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[Chapter 1 Self Psychology and the Intersubjective Perspective: A Dialectical Critique](#)

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Because I consider them clinically valuable, especially in the understanding and resolution of therapeutic impasses in work with more difficult patients, I have for some time been troubled by what I see as significant epistemological and other theoretical problems in both self psychology (Kohut, **1959, 1971, 1977, 1979, 1984**) and the intersubjective approach (Atwood and Stolorow, **1984a, 1984b; Stolorow, Brandchaft, and Atwood, 1987**; Stolorow and Atwood, 1992). In the spirit of the depressive position, I will endeavor in the following “mixed review” to sustain ambivalence without splitting by indicating something of what I value as well as what I reject in these psychoanalytic perspectives.¹

Although Kohut's method of argument, like Freud's, may be regarded as “dialectical” in the sense in which, deriving from the Greek *dialektos* meaning “discourse” and *dialektike* meaning “debate” (*Concise Oxford Dictionary*, p. 264), dialectic refers to reasoned argument as such, beyond this very general usage the concept is commonly associated with the dialectical logic of Hegel (**1807; Singer, 1983**). Here thought is held to evolve through the clash of opposites: a thesis gives rise to an

¹ Throughout I maintain a distinction between self psychology (or selfobject theory) and the intersubjective approach in light of claims by the authors of the latter that, although widely regarded as an offshoot of the former, their perspective has independent roots in phenomenology and personology and that it subsumes and transcends self psychology.

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antithesis that contradicts it and, out of this opposition, a synthesis emerges that, in its turn, becomes the thesis evoking another antithesis, giving rise to yet another synthesis, and so on. With Marx, Hegel's dialectical *idealism* is brought down to earth, as it were, taking the form of a dialectical *materialism* in which the clashing elements are not ideas but socioeconomic classes, the thesis being the bourgeoisie, the antithesis the proletariat, and the synthesis the socialist state destined to “wither away” with the emergence, at the end of history, of the final communist utopia (**Singer, 1980**).

Leaving such philosophical origins to one side, the essence of a dialectical approach is its contrast with both monistic and dualistic frameworks. In monism no fundamental conflict is recognized; there is a single force, principle, or process of development, as for example in Freud's libido theory during that brief period between the breakdown (**Freud, 1914**) of his initial instinctual dualism (sexual versus self-preservative drives) when only the sexual drive was recognized, before dualism was reaffirmed with the introduction (**Freud, 1920**) of the final dual-drive theory (Eros versus Thanatos). In dualism, the clash of opposites is fundamental and although the form of the conflict may be modified, as from less adaptive

to more adaptive compromise-formations (**Brenner, 1982**), conflict itself is built in to the very nature of reality or the psyche and no fundamental transcendence is possible.

In dialectical thinking, by contrast, conflict is recognized as a necessary but intermediate stage in a three-step developmental process in which an initial monism gives way to a dualistic clash of opposites which is then transcended, however momentarily, in a higher-order synthesis of some type. Whereas the figures one and two are central to monism and dualism respectively, the figure three is fundamental in dialectical thought, whether the three be mother, child, and father or object, self, and the boundary separating these from one another. In this perspective, both monism and dualism reflect flight from and resistance to triangulation or oedipalization (**Lacan, 1977**).

An argument can be made that whereas Freud's thought entails a mixture of dialectical and dualistic elements—the former being reflected in, for example, his epigenetic model of development and the latter in his instinctual dualisms of sexual vs. self-preservative drives and Eros vs. Thanatos—Kohut's thinking displays both monistic and dualistic trends. In his monistic theory of motivation, for example, Kohut (**1977**) seeks to abandon a view of human nature based on the conflict model in favor of a perspective emphasizing the centrality of ambition, aspiration, and hope in human subjectivity—a view of “Tragic Man,” who, unlike the conflict-driven “Guilty Man” of Freudian theory, is a goal-directed being seeking the “realization ... of the blueprint for his life that had been

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laid down in his nuclear self” (p. 133) through relations with his selfobject milieu. Beyond this, however, self psychology has presented a range of dualisms: development of narcissism vs. object love; narcissistic vs. object-instinctual transferences; deficit vs. conflict; self-disorder vs. structural neurosis; mirroring selfobject vs. idealizing selfobject; pole of ambitions vs. pole of ideals; and so on.

The differences between monistic, dualistic and dialectical thinking may account for the fact that the proponent of the latter is likely to be misunderstood by both Freudian and Kohutian colleagues. Whereas the former will regard him as a Kohutian fellow traveler, the latter will suspect him of unresolved Freudian or Kleinian tendencies. Although there is something in both these views, the deeper truth is that the dialectical thinker rejects both dualism and monism in whatever form or tradition they happen to appear. He is always looking for the third term, the synthesis, not as any utopian final end to conflict, for allowing that conflict is inevitable, he nevertheless insists that conflict is not all.² In dialectical thinking *development through differentiation and integration* is also a reality; evolution is a reality.

For the dialectician, the enduringly valuable aspect of Freud's thinking is not the dualism at the root of his pessimism, but rather his epigenetic model (**Freud, 1905; Erikson, 1950, 1959**), in which conflicts at one level give rise to a synthesis permitting advance to a higher stage where conflicts emerge once again and so on as development proceeds. Naturally, devolution as well as evolution, regression as well as progression, occurs. The point is only that, against the monists, conflict is a reality; but against the dualists (including the dualistic elements of Freud's own thinking), conflict is neither the only nor the ultimate reality. Refusing views of reality in which conflict is either denied or reified, the dialectician

insists that just as it is possible to regress to a primitive monism below conflict, so one can progress to a state beyond it, at least until conflict emerges once again on this higher level. The dialectician's favored image of living systems is the spiral, which in health ascends, but which in illness yields to fixation, stasis, or premature decline.

Dialectical thinking is opposed to either/or thinking. Being essentially allied to the depressive position, it is opposed to schizophrenic splitting. In a sense it "holds a candle" for both Saint George (Kohut?) and the Dragon (Freud?). Hence, when Freudians attack self psychology, the dialectician defends it. When Kohutians attack Freudianism, he upholds

2 Whereas Hegel, justifiably or not, has frequently been seen as positing an attainable final synthesis, more recent dialecticians, such as Adorno (**1966**), envisage a progressive but essentially interminable development toward an ultimately incompletely knowable whole (Carveth, **1984, 1987**).

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it. He sees virtue in both perspectives and yet, because he also sees both as one-sided, he says "a pox on both your camps." He wants both of them to move on toward the ultimately incompletely attainable synthesis. For the dialectician, advancing toward the synthesis (i.e., the depressive position) is our job.**3**

Freudian reductionists will say of the dialectician, here is someone determined to get mother and father together again; while Kohutian reductionists may regard him as a fence-sitter with an inordinate need to be accepted by everyone. But I submit, on the one hand, that recognizing that mother and father rightfully belong together reflects the very oedipal resolution Freudians espouse; and, on the other, that only a peculiarly masochistic fence-sitter would risk alienating both camps by openly disagreeing with each. One is more likely to find the dialectician impaled on the fence (or the Cross), rather than sitting on it.

