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To cite this article: Jon Mills (2017) Challenging Relational Psychoanalysis: A Critique of Postmodernism and Analyst Self-Disclosure, *Psychoanalytic Perspectives*, 14:3, 313-335, DOI: [10.1080/1551806X.2017.1342312](https://doi.org/10.1080/1551806X.2017.1342312)

To link to this article: <http://dx.doi.org/10.1080/1551806X.2017.1342312>



Published online: 25 Aug 2017.



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CHALLENGING RELATIONAL PSYCHOANALYSIS: A CRITIQUE OF POSTMODERNISM AND ANALYST SELF-DISCLOSURE

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*This paper is based on two lectures given at Bar-Ilan University, Israel, on February 13, 2015. These lectures were largely derived from my book *Conundrums: A Critique of Contemporary Psychoanalysis* (Mills, 2012) and serve as the focus of critique and rebuttal from five panelists who responded to my lectures delivered at the conference. Here I provide an adumbrated critique of the adoption of postmodernism within contemporary relational theory and the excessive use of analyst self-disclosure. Although these lectures have been merged into a formal paper, they remain mostly unrevised and represent what transpired at the conference despite being cut in length for the purposes of publication.*

Keywords: analyst self-disclosure, critique, Jon Mills critics, postmodernism, relational psychoanalysis, relativism, therapeutic excess.

I wish to challenge the postmodern turn in relational psychoanalysis for its antimodern tendencies, theoretical contradictions, and the wholesale acceptance of the primacy of language. Because postmodernism denies traditional metaphysical and epistemological paradigms, it also compromises the status of psychoanalysis as a legitimate human science by opposing the notions of objectivity, interpretation, and truth claims about reality. Relational psychoanalysis in particular has selectively adopted various features of pomocentrism that oppose the notions of selfhood, agency, essentialism, and the nature of universals. I wish to advocate for a return to a discourse on the modern tenets of universality, essence, and objectivity that properly appreciates the role of ontology and how it informs all aspects of subjectivity, contextuality, culture, and collective social experience.

A Critique of the Postmodern Turn in Relational Psychoanalysis

Since Mitchell's (1988) and Greenberg's (1991) instantiation of the relational platform (Greenberg & Mitchell, 1983), contemporary psychoanalysis has

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increasingly embraced postmodern paradigms originally initiated by several key developments in 20th-century European continental philosophy. These genres include (but are not limited to) preoccupations with phenomenology, the hermeneutic tradition, and the linguistic turn. Among these postmodern assumptions are the abnegation of the Enlightenment modern notions of rationality, objectivity, epistemic certainty, truth, universal absolutes, individuality and free will, and positivistic science, just to name a few. What we see abundant today in the analytic literature are constant references to relatedness in lieu of intrapsychic life, an emphasis on intersubjectivity over internality, constructivism versus discovery, context and perspective rather than universal proclamations, contingencies contra absolutes, skepticism over certainty, consensus—not truth—and conscious experience over the primacy of unconscious mentation. And with this new addition to the history of psychoanalysis comes a swing of the pendulum away from the precepts that characterize the sciences and modern philosophy and everything they stand for, namely, claims about the nature of reality, universal laws, objective methodology, logical coherence, epistemological standardization, and truth.

As a psychoanalyst, philosopher, and relational practitioner, I have a great deal of respect for how relational psychoanalysis has created a permissible space for questioning and revamping the theoretical and technical convictions passed down from previous generations; nowhere do we see such a forceful reformation in psychoanalytic practice since Kohut. Indeed, such rehabilitative approaches in the consulting room are perhaps the greatest accomplishments relational psychoanalysis offers our discipline as a whole, a subject matter I address shortly. But regardless of these advances, on the theoretical side of things, relational psychoanalysis at times lacks philosophical sophistication. What I believe is fundamentally problematic in much of the relational literature is its implicit and naive adoption of the postmodern turn. In its efforts to justify its viability as a behavioral science through engaging the humanities, and without having to adopt the stringent criteria of mainstream empirical science, contemporary psychoanalysis seems to have jumped on the postmodern bandwagon without considering the consequences. In some instances, contemporary writers use the term liberally when they often have no firm grasp of what they mean by *postmodernism* to begin with.¹ Postmodern sensibilities are arbitrarily applied to literature, art, politics, feminism, spirituality, gender and queer theory—even architecture—each having radically different meanings and contextual variations depending upon which discipline you consult. The same arbitrariness and slipshod propositional assertions are being made today within the contemporary psychoanalytic domain, often under the guise of scholarship passed off as legitimate philosophical

