of subjectivity, Heidegger countered that we live our lives in an everyday sort of way *without* thinking about what we are doing and, more importantly, without having to think our way through our activities as a matter of course. The place he assigned to reason is, in effect, an after-the-fact operation that is not primary to our engagement with the world, but secondary; it is only when our involvement with the world breaks down that we take the time to divorce ourselves from it for the purpose of pondering what has happened and why. According to Zahavi (2001):

At the beginning of his analysis of *Being and Time* Heidegger writes . . . that a subject is never given without a world and without others. Thus . . . it is within the context of [every human being's] being-in-the-world that he comes across intersubjectivity. (p. 124)

Whereas Husserl begins the individual's relationship with oneself and goes from there to "others," Heidegger begins with our relationships *with others* and then sets out to investigate how to determine, or reclaim, our relationship with our selves (Thompson, 2001c). In other words, we dwell within a common public "totality of surroundings" that constitute us as individuals in a world *from* which all of our perceptions, sensibilities, and experiences derive. We are not principally occupied with perceptual objects in a remote theoretical way, but rather with handling, using, and taking care of things in a manner that does not rely on our cognition of what we are doing when we are doing it. Heidegger is at such pains to emphasize the primordial structure of our *being-with* the world before we ever become individual subjects that he coins a new term for depicting each human being's essential status as a being. So instead of using the familiar terms subject, ego, or self — each of which, in Heidegger's thinking, hark back to Descartes' solipsistic ego — he uses the German *Dasein* which, unfortunately, has no English equivalent. In German *Dasein* is a common everyday term to which Heidegger gives his own meaning. The literal English translation would be there-being or the more common, being-there, a cumbersome and unsatisfactory rendition compared with what some translators have rendered as the more colloquial *existence*, which is also misleading because, after all, we are still talking about a *person*.



Consequently, most translators simply retain the German *Dasein* without translating it and then, as I am now doing, are obliged to explain what it means.

Basically, what Heidegger is getting at is a distinction between what we typically depict as the subject or self which, in his view, are constructs that derive from a more fundamental way in which we exist in the world primordially. Hence “I” exist in the world first and foremost as a being of the world from which I cannot extricate myself very easily. The person I take myself to be is essentially an invention that I have a hand in creating, but the greater part of my self’s authorship derives from what others make of me. In fact, I am so obsessed with what others think of me and how they see me that I want to make myself into the person they expect me to be and, to a significant degree, that is who I am. The closest approximation to this aspect of my being in psychoanalytic parlance is Freud’s conception of the superego, which was revised by Melanie Klein to account for her thesis of the infant’s capacity for internalizing and projecting part-objects as a way of managing anxiety. But Heidegger’s portrayal of how I internalize much of who I take myself to be is more pervasive than either of those formulations because it would also explain the nature of the psychoanalytic conception of the ego (or the self, as it is employed by Winnicott and Kohut). Moreover, who I take myself to be is not just rooted in the past; “I” am also constantly in the making, every waking moment of my life. In Heidegger’s view, we never really overcome this state of affairs and are consequently always looking to “them” to tell us what we should do and whom we must become in order to be loved and, above all, accepted. Thus my ambitions play an essential role in the person I take myself to be, because I am always striving to become someone who will be able to escape the dreadful feeling of never really being accepted by others, no matter how hard I try.

This doesn’t suggest that Heidegger ignores the past; it is just as crucial to him as it was to Freud, but for Heidegger the past is co-existent with the future to which I aim because I am always trying to correct my perceived inefficiencies from my past life with the possibilities I perceive ahead of me. In the main, I feel, to varying degrees “thrown” into a maelstrom of competing notions and ambitions for and about my “self.” Others are not everybody else but me, a totality from which I stand apart. Instead, they are amongst whom I am also, but from whom I customarily do not distinguish myself, despite my experience to the contrary. *Dasein* — this matrix in which I constantly dwell without necessarily ever knowing it — is something that can be, and usually is, others. Yet in everyday experience we do not ordinarily experience our “selves,” nor do we ordinarily experience “others” — in fact, we are for the most part incapable of telling the difference between the two. According to Zahavi (2001),

We do not experience ourselves in contradistinction to some sort of inaccessible foreign subjects; rather, our being-with-one-another is characterized by replaceability and interchangeability. We are there in the world together with others [so that] the “who” of the *Dasein* who is living in everydayness is therefore anyone, it is *they*. (p. 130)

My everyday relationship with others dissolves into my own *Dasein* wherein I “lose” myself in others and merge in and out of them, just as they merge in and out of me, relieving me of my responsibilities just as they relieve themselves of theirs. Zahavi concludes that, “*Dasein* allows itself to be carried along with others, and its formation of judgment, its estimation of values, its self-apprehension, and its interpretation of the world are determined, dictated, and controlled by the publicness of being-with-one-another” (p. 130). My problem is not, as Husserl argued, one of how to establish a relationship with others, in order to verify that others exist and occupy a role in my life; my problem is one of becoming *my own person*, with my own perspective, *apart* from others and what they would have me think and become.

From a Heideggerian perspective, it would seem that the problem of empathy with which Husserl was so preoccupied — the problem of how an isolated subject can ever make contact with others — is a moot issue because we are with others in our primordality to such an extent that we can never escape them. This is why my absorption in the world has the character of being lost, not in a desert but amongst others, in search of the self I genuinely am or can become. This is because I (or rather *Dasein*) do not possess a self-identity on which I can rely, nor can I. Instead I have to appropriate myself and because of this, once having done so, can just as easily lose myself again, and eventually do. *Dasein*’s self, which is always in the making, can never be an objectively constituted entity, the culmination, one might hope, of a “thorough” analysis, but only a *manner of existing*. The manner in which I exist is either authentic or inauthentic. I am inauthentic when I allow myself to be determined by others and what they expect me to be. In fact, this is the way we typically are except for those rare moments when we realize the degree to which we have compromised ourselves and, hence, lost ourselves in a socially-constituted they-self.

Psychoanalysts and psychiatrists who became identified with

existentialism seized on Heidegger's conception of the they-self in part because they recognized its close proximity to Freud's (1930) observations about culture's fundamental role in the genesis of every neurosis. In this respect Freud was also an existentialist (and an intersubjectivist) who recognized the subversive component of his treatment philosophy. On a parallel with Heidegger's conception of inauthenticity, Freud saw neurosis as a mode of existence in which the individual is closed off from a genuine understanding of himself and his everyday motivations. Similarly, he saw the analytic cure (or treatment goal) as that of surmounting the inherently compliant tendencies with which we struggle throughout our lifetime. Like Heidegger, Freud concluded that the principal vehicle for facing up to the conflicts and sense of deadness that neurosis (i.e., existential alienation) engenders is through the experience of anxiety. But where Freud saw anxiety as the threat of castration or failure, Heidegger saw it as the inescapable encounter with one's fundamental isolation in the world, no matter how one tries to overcome it by becoming one of "them." This isolation is finally brought home by the inevitability of one's death, but we experience it in editions of existential death as well, contained in the frustrations, losses, and disappointments about which Freud was such a keen observer.