Both monistic and dualistic perspectives give rise to either/or thinking, that is, to the splitting that characterizes Klein's paranoid-schizoid position and Lacan's Imaginary. For, on the one hand, if there is a unitary principle of right then everything else must be wrong and, on the other hand, if all that exists are the two poles of a binary opposition then one must choose either Scylla or Charybdis. By at least acknowledging both horns of such binary dilemmas, dualistic thinking occasionally gives rise to a dialectical recognition of possible ways of passing between them.

As I have argued elsewhere (Carveth, **1984; 1987**), a defining feature of regressive mental functioning is the privileging of one or the other pole of such binary oppositions, affirming thesis over antithesis or vice versa. Correspondingly, the psychoanalytic method may be conceptualized as, in part, a process of dialectical deconstruction (**Barratt, 1984**) in which the repressed complementarity and mutual dependence of the opposing terms is exposed.

If, as I believe, the foundational opposition constructing psychic reality is *Similarity/Difference* (*Connection/Separation*), some people (the linkers) will tend to privilege the former term over the latter,

while others (the separators) will tend to reverse this hierarchy. In contrast, the mark of mature mental functioning is the capacity to achieve and hold the synthesis in which neither pole is concretized or absolutized. Here, instead of the sense of connection or similarity regressing to the level of absolute oneness or identity, and the sense of separation or difference

3 Representing the whole (and, hence, for some, the holy), the final synthesis is (contrary to all idolatry) incompletely achievable or representable. Although it is our responsibility to seek it, we must never delude ourselves that we have found it—although “it” (He? She?) may well find us.

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regressing to the level of absolute opposition or antithesis, the recognition of connection within separation and of difference within similarity is retained. Translated into clinical terminology descriptive of the “borderline dilemma” (**Carveth, 1993**), this refers to a person's capacity to experience separation without abandonment and connection without fusion or engulfment.

Because both analysts and analysands have to struggle with the existential dilemma of oneness vs. separateness, one fruitful way to think of the differing theoretical and technical stances that divide the psychoanalytic community is in terms of their respective biases toward one or the other pole of this fundamental opposition. If the Freudian, Kleinian, and Lacanian traditions can be said to manifest a bias toward separation or dis-integration (Thanatos) in their emphases upon abstinence, frustration, boundary-maintenance, and confrontation with the facts of separateness and “lack” through interpretation leading to insight, mourning, and ultimate accommodation to the reality principle, then various relational and self-psychological perspectives may be said to reflect a bias toward integration (Eros) in their stress upon the importance of affective attunement, empathic linkage or connectedness, holding, and containing as the prerequisites for transmuting internalization of the analyst as a good object or selfobject.

Whereas analysts of the Freudian and related schools tend to define pathology as excessive symbiosis (**Langs, 1978**) or “forbidden mixture” (**Chasseguet-Smirgel, 1984**) and, consequently, regard the cure as one or another form of renunciation, resignation, or “acceptance of castration” (**Lacan, 1977**), those who lean toward the relational and self-psychological schools, regarding states of disconnection and fragmentation as the essence of pathology, prescribe “therapeutic symbiosis” (**Searles, 1965**), empathic attunement, and the self-selfobject merger entailed in “transmuting internalization” as the very basis for “the restoration of the self” (**Kohut, 1977**).

By way of contrast, from a dialectical point of view our task is to deconstruct the privileging of either the Thanatic or the Erotic orientation and instead to work toward a synthesis in which the former is tempered by the latter and the latter fortified by the former. In terms of the analyst's concrete struggles with countertransference (broadly defined) in the heat of the analytic situation, the dialectically deconstructive method is one wherein the analyst intentionally “shifts gears” at crucial moments,

decentering from the perspective he has been employing and surveying the situation as it appears from the opposing but complementary point of view.

A by-product of Kohut's unitary theory of motivation as the search on the part of the self for attuned selfobject responsiveness is the either/or

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thinking in which a view of the subject as conflict-driven is opposed to a view of it as pursuing its ambitions, aspirations, and hopes. But why cannot the human subject be seen as both conflict-driven and goal-oriented? Why do we have to choose between “Guilty Man” and “Tragic Man”? Why can't we have both at the same time?⁴

Now permit me to be clear about this. On one level I agree we cannot have our cake and eat it too. If by the conflict model we mean the drive model, the idea that the subject is fundamentally driven by somatically based instinctual drives of sex and aggression as opposed to being fundamentally motivated by attachment or selfobject needs, then the conflict model would have to be abandoned. But why is the conflict model necessarily associated with the drive model? Historically, of course, this was the case, but this association is not a necessary one. We can reject the drive model and yet preserve the conflict model. But here, conflict is not between defenses on the one hand and somatically based drives on the other, but between defenses and the narcissistic rage, archaic longings, and “disintegration products” emerging from frustrated selfobject needs—and also, I would insist, from the inevitable frustration arising from our existential predicament as self-conscious *being-toward-death* (Heidegger, 1927).

It is not only possible for attachment theorists and self psychologists to retain the conflict model while rejecting the drive model, it is necessary for them to do so. For the fact is that people who have had their fundamental attachment and selfobject needs frustrated—by “basic” frustration (the unavoidable existential minimum), “surplus” frustration (due to environmental failure), or both—suffer from varying degrees of conflict.

This distinction between the “surplus” frustration arising from environmental or selfobject failure and the “basic” or existential frustration arising from the human condition as such is necessary in order to combat yet another instance of either/or thinking characteristic of psychoanalytic theory in general. For although virtually everyone pays lip service to the idea that the nature/nurture controversy rests on an essentially false dichotomy and that both hereditary and environmental factors interact in the causation of human behavior, what remains largely missing from psychoanalytic discourse is any adequate recognition of the reality of *Dasein*, or human *being-in-the-world* (Heidegger, 1927), as a uniquely human, existential condition of symbolic self-awareness and

4 If its claim to transcend self psychology through openness to principles organizing subjective experience other than “Tragic Man's” search for selfobject support is valid, then the intersubjective perspective should be able to include the intrapsychic conflicts of “Guilty Man” within its purview.

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time-consciousness that is emergent from but irreducible to the interaction of biological and environmental factors.

It remains the case that most schools of psychoanalytic thought (with the exception of the existentialists and the Lacanians)—in their general theory if not in their clinical attitude and praxis—lean heavily toward either a biologism that privileges the somatically rooted drives or an environmentalism that privileges a range of relational factors in the understanding of personality development and psychopathology. There is no need to underestimate the role of biological and environmental factors and their interaction in the determination of human behavior in order to recognize “the uniqueness of man” (Huxley, 1927) and the distinctively human passions (Carveth, 1996) arising from our predicament as symboling animals living not only in the inorganic (prebiological) and organic (biological) worlds, but also in the superorganic (post-biological) world of self-consciousness, signification, and culture.⁵

I will now turn to two additional, interrelated manifestations of either/or thinking in self psychology. Drawing on the philosophical ideas of Dilthey (1961), Weber (1953), and other members of the so-called *verstehende* school of historical and sociological thought, Kohut (1959) alludes to the distinction between the *Naturwissenschaften* (the natural sciences) and the *Geisteswissenschaften* (the human or cultural sciences) and argues that, as a member of the latter group, psychoanalysis necessarily approaches its subject matter—which he defines as the subjectivity of human beings—not from an external, objective, or positivistic point of view, but rather from an internal, subjective, or introspective-empathic perspective. The advocates of the intersubjective approach have simply carried these Kohutian tenets to their logical (from a dialectical standpoint I would say illogical) extreme, while claiming that their work represents an advance over self psychology in that it is open to the discovery of organizing principles structuring the patient's subjective experience other than those of the self-selfobject unit.