¹For example, see Hartman's (2005) inaccurate assessment of the role and meaning of postmodernism in contemporary psychoanalysis.

justification, when the merits for such justification are suspiciously dubious to begin with. I hope to persuade the audience that relational psychoanalysis is in need of theoretical restoration if it plans to prosper and advance. Postmodernism is not the answer.

Relativism, Objectivity, and the Linguistic Construction of the Subject

One indelible problem is the nature and meaning of universals that are flippantly disregarded by postmodern relationalists. Another is the antimetaphysical and antiepistemological frameworks that tacitly govern postmodern politics. Moreover, the ontology of the unconscious, self-experience, freedom, will and agency, moral absolutes, and the existence of an autonomous self become eclipsed by postmodern commitments. My contention is that relational psychoanalysis has everything to gain by returning to a modern discourse on the explication of universals that allows for particularity and contextual complexity. It may do so while avoiding the pitfalls associated with postmodern proclamations that ultimately stand for categorical refutation, relativism, and nihilism under the political, contradictory guise of affirming a particularly biased agenda—itsself, ironically, the very thing it wishes to negate.

The word *postmodernism* is so ambiguous that it has virtually become a meaningless term. What exactly do we mean by it? And what is its burgeoning role in psychoanalytic discourse? The lure of postmodernism is widely attractive because it explains the hitherto unacknowledged importance of the analyst's interjected experience within the analytic encounter; displaces the notion of the analyst's epistemic authority as an objective certainty; highlights contextuality and perspective over universal proclamations that apply to all situations regardless of historical contingency, culture, gender, or time; and largely embraces the linguistic, narrative turn in philosophy. Although postmodern thought has propitiously criticized the pervasive historical, gendered, and ethnocentric character of our understanding of the world, contemporary trends in psychoanalysis seem to be largely unaware of the aporiai postmodern propositions introduce into a coherent and justifiable theoretical system. Although postmodernism has no unified body of theory, thus making it unsystematized, one unanimous implication is the demise of the individual subject. Postmodernism may be generally said to be a cross-disciplinary movement largely comprising linguistic, poststructural, constructivist, historical, narrative, deconstructivist, and feminist social critiques that oppose most Western philosophical traditions. As a result, postmodern doctrines are antimetaphysical, antiepistemological, and anticolonial, thus opposing realism, foundationalism, essentialism, neutrality, and the ideal sovereignty of reason. Although postmodern sensibility has rightfully challenged the omnipresence of historically biased androcentric and logocentric interpretations of human nature and culture, it has done so at the expense of dislocating several key

modern philosophical tenets that celebrate the nature of subjectivity, consciousness, scientific discovery, and the teleology of the will. Consequently, the transcendental notions of freedom, liberation, individuality, personal independence, authenticity, and reflective deliberate choice that comprise the essential activities of personal agency are altogether disassembled. What all this boils down to is the dissolution of the autonomous, rational subject. In other words, the self is anaesthetized.