Ironically, we do not find our ownmost possibilities in or with others, but in possibilities that are essentially non-relational, because the non-relationality of death, loss, and disappointment ultimately serve to "individualize" Dasein down to itself, in a manner that informed both Heidegger's critique of intersubjectivity and Freud's conception of the transference. But before we examine the reference points between Freud's psychoanalytic theory and intersubjectivity we will first survey the linguistic conception of intersubjectivity

### The Linguistic Conception of Intersubjectivity

After phenomenology, linguistic theory has exerted the most influence on twentieth-century thought and continues to gain influence, especially in academic circles, in the twenty-first. Whereas the locus of intersubjectivity among phenomenologists resides in the context of experience, for proponents of a linguistically-based intersubjectivity it resides in language as communicated between two subjects in dialogue. There are, however, exceptions to both of these generalizations. Heidegger gives priority to Being over experience, and Lacan gives more priority to language than to "communication," per se. Allowing for these exceptions, situating intersubjectivity in language makes for a more compatible fit with the prevailing, conventional view of the unconscious than phenomenology does, no doubt the reason some psychoanalysts have been drawn to the linguistic theories of Peirce (1934), Wittgenstein (1958), Apel (1980, 1984), and

Habermas (1972).

The basic argument goes something like this: Situating intersubjectivity in consciousness and/or experience ultimately fails to overcome solipsism, despite Husserl's claims to the contrary, and even Heidegger's. So long as an experiencing subject is the arbiter or reference point for a theory of intersubjectivity then the subjectivity of others can only be inferred, but not, as Husserl admitted, *experienced*. Hence another standard must be sought to legitimize the very possibility of intersubjectivity, and that standard becomes language, the movement of which is not always available to experience. Apel and Habermas constructed a theory of intersubjectivity devoted to linguistic philosophy, much of it indebted to the work of Peirce and Wittgenstein. The basic import of their position is that intersubjectivity only comes alive in the here-and-now of communication between two speaking subjects. Because communication relies almost entirely on the use of words, language is the proper vehicle of intersubjectivity, not experience. According to this thesis, I do not experience my intersubjective tie to others through my experience of them but by virtue of communication with others, not all of which is available to consciousness or experience.

Although this claim may have more relevance for Husserl's conception of intersubjectivity than it does Heidegger's (who, after all, rejects Husserl's premise), both Apel and Habermas would reject Heidegger's ontological preoccupations as inherently mysterious in favor of what they perceive to be a more social and pragmatic accountability, which Heidegger's philosophy lacks because of its emphasis on the need to *withdraw* from the social realm, even if only momentarily, for the sake of authenticity. Ironically, Heidegger is just as devoted to the importance of language as Apel and Habermas and was even a source of Lacan's linguistic theory. This is ironic because while Heidegger moved away from intersubjectivity theory as unnecessary in the context of his ontological preoccupations, Apel and Habermas felt the need to rescue intersubjectivity from Husserl's attempt to account for it. Yet Apel and Habermas have had little direct influence on the psychoanalytic community as sources of intersubjectivity theory. The principal influences for Lacan's use of the concept was Husserl and Hegel, whereas the American analysts who have brought this theory to the center of their thinking have cited Husserl, Heidegger, and Levi-Strauss (Stolorow and Atwood), and Lacan and Hegel (Benjamin; Auerbach and Blatt). If we want to examine how intersubjectivity theory has leapt from a seeming void onto the contemporary psychoanalytic scene in America we will first have to turn to the ways in which it has been applied to the clinical theories of Laing and Lacan.

## *II Clinical Applications of Continental Intersubjectivity Theory*

Intersubjectivity theory has been most prominent in the United States where it

has even been elevated to an indistinct school of psychoanalysis. But before turning to its uses and implication in America it is necessary to examine how the concept is featured in the European psychoanalytic community, in the respective applications of this theory in the work of R. D. Laing and Jacques Lacan.

### R. D. Laing's Application of Intersubjectivity

Despite the influence of Heidegger on a generation of Continental psychiatrists following the Second World War, there has been little effort among psychoanalysts to employ any aspect of either Husserl's or Heidegger's modification of intersubjectivity in their clinical theories. One can read the implications of Heidegger's limited use of intersubjectivity into the clinical philosophies of Ludwig Binswanger and Medard Boss, the two most influential interpreters of Heidegger's philosophy into psychoanalytic discourse, but the term itself was seldom mentioned or explored. A singular exception is the work of R. D. Laing who studied Heidegger before he trained as a psychoanalyst in the 1950s. Laing's first two books, *The Divided Self* (1960) and *Self and Others* (1969[1961]), were inspired attempts to apply some of Heidegger's insights to the psychoanalytic conception of the unconscious in terms of what is given to experience. Jean-Paul Sartre was perhaps an even more important source of Laing's synthesis of phenomenology and psychoanalysis, but the basic thrust of Sartre's philosophy was indebted to his study of Heidegger and Husserl.<sup>3</sup>

In Laing's *Self and Others*, for example, he confronts some of the inconsistencies with Freud's conception of the unconscious in a critique of a paper by Susan Isaacs, a student of Melanie Klein. Though Isaacs's paper is mostly related to Klein's clinical theories, one of the themes in Isaacs's study originated with Freud and has been adopted by virtually every psychoanalyst since: the notion of "unconscious experience," a contradiction in terms which I have explored elsewhere (Thompson, 2000a, 2001c). Indeed, Laing (1969[1961]) avers:

It is a contradiction in terms to speak of "unconscious experience," [because] a person's experience comprises anything that "he" or "any part of him" is aware of, whether "he" or every part of him is aware of every level of his awareness or not. (p. 8)

Laing's thesis is that the psychoanalytic notion of unconscious experience alludes to a more fundamental contradiction that began with Freud's

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<sup>3</sup> For a lucid account of Sartre's conception of intersubjectivity see Frie, 1997, pp. 35-74.

conception of the unconscious: that there is such a thing as an unconscious portion of the mind that is capable of experience, but without conscious awareness. Indeed, Freud's decision to conceive a separate portion of the mind that the (conscious) mind has no awareness of sets up a series of false theoretical dualities between inner experience and outer reality that land one, in the words of Juliet Mitchell (1974), "in a welter of contradictions such as the notion that 'mind' is a reality outside experience — yet is the 'place' from which experience comes" (p. 254). Mitchell observes that, "This problem is peculiar to psychoanalysis . . . because the 'object' of the science . . . experiences the investigation of the scientists" (p. 254).