Once again the question is, why either/or and not both/and?⁶ Although it is true that much of our work as analysts focuses on the patient's and our own subjective *experience* and therefore relies on the

5 Once again, we are in the presence of a trinity: the so-called “three worlds” hypothesis—lithosphere, biosphere, and noösphere (Huxley, 1947)—and the idea that in addition to nature and nurture there exists the tertiary reality of *Dasein*.

6 This is not the place to develop but only to mention the point that while the Hegelian *both/and* (thesis) is inevitably complemented by the Kierkegaardian *either/or* (antithesis), the very refusal to privilege either of these orientations over the other entails an affirmation of

both/and thinking on the higher level (synthesis) on which the necessity and validity of each in different contexts is acknowledged.

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empathic/introspective method, surely we are interested in the patient's and our own *behavior* as well, and hence we also resort to objective observation. Attachment theory was greatly influenced both by observation of primate behavior the “strange situation” laboratory of Ainsworth, Blehar, Waters, and Wall (1978) set up for the observation of children and their mothers. Both self psychology and intersubjective studies have themselves been influenced by and draw support from observation of preverbal infant-mother interactions recorded by elaborate video technology (Beebe and Lachmann, 1988).

Even in strictly therapeutic work, analysts observe their patients—and are observed by them—as a central element of the act of empathizing with them. In a real sense, observation and empathy are inseparable, for the latter entails and depends on the former. Beyond this, however, it is a mistake to seek to confine the psychoanalytic method to the empathic study of the patient's subjective world. In optimal psychoanalytic work we need to move back and forth between viewing our patients as subjects and as objects.

The intersubjectivists (Atwood and Stolorow, 1984a) acknowledge the influence of the existential phenomenology of Sartre (1943). But, for Sartre, the peculiar nature of the human being lies in its partaking of both *being-for-itself* and *being-in-itself* (i.e., of being both a subject and an object), denial of either aspect entailing “bad faith.” Certainly any psychoanalysis carried on in a Sartrean spirit would in no way confine itself to the exploration of the subject's subjectivity, but would seek to expand that subjectivity through confrontation of the subject with its reality as a historically and socially situated object whose *being-for-others* (including the analyst) and rootedness in *being-in-itself* are as much a part of its reality as its *being-for-itself*.

It is true that whereas we can only view inanimate things from the outside as objects, by employing the empathic-introspective method we are able to view persons (and perhaps, to a degree, animals) as subjects. But it remains the case that we can and need to view people as objects as well. In addition to attuning to and empathizing with the subjectivity of both experiencing patients and experiencing analysts (i.e., their own prereflective experience), I believe it is necessary for analysts to attempt to maintain (or recover if it has been lost) the necessary triangulation of the analytic situation entailed in viewing each of these from a tertiary perspective: that of the observing, including the self-observing (self-reflective), analyst. In so endeavoring to maintain or recover their own “observing ego,” analysts simultaneously encourage the development or reestablishment of patients'. Hence, in addition to exploration of patients' subjectivity, I believe it is necessary for analysts to keep in mind in very broad, tentative, and shifting terms such things as their character

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structure, the quality of their reality-testing, the level of their objectrelations, the degree of their regression and capacity to internalize, the state of the therapeutic alliance, the nature of the transference and the countertransference and their interpenetration, and other such considerations.⁷

I believe that analysis helps people not only by assisting them to become more attuned to their subjective, especially their affective, experience but also by enabling them to, in a sense, step outside their subjectivity and view themselves as objects from the standpoint of another (**Mead, 1934**). It is not at all necessary to assume that this other has privileged access to objective reality in order to recognize the truth in the adage that—phenomena such as *folie à deux* aside—two heads are generally better than one. I cannot see the back of my own head—without a mirror, that is. The analyst is a mirror (albeit inevitably a flawed one to a greater or lesser extent) in which patients can view themselves in otherwise unavailable ways. Just as a fish living entirely surrounded by water is in no position to know it is all wet, so with the help of our analysts we are enabled to escape subjective self-enclosure to some degree and acquire some approximate knowledge of the sort of objects we may be. Being enabled in this way to see ourselves more objectively for better and for worse is an essential element (but by no means the whole story) of how analysis works.

To someone whose training before becoming an analyst was in the sociology of Max Weber (**1953**) and the symbolic interactionist social psychology of George Herbert Mead (**1934**), the psychology of the self with its emphasis on empathic immersion in the perspective of the other (Weber's *verstehen* and Mead's *role-taking*) represents a welcome contribution to the development of a more fully interactional perspective in psychoanalysis. Contributors to selfobject theory and the intersubjective approach add their voices to the critique, developed over many decades by diverse writers in several disciplines, of what Stolorow and Atwood (1992) call “the myth of the isolated mind.”

In seeking to transcend the unacceptable individualism of traditional psychoanalysis in favor of a more thorough understanding of the inextricable interconnectedness among *Mind, Self and Society* (to employ the title of Mead's [**1934**] best-known work), selfobject theory and the intersubjective perspective join a tradition including a wide range of object-relational

⁷ For an elaboration of four perspectives upon the analytic interaction—the patient's; the analyst's; the “worm's-eye” view representing a state of confusion and unknowing; and a hypothetical “bird's-eye” or objective view of the reality of the interaction—see Sloane (**1986**).

(**Greenberg and Mitchell, 1983; Mitchell, 1988**), interpersonal (**Sullivan, 1953**), bipersonal (**Langs, 1976**), attachment (**Bowlby, 1969-1980**), and developmental systems (**Stern, 1985; Beebe and Lachmann, 1988**) perspectives each of which advocates in one way or another (and of course their

differences in approach are as important as their similarities) a more thoroughly social understanding of human nature and of the self.

But while adding their voices to the continuing critique of “one-body” psychology and contributing significantly to the evolution of a more sophisticated and clinically valuable alternative perspective, the inter-subjectivists neglect to situate their contribution within the tradition of the discipline, thus remaining faithful to the time-honored practice in self psychology, beginning with Kohut himself, of failing to enter into dialogue with or even, often enough, to cite the work of predecessors. What, in a notable exception, Bacal and Newman (1990) did for self psychology is now needed for the theory of intersubjectivity.

A central implication of both self psychology and the intersubjective approach is that analysts must seek continually to “decenter” sufficiently from their own perspective and taken-for-granted organizing principles to be able to empathize with and accurately understand the viewpoint of the other.⁸ This point is lucidly illustrated in the discussions of the cases of Peter, Robyn, Alice, and Sarah in *Contexts of Being* (Stolorow and Atwood, 1992, ch. 7). Each of these cases illustrates how unconscious organizing principles governing the experience of the analyst sometimes link up with similar unconscious principles shaping the experience of the patient (intersubjective conjunction)—or clash with very different principles at work in the patient (intersubjective disjunction)—resulting in empathic failures and therapeutic impasses of varying types.