Following Husserl's, Heidegger's, and Sartre's respective theses that intersubjectivity is rooted in conscious experience, Laing's (1969[1961]) argument revolves around the difficulty that every psychoanalyst faces if he or she believes that the psychoanalyst is in a position to know more about the patient's experience (conscious or unconscious) than the patient does:

My impression is that most adult Europeans and North Americans would subscribe to the following: the other person's experience is not directly experienced by self. For the present it does not matter whether this is necessarily so, is so elsewhere on the planet, or has always been the case. But if we agree that you do not experience my experience, [then] we agree that we rely on our communications to give us our clues as to how or what we are thinking, feeling, imagining, dreaming, and so forth. Things are going to be difficult if you tell me that I am experiencing something which I am not experiencing, if that is what I think you mean by unconscious experience. (pp. 12-13)

Even if one allows that the psychoanalyst's principal function is that of investigating the experience of the analysand, the analyst must nevertheless acknowledge that he has no direct access to the patient's experience other than what the patient tells him, whether or not the patient's account of his experience is reliable and to what degree. Yet it seems that the analyst is not content with the limitations of the situation that is imposed on him and prefers to engage in fanciful speculations and inferences as to what he "supposes" is going on in the patient's mind, the content of which the patient is presumed to be unaware of. Laing continues:

Beyond the mere attribution of agency, motive, intention, experiences that the patient disclaims, there is an extraordinary exfoliation of forces, energies, dynamics, economics, processes, structures to explain the "unconscious." Psychoanalytic concepts of this doubly chimerical order include concepts of mental structures, economics, dynamisms, death and life instincts, internal objects, etc. They are

postulated as principles of regularity, governing or underlying forces, governing or underlying experience that Jack thinks Jill has, but does not know she has, as inferred by Jack from Jack's experience of Jill's behavior. In the meantime, what is Jack's experience of Jill, Jill's experience of herself, or Jill's experience of Jack? (pp. 14-15)

This highly unusual and subtle interplay of how one's experience of other affects one and, in turn, how one's reaction to this effect elicits behavior that affects other's experience is the pivot around which Laing's conception of intersubjectivity rotates. The book in which Laing's critique of Isaacs's paper appeared was a full-scale examination of the effect that human beings have on each other in the etiology of severe psychological disturbance, fueled by acts of deception and self-deception that characterize our most seemingly innocent exchanges with one another.

Many of the terms Laing introduced in that book for the first time — e.g., collusion, mystification, attribution, injunction, untenable positions — were coined for the purpose of providing a conceptual vocabulary that could help explain how human beings, in their everyday interactions with others, are able to distort the other's sense of self so effectively that they are able to affect each other's reality, and hence their sanity. It was just this vocabulary that Laing suggested was missing in Freud's predominantly "intrapsychic" nomenclature. In the language of psychic conflict, Laing nevertheless agreed with Freud that people who suffer conflicts are essentially of two minds: they struggle against the intrusion of a reality that is too painful to bear, on the one hand, and harbor a fantasy that is incapable of being acknowledged on the other. Consequently, their lives are held in abeyance until they are able to speak of their experience to someone who is willing to hear it with benign acceptance, without a vested interest in what their experience ought to be. Thus Laing was the first psychoanalyst to pay such inordinate attention to the unintended effects of the analyst's behavior on the patient, a principle theme in contemporary relational and intersubjective theories.<sup>4</sup>

Laing extends this notion further by examining the ways in which so-called unconscious aspects of a person's behavior (and experience) must be accounted for in terms of what one experiences and how, instead of speculating about what a patient may be said to be experiencing when his experience is inaccessible to both himself and his analyst, alike. Laing suggests, for example, that the patient's defenses "have this mechanical quality because the person, as he experiences himself, is dissociated from them," and because he is alienated from his own experience and, hence, himself (p. 17)(See also Bromberg, 1998, on this point). Laing asks, what are

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<sup>4</sup> Ferenczi also went to great lengths to "level the playing field" between analysts and patients, but in a classical Freudian framework.

defenses if they are not protective maneuvers employed to keep one's experience at bay? The psychoanalytic preoccupation with defenses against ideas and, more recently, affects, fail to get to the root of what elicits the patient's anxiety in the first place: unwanted experiences, which go deeper than simply thinking a thought or feeling an affect, or having feelings about a thought or being thoughtful about an affect.

These considerations about the nature of experience offer enormous implications for the role of the psychoanalyst and the means by which interpretations may be used to transform what the patient experiences and how, in the matrix of the intersubjective space they share together. Laing (Laing, Phillipson, Lee, 1966) noted that Heidegger's conception of experience already presupposes an act of interpretation that, in turn, elicits the possibility of experiencing anything:

Our experience of another entails a particular interpretation of his behavior. To feel loved is to perceive and interpret, that is, to experience, the actions of the other as loving . . . [Hence] in order for the other's behavior to become part of self's experience, self must perceive it. The very act of perception [and hence experience] entails interpretation. (pp. 10-11)

Thus Laing integrates the language via the interpretative act into his phenomenological conception of intersubjectivity. Everything a patient in analysis experiences is the end result of "interpretations" the patient has already, surreptitiously given to what he experiences in the course of the transference relationship. What the analyst says is never actually heard in the way the analyst necessarily intends it, because it is unconsciously interpreted by the patient according to his or her interpretative schema, a culmination of everything the patient has previously suffered (and construed by such experiences) in the course of a lifetime. Since both the analyst and patient are always, already (pre-reflectively) interpreting everything the other says, what is actually heard by each and in turn experienced is impossible to communicate directly, because every account of one's experience entails the use of words which, once uttered, affect the other in unpredictable ways.

In every communication with the patient, the analyst aims to: 1) learn what the patient's interpretative framework is; 2) determine the means by which that interpretative framework constructs a "world" (the transference neurosis) that is attributed to the analyst; and, 3) offer the patient a wider range of interpretations to consider. Because we always have a hand in what we experience and the degree to which we permit our experience to affect us, no one can ever actually impose an experience on another person. It is nevertheless possible, through coercion, intimidation, or seduction to engender an experience that the other person may, in hindsight, wished not to have



experienced. Such “experiences” can, in turn, be forgotten and appear to have been repressed and, thus, harbored “in” the unconscious. In fact, experiences are never actually repressed, as such, only those thoughts or intimations that elicit such a degree of insupportable anxiety that the individual is unable to take in, suffer, and integrate the thought in question. This is because I am perfectly capable of entertaining thoughts or ideas without permitting them to affect me and, consequently, without really experiencing them, i.e., by making them *my own*.

To summarize: there are two points worth noting in Laing’s treatment of intersubjectivity in his clinical philosophy. First, Laing employs intersubjectivity in a specifically phenomenological sense, rooted in Heidegger’s thesis that all human beings are born into a matrix of relations with others from which it is difficult to extract oneself in order to become one’s own person. Laing emphasizes the extraordinary power that others have over self’s experience and the implications this offers for clinical practice. Whereas the conventional view is that psychotic patients have withdrawn into a self-imposed exile and require therapy for increasing socialization, beginning with the relationship with the analyst, Laing argues that psychotics are, if anything, *oversocialized* and that their problem is one of desensitizing their dependence on interpersonal relations, a problem that is repeated in the transference. Consequently, Laing goes to great lengths to harness the power that clinicians have over their patients and abhors excessively active interventions. Laing is critical of analysts who believe they possess a god-like capacity to divine what is occurring in another individual’s unconscious and structures his clinical interventions conservatively. Thus his conception of intersubjectivity is wedded to an ethical preoccupation, following the Hippocratic dictum, “do no harm,” approximating Freud’s counsel against committing therapeutic ambition. For Laing, the patient’s best chance for a successful therapeutic experience derives from an analyst who is sensitive to the potentially corrupting nature of his own power.