The authors argue that the way out of such difficulties is for analysts to become reflectively self-aware of how their hitherto prereflective organizing principles (deep assumptions, attitudes, metaphors, concretized theoretical convictions, and so on) have impaired or distorted—I will defend my use of this term later—their capacity for accurate empathic understanding of the patient's experience and, in this way, to overcome such areas of blindness and the impasses to which they lead. While I would say that, in becoming more reflectively self-aware in this way, analysts are becoming more objective about themselves and insist

⁸ It is the capacity of the human being existing on the superorganic level of *mind* (noösphere), which depends upon but is irreducible to the organic level of *brain* (biosphere), to “take the role of the other” (Mead, 1934) that constitutes the sociopsychological foundation for the biblical doctrine of charity and its corollary, the Kantian categorical imperative, as well as for the *verstehen* or empathic-introspective method in the human sciences.

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that if analysts can become more objective in these ways then so can patients, the authors themselves would never employ this manner of speaking owing to their total excommunication of any reference to objectivity and objective reality from psychoanalytic discourse (see later sections of the chapter).

Unfortunately, while emphasizing the therapeutic importance of accurate empathic understanding of the *patient's* experience, Stolorow and Atwood fail to extend this attitude toward psychoanalytic *colleagues* of other theoretical persuasions. Even if we exempt them from the task of situating their work within the ongoing dialogue that constitutes the collective psychoanalytic self, we cannot absolve them of their responsibility to adopt a respectful and empathic stance toward those psychoanalytic writers to whom they do refer—such as Edith Jacobson, Heinz Kohut, Roy Schafer, and Otto Kernberg—whose work they quote out of context, caricature, and exploit as a foil against which to claim the superiority of the intersubjective approach. Ironically, in their mode of offering “interpretations” to their fellow psychoanalysts, the intersubjectivists resemble the standard self-psychological caricature of the classical analyst—and the cause of intersubjectivity is ill-served in the process.

Schafer (1976), for example, is accused of substantializing and universalizing the experience of personal agency and elevating this to “the ontological core of psychological life” (p. 15). Although there is some truth in this, it is unfair to leave the impression that Schafer is that crude and simplistic a thinker; an examination of *A New Language for Psychoanalysis* reveals that in addition to his major focus upon excessive *disclaiming* of personal agency, Schafer recognizes the existence of excessive *claiming* of responsibility as well, thus refuting the charge that he is blind to the limits of personal freedom.

The “straw man” strategy is again evident in the course of the authors' argument that the “idolatry [sic] of the autonomous mind finds vivid expression in Jacobson's (1964) description of the experiential consequences of superego formation” (p. 13). They state that “prior to this developmental achievement, according to her view, the child's self-esteem is highly vulnerable to the impact of experiences with others. As a result of the consolidation of the superego, by contrast, self-esteem is said to become stabilized and *relatively* [their term, my emphasis] independent of relations with others, so that [and here they quote Jacobson herself] it ‘cannot be as easily affected as before by experiences of rejection, frustration, failure and the like’ and is ‘apt to withstand ... psychic or even physical injuries to the self’ ...” (p. 13). But having themselves said that she saw self-esteem becoming only *relatively* independent of relations with others after superego consolidation, and having quoted Jacobson herself saying that it “cannot be as *easily affected as before*

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[my emphasis],” the authors proceed to summarize her view as follows: “The autonomous ego of the healthy older child or adult ... is presumed to have achieved immunity from the ‘slings and arrows’ encountered in experiences of the surround” (p. 13). In other words, where Jacobson speaks of *relative* independence and of varying *degrees* of being affected by others, the authors radicalize her position and attribute to her a view of the immunity of the self from influences from the surround that it was never her intention to suggest.

Against Kohut's theory of self-structure formation through “optimal frustration” and “transmuting internalization,” which they regard as a variant of the myth of the isolated mind, Stolorow and Atwood (1992) describe improved psychological functioning in terms of “increased affect integration and

tolerance” (p. 13); but these attainments would, no doubt, enable the healthier individual, not to be entirely self-reliant, but certainly to rely in less archaic and urgent ways on the selfobject milieu for assistance in affect regulation—which is, after all, what both Jacobson and Kohut had in mind.

The problem is not that Stolorow and Atwood fail to present detailed accounts of the alternative perspectives of these colleagues; that is not the sort of book they set out to write. Rather, the problem is that in choosing to refer to the writings of colleagues to illustrate their adherence to “the myth of the isolated mind,” their work is read in a onesided and polarizing way so that they can be fitted to the authors' stereotype. It is because I share Stolorow and Atwood's view of the importance of sustained empathic inquiry into the subjective world of the other that I believe the method ought to be applied not only in our dealings with *patients* but with *colleagues* as well.

Turning to Stolorow and Atwood's (1992) reconsideration (chapter two), in terms of intersubjectivity, of the concept of unconscious mental processes: instead of viewing the repression barrier as a relatively fixed characteristic of the individual mind, they view it in “two-body” terms as fluid and variable from one intersubjective context to another. This is because, in their view, the motive for repression involves maintaining a tie to a needed object, a tie that would be threatened by self-experiences unacceptable to the object and that therefore come to be dissociated, repressed, or defensively withheld from symbolization (as in Dorpat's [1987] theory of cognitive arrest). Given a different intersubjective situation—say, that of the relationship with the analyst in which the needed tie is ideally less threatened by such self-experiences—the repression barrier may be lifted to a greater or lesser degree.

This it seems to me is a useful reconceptualization of the nature of repression, as are Stolorow and Atwood's (1992) distinctions among the

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“three realms of the unconscious”: the prereflective unconscious, containing “the organizing principles that unconsciously shape and thematize a person's experiences”; the dynamic unconscious, containing “experiences that were denied articulation because they were perceived to threaten needed ties”; and the unvalidated unconscious containing “experiences that could not be articulated because they never evoked the requisite validating responsiveness from the surround” (p. 33).

Although I believe the positing of these three realms, together with the theory of the intersubjective context of repression, goes a long way toward refuting the charge that the intersubjective approach, like self psychology in general, denies the unconscious, for me there is still something significant missing from this account. Specifically, there is as yet in both selfobject and intersubjective theory no adequate account of primary process mentation and the peculiar laws that structure it, which Freud (1900) discovered, namely, condensation (which Lacan, following Roman Jakobson, recognized as metaphor); displacement (metonymy); plastic representation; symbolism; and secondary revision.

No listening stance can be truly intersubjective unless the analyst is able to decode the primary process encodings of the patient's raw perceptions, affects, and phantasies concerning the analytic

interaction. As Langs (1978), following Searles (1975), pointed out long ago, if, “listening with the third ear” (Reik, 1948), we know how to *hear* what patients are saying about us and about what they think is going on in us and between us and them on the unconscious level—messages that they frequently expect to be so threatening to their needed tie to us that they must be deeply encoded in a primary-process disguise—then the patient's unconscious can serve as the supervisor of the analysis by pointing out to us, often in almost unbearably blunt terms, what may really be going on, or at least what the patient imagines is going on, in the interaction on the deeper levels.