Second, although intersubjectivity plays an important role in Laing’s treatment philosophy, he never characterized his clinical perspective as specifically intersubjective, but existential. The intersubjective component of Laing’s clinical theory was implicit but not a dominant part of his vocabulary.

### Jacques Lacan’s Application of Intersubjectivity

Lacan’s earliest influences outside of the psychoanalytic literature were the phenomenological investigations of Husserl, Heidegger, Sartre, and his close friend, Maurice Merleau-Ponty, and the Surrealist, Andre Breton, who happened to be Lacan’s brother-in-law. Lacan’s earliest publications show a keen interest in and indebtedness to the phenomenological literature, a point I have examined elsewhere (Thompson, 1985). During the 1950s Lacan’s

writings took a decided turn toward the study of linguistics and the importance of language in psychoanalysis. Heidegger continued to be a principal influence at this stage of Lacan's development, but at this juncture he also became increasingly taken with structuralism, due in large measure to the work of Claude Levi-Strauss who had reformulated Freud's conception of the unconscious along structuralist linguistic lines. The work of Hegel became an important influence on Lacan's thinking as well, particularly Hegel's conception of desire as outlined in his magnum opus, *The Phenomenology of Mind* (1949). It was ultimately Hegel's dialectic of desire, situated in the context of structural linguistics, that would provide Lacan with his conception and application of intersubjectivity, not phenomenology.

Hegel saw desire, not in terms of biological sexual drives, as did Freud, but as an *appeal for recognition* by others. This thesis was outlined in Hegel's metaphor of the master-slave (or lordship and bondage) relationship. Hegel believed that in every human relationship a struggle for power ensues (1949, pp. 217-227). I want you to see me as a desirable subject — in other words, I want you to love me — because if I can get you to desire me I will be empowered by your desire and I will have an advantage over you. But then, you want the same thing from me, so who wins? Hegel concluded that it is not the Master — the one who is desired — that wields the power, but in fact the Slave, because the Master depends on the slave for his servitude and is, hence, more vulnerable because he has more to lose. But Hegel also observed that despite ourselves, we nevertheless want what we imagine to be the upper hand in the relationship, even though in reality it places us in a one-down position. How can this dialectic ever be resolved? Hegel believed that it could not be, that we are all condemned to a kind of futility in our relationships with others that can never be transcended, thus our desires make us not only vulnerable, but tragic figures. This conception of desire and, more generally, the human condition, had an enormous influence over an entire generation of French intellectuals, including Sartre, Merleau-Ponty, Levi-Strauss, Michel Foucault, and of course Lacan, all of whom attended Alexandre Kojève's (1969) famous lecture courses on Hegel at university together. In fact, this outlook on the impossibility of humans ever becoming happy became a feature of Lacan's clinical perspective, Sartre's existential philosophy, and Foucault's life-long preoccupation with power relationships in society — a pessimism, however, that was not embraced by Merleau-Ponty or Levi-Strauss. (Coincidentally, Laing was also influenced by Hegel's thesis and applied it to his research into families of schizophrenics, but with a less pessimistic outlook.)

This dark vision of human relatedness had a profound impact on Lacan's re-conceptualization of Freud's libido theory and served as the basis of Lacan's conception of intersubjectivity. According to Lacan (1977), when I speak to another, no matter how trivial or mundane, the other person becomes

transfixed within the dialectical structure of my desire. While that person is free to embrace or reject me, he is not at liberty to ignore me. Either way, he must live with the consequences of his response, just as I must live with mine. In conversation I impress myself on others by etching onto my environment the material expression of my desire in order to be recognized and, hence, desired by them in turn. This dialectic became the structure of Lacan's conception of the transference, an ultimately futile and narcissistic effort on the patient's part to make the analyst love him.

This somewhat darker conception of the therapeutic relationship can be contrasted with Laing's, though both were influenced by Hegel's thesis. For Laing, there is a way out of this impasse, by simply giving the patient what he wants: the analyst's love, not in the erotic sense, but sympathetically. For Lacan this would be sacrilege, for his goal is to thwart the patient's manipulations that are intended to buttress his narcissism, in keeping with so-called classical technique. It is difficult to see what the therapeutic gain would be from Lacan's thesis, but it seems to be influenced by Sartre's gloomy portrayal of intersubjectivity, that we must ultimately face the impossibility of what we crave from others and, perhaps, feel some form of Stoic dignity in doing so. Another distinction between Lacan's and Laing's respective uses of intersubjectivity concerns the role of language versus experience. For Lacan, intersubjectivity is essentially unconscious because it is determined by power games and linguistic structures that are not available to conscious experience, whereas Laing sees intersubjectivity as forming the interrelationship between two *experiencing subjects* and the power contained in other's perception of self. Another distinction pertains to how intersubjectivity figures into Laing's and Lacan's respective debt to Freud's clinical philosophy. Laing took from Freud the latter's acute sense of the patient's vulnerability and the need to *protect* patients from the analyst's power, evidenced in most of Freud's technical principles, such as neutrality, countertransference, and therapeutic ambition, whereas Lacan emphasized Freud's conception of *abstinence* and the need to thwart the patient's efforts to control the analytic relationship. Whereas Freud tried to walk a fine line between these two oftentimes competing clinical principles (see Thompson, 1996a, 1996b), Laing and Lacan verged away from the middle into their respective agendas, each representing genuine though divergent conceptions of intersubjectivity.

Finally, the divergent emphases on the role of conscious experience and the role of the unconscious in Laing's and Lacan's respective applications of intersubjectivity are also manifested in what they perceive as the analyst's role in the treatment relationship. Like most analysts, Lacan is more wedded to an epistemological framework whose purpose is ultimately to divine the patient's unconscious, a thesis that values analytic knowledge, whereas for Laing "knowing" what is unconscious, while a component of every treatment experience, is not the determining factor in the patient's recovery, but rather

the manner in which the analyst is capable of *being-with* the patient throughout his ordeal, a decidedly ontological preoccupation influenced by Heidegger. This is why the patient's experience of the analyst and the analyst's experience of the patient is situated at the heart of Laing's conception of intersubjectivity, whereas for Lacan it is the symbolic dimension that is determined by the unconscious structures of language, which interpretation is employed to ferret out.

Yet Lacan, like Laing, never situated intersubjectivity at the heart of his analytic identity because he saw this concept as merely one feature of his overall thesis, which he portrayed as linguistic. Indeed, Lacan makes few references to intersubjectivity, probably because he feared he might be taken for an existentialist! It is apparent, however, from the manner in which both Laing and Lacan invoked intersubjectivity in their work that both were acutely aware of the contest for power that is at stake in every human relationship, and that this observation carries with it no circumscribed clinical application. We now turn to the emergence of intersubjectivity theory in America to assess its role in contemporary psychoanalysis.

### *III The Relational Paradigm*

Before turning to the emergence of intersubjectivity theory in the contemporary American psychoanalytic community it will be necessary to briefly review contemporary relational theory, from which the American version of intersubjectivity was born. According to Mitchell and Aron (1999) the relational perspective was first articulated by Greenberg and Mitchell (1983) when they used the term relational "to bridge the traditions of interpersonal *relations*, as developed within interpersonal psychoanalysis and object *relations*, as developed within contemporary British theorizing" (p. xi). Although Greenberg and Mitchell can be credited for coining the term, they acknowledge a list of antecedents, both British and American, who served as inspirations for this perspective, including Harry Stack Sullivan and his American colleagues, Erich Fromm and Clara Thompson, and the British psychoanalysts, Ronald Fairbairn, Harry Guntrip, Donald Winnicott, Melanie Klein, and John Bowlby, as well as Sandor Ferenczi (due to his brief analysis of Clara Thompson). From this initial merger of American interpersonal and British object relations theories followed other influences and developments that were said to be consistent with the relational perspective, including self psychology, social constructivism, hermeneutics, postmodernism, feminist theory, transference-countertransference interactions, and of course intersubjectivity. Efforts to pinpoint what relational theory specifically entails beyond the very general description given above has become increasingly problematical. For example, Mitchell and Aron conceive the relational perspective as a departure from traditional Freudian intrapsychic theory because it emphasizes the subject's

*actual* relationships with others, instead of limiting it to the subject's conscious and unconscious fantasy life., One is tempted to characterize relational theory as distinctly anti-Freudian, but the problem that ensues from this characterization of it concerns the extraordinary difficulty in determining how to articulate a generic Freudian theory and clinical technique, if such is in fact possible. For the sake of simplicity, I shall divide the basics of the relational perspective into two constituent components, relational theory and relational technique, as both are relevant to the intersubjective component of the relational perspective.

Greenberg and Aron appear to reduce the entirety of the Freudian corpus to what they term classical drive/defense theory, in fact American ego psychology. While this characterization of so-called Freudian theory does portray the manner in which many American psychoanalysts identify classical theory, it is at best an oversimplification of ego psychology, let alone the more complicated and varied Freudian perspective. I have shown elsewhere (1994, 1996a, 1996b, 2000a, 2000b, 2001a, 2001b, 2001c, 2002) how Freud's theory of drives may be interpreted any number of ways other than a simple biological bias — including an existential paradigm — let alone a one-person psychology, and that so-called classical Freudian technique (the one that Mitchell and Aron object to) bears little resemblance to the way Freud actually worked. For example, the aloofness that characterizes the way that most analysts identified with ego psychology work was not developed by Freud but by European émigrés who helped fashion its basic precepts at the New York Psychoanalytic Institute in the early 1950s, a point noted by Spezzano (1995). Even some of the most influential American analysts who are identified with classical drive/defense theory, e.g., Hans Loewald, Stanley Leavy, and Charles Brenner, do not consider themselves adherents of Freud's instinctual theory and some, such as Loewald, have even been adopted as adherents of relational theory!

Yet the relational perspective has been conceived as an *alternative* to classical theory, not a derivative of it. This claim engendered a considerable amount of protest from Freudian analysts who feel they are in basic agreement with their characterization of relational theory and that the relational model simply applies the basic tenets of Freudian theory to phenomena (e.g., early development and treatment of severe psychopathology) that was not as extensively explored by classical theorists. Mitchell and Aron (1999) respond to this criticism by arguing that

Relational concepts do not provide understanding of *different*

phenomena from those explored by the drive/defense model; [rather] relational concepts provide *alternative* understandings of the *same* phenomena, [so that] the inclusiveness of these preservative strategies is purchased at the price of delimiting the range of the two models. . . [Thus] in our view, positioning relational developments as additive rather than alternative misses the central point. (p. xiv).

And what is the central point? It appears to come down to the same argument that has been debated for more than five decades between the Kleinian school and Freud's followers about the nature of libido. For Freud libido is essentially sexual in nature, a drive for pleasure and avoidance of unpleasure, or suffering, whereas for Klein and object relations theorists in general libido does not seek pleasure but *safety* by warding off danger and perceived threats to safety. According to Spezzano (1995),

Greenberg, in his book, *Oedipus and Beyond* (1991), argues that object relational psychoanalysis has a drive theory and a core triangular of its own. What is different from Freud's psychology is that in object relational psychologies the image of a mind *driven by* sexual excitement and rage is replaced by an image of a psyche *driven toward* the construction of and defense of unconscious self-object arrangements that maximize feelings of safety and competence. (p. 23)

Following the interpersonal tradition, the relational proponents argue that the individual is born into a social world and view the intrapsychic world of defenses as an internalization of interpersonal experiences, whereas Freud's model (and indeed Klein's) recognizes the infant as a biological organism that is born into a social world and perceives the world from a biologically-determined craving for sexual satisfaction, aggression, and self-destruction. It appears that Greenberg and Mitchell sought to resume this old argument, but to augment it with a more socially-aware perspective that was derived from the interpersonal tradition. But is this anything *new*?

That probably depends on where one draws the line between "official" psychoanalytic literature and extra-psychoanalytic literature. The European existential tradition to which I alluded earlier when discussing Laing's conception of intersubjectivity was making precisely the same point around the same time that Sullivan was conceiving the parameters of the interpersonal perspective in America. Indeed, Laing considered Sullivan a kindred spirit and viewed much of Sullivan's social perspective as consistent with existential theory, but relational theorists never cite Laing or any of the other proponents of the existential tradition (e.g., Boss, Binswanger, Minkowski), even though the analyst who first introduced the Continental existentialist tradition to

Americans was Rollo May, an analyst from the William Alanson White Institute, the same institute from which the relational perspective was born. This is all the more bewildering in light of the observation that intersubjective theory and hermeneutics, both of which are embraced as facets of the relational perspective, derive from the same roots as Laing's existentialist perspective. In conclusion, the theories that comprise the relational perspective are selective and idiosyncratic; they do not offer anything new in terms of development of a theoretical perspective, but they do bring together in a new synthesis ideas that have been debated in and outside of the psychoanalytic community over the course of its entire history. But what about the implications of the relational perspective for clinical practice?

This is the principal task that Spezzano set for himself in his 1995 essay, "Classical' Versus 'Contemporary' Theory: The Differences That Matter Clinically." Spezzano allows that in clinical terms the prevailing concern among so-called classical analysts (so-called because not all of them would agree with this designation) is to do the patient no harm, hence activity is viewed in terms of how necessary it is in terms of optimal gain and how potentially harmful it may be, even when applied with diligence and caution. This is the same argument that still persists to this day between the Kleinian and Middle groups at the British Psychoanalytical Society, the former being proponents of activity and the latter proponents of inactivity, or neutrality. Activity is defined in terms of frequency of interpretations on the one hand and depth of interpretations on the other. Spezzano's point is that, despite concerns about activity, it is his opinion that clinical work is enhanced by activity when compared with the stereotypical picture of the classical analyst who never says anything. Notwithstanding such extremes, Spezzano believes that the analyst must do everything in her power to engage the patient, even at the risk of overdoing it. Another facet of relational technique is to focus on the here-and-now instead of the there-and-then; and while allowing for the existence of an internal world (an acknowledgement that the interpersonal school is not prepared to follow), the emphasis of the relational perspective is on the (to use Buber's phrase) "I-Thou" relationship between analyst and analysand. Again, all of these technical innovations are fundamental tenets of the existential and interpersonal traditions.