Although Freud originally linked the idea of the primary process to notions of psychic energy, drive theory, the economic point of view, and so on—concepts now regarded as problematic if not rejected altogether by many contemporary theorists—the important point is that, despite theorizing his insight in terms that many now find unacceptable, he at the same time discovered the existence of another language, another semiotic register, in the mind, to which he gave the name the primary process. Any psychology worthy of being called psychoanalytic must recognize that we are all (at the very least) double in this sense, split between a self that communicates in secondary-process categories and one that communicates in primary-process categories. We all “speak with a forked tongue” and psychoanalysts do possess some special insight into the laws and mechanisms of this second language permitting

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us, not to *know* with any authoritative certainty how to decode its messages, but at least to hazard a range of intelligent and plausible interpretive guesses that will be either supported or disqualified in light of the patient's own associations.

Although, speaking of defensively sequestered affective states, Stolorow and Atwood (1992) refer to “the necessity for disguise when such states are represented in dreams” (p. 31), they fail to explain the mechanisms of such disguise. In speaking of experience that remains unsymbolized or that is defensively withheld from symbolization because it is perceived to threaten a needed tie (p. 33), the authors fail to explore the possibility that such experience may sometimes be symbolized after all—only not in the everyday, secondary process form, but in the archaic language Freud described as the primary process. In discussing a dream as reflecting “a child's expression in metaphorical symbols of the increasing threat to her psychological survival” (pp. 37-38) in the context of sexual abuse by her father, and of psychotic delusions and hallucinations as encoding previously unconscious features of the patient's traumatic history, the authors have insufficient to say regarding the operation of such metaphorical symbols and their decoding. Perhaps the intersubjectivists simply accept and take for granted Freud's theory of the primary process, minus its outmoded energetic accoutrements; if so, it would be nice to hear them say so. If not, there is a deficit in their theory.

The discussion of fantasy formation in chapter five does little to remedy this lacuna. Just as Brandchaft (1993), in his 1991 Kohut Memorial Lecture to the 14th Conference of the Psychology of the Self began to speak of “ghosts” in the psyche at the root of repetitive self-negating processes (p. 12)—thus rediscovering what in other psychoanalytic frameworks is the role of the archaic superego, internal

bad objects, the antilibidinal ego or internal saboteur, and so on, in the compulsion to repeat—so in *Contexts of Being* (chapter five), Stolorow and Atwood reaffirm the concepts of internalization and an internal world and revive the concept of the “introject.” Here we are witness to the continuing process whereby self psychology comes to reinvent the wheel. But although this chapter does have the virtue of edging toward a rapprochement with object-relations theory by recognizing the existence of the introject, the discussion does not really address the issue of the primary process per se.

Parenthetically, unlike the case vignettes in chapter seven, which so well illustrate the usefulness of the self-psychological principle that analysts must “decenter” from their own perspective and open themselves to that of the other—a principle that the intersubjectivists seem to wish to appropriate and claim as their own—the discussion of the case of

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Jessica in chapter five seems quite traditional. The material could equally well have been formulated in the language of object-relations theory, separation-individuation theory, or even the language of superego analysis. One wonders where is the distinctiveness of the intersubjective framework here, because the contribution of the analyst's experience and organizing principles to the therapeutic process is left entirely in the dark.

Perhaps Stolorow and Atwood are reluctant to confront the issue of the primary process precisely because its existence and the analyst's special knowledge of its laws are seen to constitute a basis for the very type of analytic interpretive authoritarianism that the intersubjectivists most deplore. But the fact that knowledge can be abused is no reason to pretend that it does not exist. Besides, his knowledge of the primary process does no more than suggest interpretive possibilities.

Except for his (fortunately only partial) embrace of the “essentializing” method utilized by dream dictionaries and Jungians and to which, following Stekel, he fell victim in the area of the so-called universal language of symbols, Freud's (1900) method was predominantly a “contextualizing” one (Burke, 1939). In this approach, despite his knowledge of primary process mechanisms, the analyst is entirely dependent on the patient's associations to provide the psychic context outside of which interpretation is merely “wild.” This is not to deny, however, that many traditional analysts have in practice fallen victim to essentialism and the authoritarianism that follows from it—as, for that matter, have many revisionists; it is merely to insist that this is a departure from rather than an instance of legitimate analytic technique.

Contrary to the idea that any application of knowledge of the primary process must lead to interpretive authoritarianism on the part of the analyst, I think few practitioners have not enjoyed the experience of their patients employing *their* knowledge of the primary process in the conscious interpretation of their therapist's parapraxes, symptomatic actions, nonverbal behavior, and so on. In my experience, this is not a rare event at all and it indicates that the interpretive sword *can*—and on the unconscious level always *does*—cut both ways.

Although I have major reservations about other aspects of his work, I think Langs (1980), following Searles (1975), simply hit the nail on the head when some fifteen years ago, he spoke of the fact that sometimes the designated analyst is the functional patient and the designated patient is the functional analyst. But whereas Langs was speaking of a situation he regarded as undesirable, I tend to agree with Searles that, to a degree (and here matters of degree are everything), this is a normal and necessary aspect of every analysis. In a sense, to “listen with the

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third ear” to what the patient as unconscious supervisor of the analysis is saying is to place oneself in the position of patient to the analyst's unconscious as analyst.

This tendency on the part of intersubjectivists to throw out a valid concept because it may lend itself to authoritarian misuse while remaining blind to its possible employment in a democratic way that undermines authoritarianism is most evident in regard to their rejection of the idea of objective reality. Although Stolorow and Atwood have stated that they are only denying the relevance of this concept insofar as psychoanalytic therapy is concerned and have ridiculed as a misunderstanding reflecting *The Fear of Loss of Reality* the idea that they are doing more than this, I think their work is more ambiguous on this score than they wish to acknowledge.

On reading chapter one of *Contexts of Being* I was momentarily reassured that its authors had pulled back from what I viewed as their earlier epistemological subjectivism (Stolorow, Brandchaft, and Atwood, 1987) in view of their critique (pp. 18-20) of Basch's “radical constructivism verging on solipsism” (p. 19) in which, according to the authors, “even one's mother and father are seen as not possessing any literal existence in a world apart from the self but are regarded instead as examples of ‘imaginary entities that exist only in the brain’” (p. 19). Stolorow and Atwood (1992) cogently argue that Basch's position involves a self-contradiction:

[I]t contains on one level a claim that at another level it denies. On one hand, Basch denies the literal truth of the individual's experience of the independent existence of objects outside the boundaries of the self; he argues that such objects are only “constructions” localized inside the human brain. On the other hand, Basch does accord independent existence to one class of such external objects; the brains themselves [p. 19].