It would appear that all of the technical innovations of the relational paradigm have been adopted from the interpersonal and existential analytic traditions, except that they don't go as far as either the interpersonal or existential perspectives. Both the interpersonalists and existentialists reject the "internal world" hypothesis, including many of the features of Kleinian psychoanalysis (e.g., projective identification, introjection of part-objects, and other so-called primitive defense mechanisms) that have become a staple of the relational perspective, hence the notion that relational psychoanalysis occupies a space "between" the extremes of the interpersonalists, on the one

hand, and the drive/defense model, on the other, in effect a sort of middle-of-the-road paradigm that takes a little bit from everything, yet claims originality for doing so. Certainly the focus on the here-and-now, the actual relationship between analyst and patient, analysis of transference and countertransference, and more freedom in clinical activity paint the portrait of a distinct psychoanalytic model that may be defended and criticized, even if its purported originality is in dispute. Allowing for this, what does intersubjectivity theory add to the relational perspective that it would not otherwise contain? Or, which component or components of relational theory as it is characterized above depend upon intersubjectivity theory?

#### *IV American Intersubjectivity Theory*

As we have seen, relational theory, unlike traditional psychoanalytic schools, does not derive from the insights of an original thinker or a new direction in psychoanalytic technique; rather it is an amalgam of many historical theoretical and technical influences, including Freudian, Kleinian, British Middle School, Sullivanian, and Kohutian perspectives, as well as social constructivism, hermeneutics, postmodernism, and intersubjectivity. I shall devote the remainder of this chapter to a review of American intersubjectivity theory and its contribution to the relational perspective. This is no simple task, not least because there is little relation between the way intersubjectivity theory has been used by analysts identified with the relational perspective and the way it was used by Laing and Lacan, both of whom situated their employment of this term in philosophy. The distinction of the relational perspective's application of intersubjectivity is that, in the main, it is not philosophical, but theoretical.

There are three principal approaches to intersubjectivity in the United States, the first advocated by Stolorow and Atwood who situate intersubjectivity in systems theory, the second advocated by Benjamin and others who situate it in the Hegelian dialectic of the master-slave metaphor; both of these approaches loosely situate the term in philosophy. The third is a more derivative application of intersubjectivity that has been embraced by a majority of relational analysts. This third group does not trace the term to a philosophical root but, instead, takes it to characterize modes of unconscious communication between patient and analyst. I shall take each of these applications of intersubjectivity in turn.

#### **Stolorow and Atwood**

The distinctive feature of Stolorow, Atwood and Brandchaft's (1994) application of intersubjectivity theory is as an antidote to what they characterize as "the traditional psychoanalytic paradigm [of] the isolated mental apparatus achieving compromises between conflicting internal forces"



(p. ix). Moreover, they characterize their perspective as one that is experience-near and relational and takes as its point of departure two interacting subjectivities. They set themselves apart from most relational analysts in their rejection of traditional psychoanalytic developmental theories, whether of Freudian, Kleinian, objects relations, interpersonal, or other origins. In clinical terms they perceive the application of intersubjectivity theory as one of “allowing for much greater [clinical] flexibility [than Freudian drive theory]” (p. xi). Thus clinically speaking, Stolorow and Atwood are in general agreement with the technical implications of relational analysts and include themselves as members of that perspective, allowing for their rejection of genetic interpretations.

Unlike most analysts who are identified with relational theory, however, Stolorow and Atwood appear to reduce their psychoanalytic perspective to “the dialogic attempt of two people together to understand one person’s [i.e., the patient’s] organization of emotional experience by making sense together of their intersubjectively configured experience” (cited in Curtis, 1999, p. 303). This statement is notable for two reasons. First, it is an extraordinarily narrow standard for what is purported to explain an entire psychoanalytic perspective; and second, for a paradigm that is rooted in the concept of experience Stolorow fails to establish a theory of experience or to rely on a discernible philosophical critique of it. They appear to rely on Kohut as the principal inspiration for their clinical philosophy and, indeed, are among those most responsible for integrating Kohutian theory into the relational perspective. Despite this, Stolorow and Atwood have come under attack for their attempts to reduce psychoanalysis to little more than the notion of two individuals interacting with each other (Curtis, 1999; Auerbach and Blatt, 2001).

It is difficult to see what is novel or original in their conception of intersubjectivity theory; moreover, it is ironic that for all their efforts to fashion what they claim to be a radical theory of intersubjectivity their work has had negligible influence on other analysts who have attempted to integrate intersubjectivity theory into the relational perspective. Although they cite Husserl in their first publication (Atwood and Stolorow, 1984) as a source of their conception of intersubjectivity, they failed to grasp the basics of his conception of intersubjectivity (as rooted in concrete experience) and subsequently abandoned his formulation of it in favor of a modified version of Kohut’s conception of the selfobject integrated with systems theory.

### Jessica Benjamin

The second conception of American intersubjectivity derives from Hegel’s dialectical theory, embodied in the work of Jessica Benjamin. Next to Stolorow and Atwood, Benjamin is the analyst who is probably most identified with

intersubjectivity, but unlike Stolorow and Atwood, she has enjoyed a considerable influence on the relational psychoanalytic community's adoption of this paradigm. Setting herself apart from the perspective of Stolorow, Benjamin (1999) states that she uses the term, "intersubjectivity to refer not merely to the generalization that we operate in the presence of two persons, in an interpersonal field, but to the specific matter of recognizing the other as an equivalent center of being" (p. 201). Benjamin traces her use of the concept back to Habermas and Hegel which, in her view, offers her a more radical interpretation of intersubjectivity than Stolorow's, whom she accuses of reducing it to "all interplay between different subjective worlds," but fails to distinguish between the interpersonal and the intersubjective. Thus Benjamin uses intersubjectivity

[To] describe the developmental achievement or recognition . . . as a complement to the aspects of psychic life elaborated by the intrapsychic theory of object relations. [However], intersubjectivity adds to the object relations perspective a notion that our representations and relationships can be charted on the axis of the tension between recognizing and negating the other. . . [B]oth perspectives can include an awareness of interpersonal relations, but the intersubjective dimension refers to a specific axis of these relations. (p. 201)

Another difference between Stolorow and Benjamin is that whereas the former wants to distance himself from the British object relations tradition and developmental theory generally, the latter wants to situate her conception of intersubjectivity within both the object relations tradition and the conventional psychoanalytic literature on childhood development. In this light, Benjamin views

[M]ental life [as] always located somewhere on that tension between relating to the object and recognizing the outside other, between contact with outer reality and omnipotence. Each relationship is always definable in terms of the movement of negation and recognition. (p. 201)

Benjamin's clinical application of intersubjectivity theory is demonstrably more specific and detailed than Stolorow's. Unlike Laing and Lacan, however, who saw intersubjectivity as the place where each individual is vulnerable to the power of others over one's experience, Benjamin uses it to bring countertransference phenomena into focus.

The issue that arises is how we use our subjectivity when breakdown

of recognition comes into play. Our effort is to formulate the common subjective experience of being an analyst . . . when both interpretation and empathy fail . . . when our subjectivity is on the line. . . The point at which the patient presents the real difficulty that needs mending, is often experienced as the moment of maximum attack on our subjectivity. (p. 203)

Thus Benjamin is looking at the moments in analytic work when the analyst feels under attack and loses her capacity to maintain what Winnicott calls the analyst's "professional attitude," or what Freud terms neutrality. This is a departure from the way both Laing and Lacan employ the concept, though Hegel was instrumental in all three applications of it. For Laing, intersubjectivity points to the vulnerability of *the patient* in analysis due to the nature of her dependence on what the analyst thinks about her and whatever goals the analyst may want to impose, either directly or indirectly; for Lacan, intersubjectivity refers to the dialectic of desire and manner in which the patient tries to *enslave the analyst* to do her bidding, an endeavor that the analyst must meet with abstinence in order to thwart the patient's narcissism. But for Benjamin, intersubjectivity refers to the analyst's *countertransference reactions*, fueled by the analyst's own disappointment with the progress of the treatment at certain stages of its evolution. Whereas Laing situates his conception of intersubjectivity in an existential-phenomenological framework and Lacan situates his in a synthesis of the Hegelian dialectic and linguistic theory, Benjamin situates hers in relational theory, in this case a synthesis of feminist theory, object relations theory, and the interpersonal tradition. As we saw earlier, Stolorow's model is not derived from Hegel, phenomenology, or linguistics and parts company with other relational theorists by having little interest in object relations concepts. He is devoted instead to distancing himself from what he perceives as the Cartesian, one-person psychology of classical psychoanalysis and is primarily indebted to Kohutian theory. In this respect, it is the least radical and clinically useful of the four conceptions of intersubjectivity theory we have studied thus far.

### Generic Applications of Intersubjectivity

Indeed, Benjamin's application of intersubjectivity theory, despite her reliance on sources in Continental philosophy, is representative of the mainstream of the relational perspective: a heightened emphasis on working from the countertransference. In an effort to give the relational perspective the appearance of something new, novel, or fresh, a considerable effort has been made to imbue what is essentially a synthesis of elements of the interpersonal tradition and object relations theory with a more contemporary, even philosophical caste. Many of the analysts identified with the relational

perspective have incorporated concepts and terminology from other disciplines, such as social constructivism (e.g., Gill [1994], Hoffman [1983]), hermeneutics (e.g., Sass [1998], Stern [1997]), postmodernism (Elliott and Spezzano [1998]), and intersubjectivity theory. I haven't the space to go into these other disciplines and how each is in turn applied to prevailing psychoanalytic theories, but the application of intersubjectivity to psychoanalytic technique is a case in point. Virtually all analysts who are identified with the relational paradigm adopt the concept of intersubjectivity in their work, but unlike Stolorow and his colleagues and Benjamin (and those analysts who have been influenced by her theories) few of them trace the concept to a philosophical heritage but, instead, employ the term both metaphorically and idiosyncratically.

Most relational analysts argue that while the term, intersubjectivity, has only recently been incorporated into the relational perspective, its sensibility goes back to the earliest days of the psychoanalytic movement, beginning with Ferenczi, but including a host of analysts who share in common a divergence from conventional drive theory and an emphasis on social reality, the actual relationship between analyst and patient, special attention to the countertransference, and the use of projective identification as a fundamental feature of the analyst-analysand interaction. Much of this is due to the thesis that drive theory is stuck in a one-person psychology that is solipsistic, whereas intersubjectivity speaks to a two-person psychology that attends to social reality. It is challenging to find the thread that runs through all the historical figures that, in retrospect, have been forerunners to the current adoption of intersubjectivity theory, but Ogden (1999) argues it comes down to "the nature of the interplay of transference and countertransference" (p. 462). Ogden offers an inventory of the principal analysts whom he feels are either faithful to this orientation today or have contributed to its development historically. In addition to the authors we have already discussed, his list includes Michael Balint, Wilfred Bion, Christopher Bollas, Bryce Boyer, Nina Coltart, Glenn Gabbard, Peter Giovacchini, Andre Green, James Grotstein, Paula Heimann, Irwin Hoffman, Betty Joseph, Otto Kernberg, Masud Khan, Melanie Klein, Heinz Kohut, Margaret Little, Joyce McDougall, Marion Milner, Juliet Mitchell, Heinrich Racker, David Rosenfeld, Joseph Sandler, Harold Searles, Hannah Segal, Serge Viderman, and Donald Winnicott, among others!

Most of the names on this list are identified with object relations theory or have included some elements of object relations theory in their work. Note that R. D. Laing and Jacques Lacan, the first analysts to actually use intersubjectivity theory in their work, are not among the names on Ogden's list. This suggests to me that the term no longer has any philosophical rigor and that its origins as a concept is of little interest to the way it is currently employed, with the exception of Stolorow and Benjamin. Yet Ogden argues

that his “conception of analytic intersubjectivity places central emphasis on its dialectical nature” (p. 463), while making no reference to Hegel as the father of dialectical theory. Instead, Ogden appears to use Winnicott as the source of his conception of intersubjectivity, based on Winnicott’s notion that “there is no such thing as an infant [apart from the maternal provision]” (cited in Ogden, p. 463). With few exceptions, relational analysts employ intersubjectivity theory in the same fashion as Ogden does, and Winnicott is oftentimes cited as the inspiration for this concept.

It appears that intersubjectivity has suffered the same fate as narcissism as a term that is so generic in its conception and idiosyncratic in its application that it has become virtually meaningless in its overdetermination. While drive theory is often invoked as the antithesis to both the relational and intersubjective perspectives, it is odd that Freud himself is not cited as one of the pioneers in the recognition of this concept. If the clinical application of the concept of intersubjectivity, for example, speaks to the notion that human beings communicate with each other on both an intuitive and unconscious level, accounting for the theory of projective identification and the idea that one person’s unconscious is capable of communicating with another’s, then Freud was the first psychoanalyst to employ intersubjectivity in his thinking. This is implicit, for example, in Freud’s conception of neutrality, first outlined in his “Recommendations to Physicians Practicing Psychoanalysis” (1912), where he counsels analysts to adopt an attitude of “free floating attentiveness,” and that analysts “must turn [their] own unconscious like a receptive organ towards the transmitting unconscious of the patient,” due to the observation that the analyst “is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient’s free associations” (pp. 115-116). It goes without saying that the very notion of transference and countertransference phenomena would make little sense were it not for the recognition of the intersubjective dimension to interpersonal relatedness, that is, when construed as unconscious aspects to other’s impact upon self. Yet the selective means by which intersubjectivity is employed necessarily omits Freud from this concept (except, perhaps, for Spezzano, 1995). Indeed, Lohser and Newton (1996) conclude that Freud’s emphasis on “tact, empathy, intimacy, and spontaneity” (p. 23) was a prototype for the contemporary emphasis on intersubjectivity among relational psychoanalysts.