Unfortunately, two pages later, in the context of their critique of Sullivan's concepts of “parataxic distortion” and “consensual validation,” Stolorow and Atwood (1992) return to their earlier critique of the idea of “a mind separated from an ‘objective’ reality that it either accurately apprehends or distorts” (p. 21). In offering this critique the authors give little indication as to whether they mean to restrict it to knowing within the psychoanalytic situation or apply it to knowing in general. Hope arises that they do not mean to deny objective knowledge when they go on to state that in the intersubjective framework “it is assumed that one's personal reality is *always* codetermined by features of the surround and the unique meanings into which these are assimilated” (p. 21). Here, as in their gestures toward a Nietzschean “perspectivalism”

as opposed to “radical relativism” (pp. 123-124), Stolorow and Atwood appear to reject radical constructivism—which they rightly critique in Basch—by acknowledging that there does exist a “surround” and that its features are sufficiently potent to “codetermine” one’s personal reality.⁹

In this light it seems legitimate to ask to what degree one’s personal reality corresponds or fails to correspond to “features of the surround.” In the final section of chapter one, entitled “The Genesis of the Sense of the Real,” Stolorow and Atwood (1992) express the view that the child’s sense of the real develops “through the validating attunement of the caregiving surround” (p. 27). However, this begs the question of the degree to which the child’s *sense* of the real is realistic. One can agree with the view that the sense of the real develops from validation (which I regard as inseparable from invalidation because to validate one thing is necessarily to invalidate something else), but at the same time be moved to ask what happens if hallucinations are validated as real? If classical Freudian theory is validated as true by members of the New York Psychoanalytic Institute, does that make it true? I have no doubt that the nonexistence of the Holocaust is psychologically real to those whose experience is validated by the revisionist historians. Does that mean that the Holocaust did not occur?

That such questions are not frivolous and unnecessary is evident from the fact that in their recent new edition of *Faces in a Cloud*, Atwood and Stolorow (1984b) state as one of three interrelated principles of intersubjectivity the assumption that “no personal reality is more true or valid than any other” (p. 189). To me, this is simply a bizarre and indefensible thing to say, not least because it expresses the very radical relativism the authors claim to eschew in their brief and rather belated gesture toward perspectivalism in the “Epilogue” to *Contexts of Being*. If one truly believed this dictum, therapeutic work would be pointless because a patient’s posttherapeutic “reality” would by definition be no more true or valid than his or her pretherapeutic perspective. If the

⁹ Although the correspondence theory of truth has frequently been associated with a naive objectivism or positivism that ignores the role of the subject in construing reality, I believe the very “perspectivalism” to which Stolorow and Atwood pay lip service itself entails a sophisticated version of the correspondence theory. Once again we have a trinity: rejecting either pole of the binary opposition Naive Subjectivism/Naive Objectivism, we embrace a *Perspectivalism* that acknowledges the reality of the object but also that it can only be known from the standpoint of multiple perspectives. Despite the association of this epistemology with continental phenomenology and existential philosophy, I believe it shares a substantial measure of agreement with Popper’s (1972) conception of objective knowledge as an evolutionary process in which our conjectures or approximations are progressively accommodated to an ultimately incompletely knowable reality.

authors actually believed what they claim, it would be hard to understand why they bother to write, because the intersubjective perspective they so energetically advocate—which they

acknowledge “symbolically crystallizes ... the interplay between our respective worlds of experience through which our theoretical perspective came into being” (*Faces*, 1994, p. 190)—would, by their own principle, be no more valid or true than the psychoanalytic approaches they reject, which similarly embody the personal realities of their authors.

In chapter six of *Contexts* (written in conjunction with Brandchaft) Stolorow and Atwood (1992) state that “the only reality relevant and accessible to psychoanalytic inquiry (that is, to empathy and introspection) is *subjective reality*” (p. 92; original emphasis). When, therefore, in chapter two they acknowledge the “codetermining impact of the analyst on the organization of the patient's experience” (p. 34) and emphasize the importance of “always taking into account what the patient has perceived of the analyst that has leant itself to the patient's anticipations of retraumatization” (p. 34), one would naturally assume the authors mean to beg the question of the relative accuracy or inaccuracy of such perceptions. For to imply that such perceptions may sometimes be accurate (as I, for one, would acknowledge) would be to move beyond the patient's subjective reality to what they regard (but I do not) as unacceptable assertions of correspondence with objectivereality. However, in contradiction to their own restriction of psychoanalytic work to the field of subjective reality, the authors nevertheless speak of “the kernel of truth” (p. 101) contained in the patient's perceptions and fantasies. There is simply no way that such a kernel of truth can be recognized in a psychology that has ruled reference to objective reality out of court and restricted itself to the exploration of the patient's subjective experience.

In the clinical illustration offered in chapter two Stolorow and Atwood (1992) state that “commencing at the age of two, her father had used his daughter for primarily oral sexual gratification several times each week” (p. 36). This does not sound to me like a statement regarding the patient's experience; it sounds like a statement of objective fact. If pressed by the patient to say whether or not they believed her about this, would the authors hedge and say only that they believed this was her experience? And, if so, what would they reply if she pressed and said, “I know you believe it was my experience, but do you believe my experience corresponds to objective fact or not? Do you believe my father sexually abused me?”

Faced with this question, an intersubjectivist might reply, “Yes, I believe your father abused you,” while inwardly maintaining the reservation that in so answering he was doing no more than offering a report

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on the content of his own subjective reality. However, if in so “validating” his patient's experience he were to make this inner reservation explicit, the patient might well ask, “I believe you believe that I was abused, but is your belief valid or not?” To this the intersubjectivist might well reply, “I believe so,” thus leading the discussion into an infinite regress.

Alternatively, an intersubjectivist might feel forced in this situation to reply, “I don't know.” Although not exactly “validating,” this would nevertheless be an honest answer. The analyst is frequently not in a position to independently verify or falsify various beliefs of the patient. However, against the authors' denial of the very possibility of objective knowledge in psychoanalysis, I would argue that

sometimes in clinical as in applied psychoanalysis corroboration of claims about events both within and outside the therapy can be achieved (**Hanly, 1991**). For example, if the patient's conviction of having been abused were to be supported by, say, her father's admission of having done so and, perhaps, by her mother or sister coming forward and confirming her memories of key events, then the analyst would be justified in going beyond acknowledging his subjective belief in her account to acknowledging that, in want of evidence to the contrary, the account may plausibly be regarded as objectively true.¹⁰

In chapter six, Stolorow and Atwood (1992) state that “the belief that one's personal reality is objective is an instance of the psychological process of concretization, the symbolic transformation of *configurations of subjective experience* into events and entities that are believed to be *objectively* perceived and known” (p. 92; original emphasis).¹¹ Regarding the patient discussed previously, they state (chapter two) that two decades of analytic work validating the experience of having been abused resulted in the patient's acquisition of a “felt reality” (p. 39) of

10 In speaking of attainable objective knowledge I refer, like Popper (**1972**), not to anything resembling absolute truth, but rather to conjectures or approximations that, for the moment at least, resist falsification or, *contra* Popper, enjoy some degree of verification. I find it interesting that here I am the defender of the possibility of validation of the patient's experience through objective verification whereas Stolorow and Atwood are required by their restriction of psychoanalytic inquiry to the field of subjective reality to join the (caricatured) classical analyst in begging the question. But just as the *patient's* experience can sometimes be validated in this way, so can the *analyst's*, even when the validation of the latter's experience entails the invalidation of the former's. Naturally, the validation of the patient's experience may at times invalidate the analyst's.