## Conclusion

What can we ascertain from the above concerning the conception and application of intersubjectivity theory to psychoanalysis? The concept has its origins in phenomenology, and in that context refers to the problem of determining the relationship between self and other, how self obtains knowledge about others, and the impact of others on self’s experiences of both

self and other. The first question, which concerns the relation between self and other, is the one that concerned Husserl, whereas the second is the one that concerned Laing and Lacan in their respective applications of intersubjectivity. Yet Laing and Lacan conceived intersubjectivity in fundamentally different terms. For Laing intersubjectivity is a mode of *experience* and the ground on which individuals relate to one another, whereas for Lacan intersubjectivity is rooted in *language* and is unconscious, so that the intersubjective dimension to self's relationships with others is unavailable to consciousness and has to be interpreted.

The recent application of intersubjectivity theory in America has followed a multifaceted course, but is essentially rooted in the relational perspective which is, in turn, derived from British object relations theories. Although Benjamin traces her conception of intersubjectivity to Hegel and Habermas, and Stolorow is similarly concerned with its philosophical foundation, the bulk of relational psychoanalysts who employ intersubjectivity theory adapt the term idiosyncratically and apply it metaphorically. By and large the term is used to designate a dimension of unconscious communication between analyst and analysand, a feature of the Kleinian conception of projective identification and the relational preoccupation with working from the countertransference. The notion that analysts experience the unconscious affects of their patients via their countertransference is made possible through the intersubjective mode of communication between patient and analyst. Although the application of intersubjectivity theory to explain these phenomena is of recent origin, the clinical theory to which it is attached is not new and has little relevance to the way intersubjectivity was originally conceived. Thus intersubjectivity theory has been applied to Kleinian (and other) object relations theory retrospectively. By labeling object relations theory a facet of intersubjectivity the former has the appearance of philosophical rigor, but at the cost of diluting the concept of intersubjectivity beyond recognition.

In a clinical context the relational use of intersubjectivity is preoccupied with the experience of the *analyst*, i.e., the analyst's so-called countertransference affects and ideas as they occur in the analytic session. In the main it is used to draw attention to the impact of the patient on the analyst, how the analyst may endeavor to limit the degree of countertransference acting out and defensiveness with patients, and as a means of understanding patients better. In Laing's use of the concept, however, he uses intersubjectivity to draw attention to the experience of the patient and the precarious position that the analytic treatment situation imposes on him. Laing pays an inordinate amount of attention to the vulnerability of the patient and the power wielded by the analyst. The idea is to alert the analyst to this dynamic so that he may limit his clinical interventions accordingly. It is worth noting that from a phenomenological (i.e., existential) perspective the focus is on the vulnerability of the patient whereas in the relational model the emphasis

is on the vulnerability of the analyst. Why this is so may have nothing to do with intersubjectivity theory, per se; nor are the two emphases mutually exclusive.

A second distinction between the relational and existential applications of intersubjectivity goes back to the respective conceptions of intersubjectivity that were debated between Husserl and Heidegger. Despite the relational emphasis on the social world and the rejection of Freud's thesis that the infant is narcissistically isolated from the world until it begins to develop an ego (around six months of age), the conventional psychoanalytic view about psychosis (including both drive and relational theories) is that the psychotic is isolated from others and lives in a private omnipotent world, so the therapeutic task becomes one of socializing the patient by bringing him out of his private world and enhancing his capacity for interpersonal relationship, effected through the patient's relationship with the analyst. This thesis is consistent with Husserl's argument that human beings face the task of establishing relationship with others in order to overcome their solipsistic (narcissistic) isolation, since one's relations with others is not a given. Laing, following Heidegger, argues the reverse. He sees the individual as being-in-the-world from birth and fundamentally *enmeshed* with others, so that the problem is not one of socialization, but that of extricating self from the opinions of others in order to come into one's own, with one's own desires, choices, and inclinations in play. According to this thesis the psychotic, epitomized by schizophrenia, does not live in her own world isolated from others, but is so profoundly enmeshed with others that she hasn't developed a center of orientation. She is plagued with a sense that others occupy her thoughts or that she cannot separate her will from their influence, resulting in a crisis of personal integrity. Her problem is one of *individuation*, not socialization.

Though the psychotic is the prototypical example of this condition, it is relevant to everyone. According to Laing this dynamic is repeated in the patient's transference with the analyst so that the principal task of working through the therapy experience becomes one of struggling with the problem of distinguishing self's experience from others and precisely what the context of self's experience is, in contradistinction to what others would have self experience or not experience. The psychoanalytic conception of the superego only partially accounts for the implications of this problem. Similarly, the concept of projective identification depicts another facet of intersubjectivity, but by pathologizing it.

It has been argued by American proponents of intersubjectivity theory that analysts who adopt this theory and apply it clinically will be more successful with patients than those analysts who do not. There is a long history of successive schools of analysis that claim to have developed techniques that are superior to the ones that preceded it, yet there is no empirical evidence that one analytic theory or technique is better than the next.

The relational perspective is the latest to make such claims (Spezzano, 1995), and intersubjectivity theory has been employed as a principal feature of this claim. These debates seem to come down to one overriding issue in the vast array of possible technical innovations: more activity by the analyst (i.e., the so-called “use” of the analyst’s personality), or less activity (i.e., a greater exercise of neutrality). It seems to me that the application of technical principles — whether advocating activity or inactivity — derive from the analysts personality, not one’s theoretical identity which is subsequently invoked to justify the clinical behavior that comes naturally to a given analyst. Most analysts discover over time that some patients respond better to activity whereas others respond to inactivity, though it has been my experience that every patient is responsive to activity on some occasions and inactivity on others.

With experience, most analysts conclude that what is most important is not the theory or technical bias that is claimed to be most successful, but the connection that is established between analyst and patient. Analysts must be true to what feels right and make the most of it. Analysts who are naturally outgoing and try to affect an aloof disposition, or analysts who are naturally reserved and try to be more engaged with patients are likely to feel out of their element and seem artificial. Freud argued that analysts should develop a technique that suits their personalities and not adhere to a rigid set of standards, counsel that appears to have been ignored by both drive theorists and advocates of the relational perspective (Thompson, 1994, 1996a, 1996b, 2000b).

Analysts who rigidly adhere to a predominant measure of activity or inactivity irrespective of the patient in treatment and what is called for at a given moment adopt a dogmatic position that leads to the kind of excesses that relational analysts accuse drive-theorists of committing. Ironically, many relational analysts commit the same error when they propose that activity is more effective simply because it seems right to them, but insist it should be so for everyone. I have tried to show that intersubjectivity theory does not in itself imply a given technical bias; moreover, the nature of analytic work would appear to mitigate against imposing one way alone of working with patients. What seems to matter is the “fit” between a given analyst and patient. If intersubjectivity theory were applied to this principle then I would embrace it as a fundamental given of every analytic relationship.

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