11 To me, this statement indicates that, although claiming adherence to a perspectivalism transcending both subjectivism and objectivism, in combating the latter the authors have succumbed to the former, thus regressing from a tertiary or dialectical position into dualism.

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having been sexually abused. We now learn, however, that such convictions regarding objective reality amount to concretizations of subjective experience. Is this the sort of progress the therapist intended? Is the aim of therapy to promote the concretizations that allegedly underlie the sense of the real, or is it to undermine such concretizations and, hence, the sense of the real? Or could such theoretical difficulties stem from a defective epistemology which holds that the sense of the real necessarily rests on concretization, rather than on *correspondence* between the subject's experience and the real nature of the object, because the latter position has in practice, if not in rhetorical gestures toward perspectivalism, been rejected in both the intersubjective and self-psychological frameworks?

When Stolorow and Atwood (1992) go on to rail against the concept of distortion that accompanies the appeal to the idea of an objective reality, I am moved to ask with regard to the patient's father—who “pressured her to enjoy the sexual episodes, which he said were akin to the practices of royal

families during other historical eras” and who “told her that what was taking place between them heralded the future of parent—child relations” (pp. 36-37)—was he engaged in distortion or was he not? I'm sure what he described reflected his subjective experience, his “felt reality,” but was that experience a distortion of the reality of abuse that was taking place or was it not?

Stolorow and Atwood assume that if the notion of an objective reality is allowed into the therapeutic discourse, the analyst will necessarily claim to enjoy a privileged access to it and will dismiss the patient's differing views as distortion. For some reason, the authors appear to believe that the only way to combat this is to rule out of court in psychoanalysis the idea of an objective reality by the standard of which anything might be judged to be a distortion.

But this entirely ignores the democratic possibility that analyst and patient share a belief in the existence of an objective reality, but one that is extremely difficult to perceive and about which the best we ever have are approximations (**Popper, 1972**) and that even to arrive at our best approximations we have to perpetually seek to purge our conceptions of reality of purely subjective distortions—which are as likely to be present in the analyst's views as in the patient's. In this alternative viewpoint (which differs little from the perspectivalist epistemology that the authors claim but actually fail to sustain), analyst and patient engage in a mutually corrective dialogue in an attempt to approximate the reality of their ongoing encounters; of the patient's psychological, interpersonal, and existential situation; and of his or her past.

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In this perspective the concept of distortion carries no authoritarian connotation, for it is recognized that in certain cases of disjunction the analyst may be distorting more than the patient. In this view, every analysis constitutes for the analyst a continuation of the training analysis, for in being open to the patient's messages regarding the analyst's distortions of reality—especially when such messages come from the patient's unconscious—the analyst receives ongoing assistance in reality-testing and ongoing help in recognizing the subjective sources of tendencies to distort in his or her insufficiently analyzed unconscious organizing principles. I think the foregoing account is in the spirit of true intersubjectivity, and I recommend it as a way out of the authors' self-contradictory epistemological cul de sac.

From this alternative epistemological perspective, Stolorow and Atwood's (1992) claim that “when analysts invoke the concept of objective reality along with its corollary concept of distortion, this forecloses and diverts the investigation of the subjective reality encoded in the patient's communications” (p. 93) is seen to have no necessary validity. For I can deny the objective reality of aspects of my patients' perceptions and suggest that they are distorting reality and, at the same time, explore with them the meaning of their experience, of the subjective reality encoded within it, and so on. Similarly, I can seriously consider their claim that I am distorting reality and, if I come to feel this is the case, I can explore, either privately or openly with the patients, the subjective reality encoded in such distortions. In other words, there is no need to assume that disbelief in the objective reality of the patients' or the analysts' perceptions must result in an authoritarianism that closes off inquiry.

If patients and I can agree about reality, and even if we cannot, we can nevertheless explore the possible symbolic meanings encoded in the patients' experience. It is not necessary for me to subscribe to their experience or even to beg the question as to its validity in order for us to analyze it, any more than I have to mistake a dream for a reality, or at least remain open to the possibility that it is more than just a dream, in order to proceed to its analysis.

According to Stolorow and Atwood (1992), "the analyst's acceptance of the validity of the patient's perceptual reality ... is of inestimable importance in establishing the therapeutic alliance" (p. 94). They write:

Any threat to the validity of perceptual reality constitutes a deadly threat to the self and to the organization of experience itself. When the analyst insists that the patient's perception is a secondary phenomenon distorted by primary forces, this, more than any other single factor, ushers in the

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conflictual transference-countertransference spirals that are so commonly described as resistances to analysis or negative transferences [p. 94].

Although I would agree that total invalidation of the patient's experience would constitute such a threat, as would authoritarian statements about what it *really* means, my point is that one can disconfirm the patient's experience on the literal level as distortion without invalidating it altogether, provided one accompanies the disconfirmation with an expression of one's conviction that it must mean something on another level and of one's genuine interest in working together to learn what that might be.

In my own experience, and that of many other analysts, certain patients feel "held" and "contained" by early interpretations that disconfirm their (sometimes but not always) paranoid fears of the therapist and of therapy and that clarify reality—interpretations that, often enough, permit a therapeutic alliance and a positive selfobject transference to emerge. Again, in my experience, patients sometimes feel reassured and protected when therapists communicate their recognition of the patients' disordered reality-testing and offer to assist them to become more objective—provided this is done with humility, kindness, and in a truly democratic spirit in which therapists remain open to being helped by patients with their own problems in reality-testing.

As part of their critique of the practice of pointing out distortions of reality to patients, Stolorow and Atwood speak of the threat this constitutes for people who are already uncertain about the reality of their experience because it was never validated or had to be disavowed out of a sense that it threatened a needed tie. But, for some reason, the authors seem not to realize that pointing out distortions is a necessary element in the process of helping patients to become more certain of the reality of their experience by validating what is true in that experience and invalidating what is illusory or false.

Ironically, in connection with their criticism of the practice of pointing out distortions, Stolorow and Atwood refer to the "gaslight" genre (p. 95). *But to "gaslight" someone is to distort reality for them, not to help them clarify what is real.* In fact, in the "gaslight" genre in addition to the villain who distorts and

mystifies reality for the victim there is usually a hero who works with the victim to dispel the distortions and to clarify the reality, that is, to validate what is real and invalidate what is false or illusory. This surely is the role of the analyst, just as in regard to humanity's collective self it is the role of science.

But Stolorow and Atwood fail to see that validation (which they regard as good) and invalidation (which they view as bad) necessarily go together. For to arrive at the truth it is necessary, on the one hand, to

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validate what is real and, on the other, to invalidate what is false. Aside from this failure to recognize that validation and invalidation imply one another, the devaluation (not to say demonization) of the latter reflects a failure to appreciate the relief experienced by both children and adults when a trusted other invalidates one's distorted persecutory perceptions or nightmare fears.

Surely it is of little help to patients suffering from uncertainty regarding the validity of their experience to withhold from them our assistance in reality-testing. The authors seem to assume that the analysts are themselves deluded, perhaps by rigid adherence to ideological Freudianism or Kleinianism, and that their attempts to dispel distortions and to clarify reality will necessarily amount to attempts to invalidate patients' valid experience and indoctrinate them with the analyst's ideology. I do not doubt that this occurs, but I hardly think we need to subscribe to the authors' one-sided and self-contradictory denial of the legitimacy of appeals to objective reality in psychoanalytic work in order to critique such ideological abuses of the therapeutic relationship.

It seems to me that if parents sometimes have distorted views of what their children are experiencing, and if analysts sometimes have distorted views of what their patients are experiencing, then it is fair to assume that patients sometimes have distorted views of what their parents and analysts, among others, were or are experiencing. The attempt to clear up some of these distortions is an aspect of the therapeutic process. The authors write that "a milieu in which the patient's perceptual reality is not threatened encourages the patient to develop and expand his own capacity for self-reflection" (p. 96). But I submit that what threatens patients is not the questioning of the validity of their perceptions and beliefs per se, but rather the *spirit* in which such an investigation is carried out—whether it is conducted respectfully, democratically, with an openness to the possibility of one's own views being faulty and a willingness to have one's own distortions corrected with the patient's help, or whether it is conducted in an authoritarian manner.

Writing of Freud's conclusion that fantasies of sexual abuse amounted to mental representations of instincts rather than real events, Stolorow and Atwood (1992) point out that "Freud's dilemma was a false one," for "such fantasies often encode experiences of traumatic developmental derailment," and that "it is common for experiences of abuse and seduction of a non-sexual or covertly sexual nature to be concretized and preserved in sexual symbolism" (p. 101). They go on to state that "this insight into the kernel of truth encoded in a patient's fantasies opens up a whole new pathway for exploration, one that remains foreclosed when a patient's perceptions are dismissed as distortion" (p. 101).

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As indicated previously, it is, to say the least, inconsistent to speak of “the kernel of truth” contained in a patient's perceptions while at the same time arguing that the idea of objective reality has no place in psychoanalytic discourse. But for Stolorow and Atwood the notion of objective reality appears acceptable if what is being talked about is the element of truth in a patient's perceptions, but unacceptable when the element of distortion in those perceptions is being discussed. Naturally, the possible kernel of truth in analysts' views—especially in their conviction that patients are distorting—is entirely ignored. Not only is this impossibly one-sided, but it fails to appreciate that in order to even recognize the kernel of truth embedded in distortions, it is necessary to separate this kernel from the distortions in which it is embedded.

Atwood and Stolorow (1984b) support and themselves engage in the practice of tracing psychoanalytic theories to their subjective origins in the personal psychology of their authors. They contribute to the psycho-analysis of their own perspective by noting in the new edition of *Faces in a Cloud* that their postulate that “no personal reality is more true or valid than any other” serves as a “solution to a relentless early experience of invalidation and psychological usurpation” (p. 189).¹²

In this light, it seems legitimate to wonder whether the theoretical problems outlined previously, especially the unquestioning association of objectivist epistemology with authoritarianism, may reflect both the compulsion and the dread of repeating (Ornstein, 1974) the struggle with an authoritarian parent. If so, such a failure to work through, mourn, and in this way move beyond such transference of the early experience of invalidation would have the effect of partially removing the authors' work from the “conflict-free” ego sphere and keeping it embroiled in conflicts of personal origin.¹³

There is an ironic sense in which refusal to work with the idea of objectivity because of its association with authoritarianism (while remaining blind to its democratic uses) itself leads to authoritarianism. For whenever rational and collaborative inquiry into the objective truth is

12 Although, in a certain sense, ad hominem, this strategy is unavoidable in the psychoanalysis of knowledge, including psychoanalytic knowledge. It is perfectly legitimate, however, provided it is clearly understood that psychoanalytic explanation of the subjective foundations of theoretical claims tells us nothing about their scientific validity or invalidity.

13 It is important to note here that I am not claiming that intersubjective theory is flawed because it may be subjectively motivated by unresolved conflicts with an authoritarian parent. Rather, I have sought to demonstrate its flaws on rational theoretical and clinical grounds alone. Only then have I offered a conjecture regarding the possible basis of these flaws in its authors' taken-for-granted subjective organizing principles.

closed off, unquestioned assumptions and arbitrary actions tend to replace it. Having ruled the concept of objective reality out of court in psychoanalysis, instead of engaging with the patient in a joint search

for the objective facts of the case, intersubjectivists may succumb to the assumption that they know what these are and proceed to act accordingly. In this situation, it is as if it is legitimate to *act* as if objective reality exists and one knows what it is, but not to *speak* of this reality, even if to do so opens up the possibility of a genuinely collaborative search for the truth.¹⁴

As usual, at the root of the theoretical difficulties that bedevil both selfobject and intersubjective theory lies the either/or thinking that entails privileging one or the other term of a false dichotomy. In the present case such binary oppositions as Subjective/Objective, Empathy/Observation, and Validation/Invalidation, among others, are in operation. In each case, the former term seems to be privileged over the latter, when in reality they require and complement one another. However much the intersubjectivists may believe they have transcended self psychology, insofar as both orientations fall victim to these types of either/or thinking they suffer from a common affliction.

Summary

Three patterns of psychoanalytic reasoning are outlined: monism, dualism, and dialectics. Whereas Freud's thought is a mixture of dualistic and dialectical trends, Kohut's thinking manifests both monistic and dualistic elements and displays a marked tendency toward either/or thinking. Various examples of the latter in self psychology are discussed, such as the view that one must be either conflict-driven (Guilty Man) or motivated by the goal of self-fulfillment (Tragic Man). But why not both? Similarly, against the view that psychoanalysis must study human beings purely as subjects via the introspective/empathic method, it is argued that they must be approached—even in psychoanalysis—as what they in fact are: both objects and subjects; in any case, empathy is inseparable from observation. Again, in relation to the intersubjectivist celebration of validation over the invalidation of experience, the two imply one

14 Just as it is a basic principle of Freudian theory that in any conflict it is easier to swing from one pole to the other—as, for example, from saint to sinner and back again—than to genuinely master the conflict, so in the case of epistemological dualism, naive subjectivism, and naive objectivism, although manifestly opposed, frequently enjoy a secret symbiosis, a kind of unholy alliance. Epistemological subjectivism on the level of theory may frequently coexist with an unquestioning and authoritarian objectivism on the level of practice.

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another, for to validate one thing is by implication to invalidate something else and vice versa.

It is argued that Stolorow and Atwood's belief (1992) that “analysts embracing an objectivist epistemology presume to have privileged access to the essence of the patient's psychic reality and to the objective truths that the patient's psychic reality obscures” (p. 123) is false. One can embrace a sophisticated objectivist epistemology or perspectivalism without assuming the analyst has privileged access to reality, assuming instead that patient and analyst engage in a mutually corrective and

democratic dialogue in search of closer and closer approximations to an ultimately incompletely knowable reality (Carveth, **1984, 1987**).

Despite these and other serious theoretical deficiencies, both self psychology and the intersubjective approach contribute, together with a range of other psychoanalytic perspectives, to the evolution of a more thoroughly social conception of the self and the therapeutic encounter and to the enhancement of our understanding of the nature of therapeutic impasses and the ways in which they may be overcome.

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