Postmodernism has become very fashionable with some relationalists because it may be used selectively to advocate for certain contemporary positions, such as the co-construction of meaning and the disenfranchisement of epistemic analytic authority, but it does so at the expense of introducing antimetaphysical propositions into psychoanalytic theory that are replete with massive contradictions and inconsistencies. For example, if meaning is merely a social construction, and all analytic discourse that transpires within the consulting room is dialogical, then meaning and interpretation are conditioned on linguistic social factors that determine such meaning, hence we are the product of language instantiated within our cultural ontology. This means that language and culture are *causally determinative*. Donnel Stern (1997) nicely summarized the contemporary psychoanalytic platform: “This view of language, along with psychoanalytic constructivism itself, are outgrowths of the many streams of contemporary thought (philosophy of science, post-structuralism, pragmatism, and contemporary hermeneutics) that join together in the one great postmodern conclusion: *All experience is linguistic* [emphasis added]” (p. 7).

Stern is unmistakably clear: “Language is the condition for experiencing” (p. 7). If all experience is linguistic, then what becomes of unconscious mental processes? How would you account for “prelinguistic” organizations that belong to the experiential world of an infant, such as sentient, sensorial, and affective reverberations? If language is the ground or condition for experience, then by definition this excludes biologically based regulatory processes, such as the teleonomic and teleological pressures inherent to the drives (see Mills, 2010).

The implications of such positions immediately annul metaphysical assertions to truth, objectivity, free will, and agency, among other universals. For instance, if everything boils down to language and culture, then by definition we cannot make legitimate assertions about truth claims or objective knowledge because these claims are merely constructions based on our linguistic practices to begin with rather than universals that exist independent of language and socialization. So, one cannot conclude that truth or objectivity exist. These become mythologies, fictions, narratives, and illusions regardless of whether we find social consensus. Therefore, natural science—such as the laws of physics, mathematics, and formal logic—are merely social inventions based on semantic construction that by definition annul any claims to objective

observations or mind independent reality. In other words, metaphysics is dead and buried—nothing exists independent of language.²

What perhaps appears to be the most widely shared claim in the relational tradition is the assault on the analyst's epistemological authority to objective knowledge. Stolorow (1998) told us that "objective reality is unknowable by the psychoanalytic method, which investigates only subjective reality. ... There are no neutral or objective analysts, no immaculate perceptions, no God's-eye views of anything" (p. 425). What exactly does this mean? If my patient is suicidal and he communicates this to me, providing he is not malingering, lying, or manipulating me for some reason, does this not constitute some form of objective judgment independent of his subjective verbalizations? Do we not have some capacities to form objective appraisals (here the term *objective* being used to denote making reasonably correct judgments about objects or events outside of our unique subjective experience)? Was not Stolorow making an absolute claim despite arguing against absolutism when he said that "reality is unknowable?" Why not say that knowledge is proportional or incremental rather than totalistic, thus subject to modification, alteration, and interpretation rather than categorically negate the category of an objective epistemology? Are there no objective facts? Would anyone care to defy the laws of gravity by attempting to fly off the roof of a building by flapping their arms?

Because postmodern perspectives are firmly established in antithesis to the entire history of Greek and European ontology, perspectives widely adopted by many contemporary analysts today, relational psychoanalysis has no tenable metaphysics, or in the words of Aner Govrin (2006), no real "metatheory." This begs the question of an intelligible discourse on method for the simple fact that postmodern sensibilities ultimately collapse into relativism. Because there are no independent standards, methods, or principles subject to uniform procedures for evaluating conceptual schemas, postmodern perspectives naturally lead to relativism. From the epistemic (perspectival) standpoint of a floridly psychotic schizophrenic, flying donkeys really *do* exist, but this does not make it so. Relativism is incoherent and is an internally inconsistent position at best. I once had a student who was an ardent champion of relativism until I asked him to stand up and turn around. When he did I lifted his wallet from his back pocket and said, "If

²These propositions problematize the whole contemporary psychoanalytic edifice. If nothing exists independent of language and the social matrix that sustains it (in essence, the relational platform), then not only is subjectivity causally determined by culture, subjectivity is dismantled altogether. When analysts use terms such as construction, hence invoking Foucault—whose entire philosophical project was to get rid of the subject and subjectivity—or even worse, deconstruction, thus exalting Derrida—the king of postmodernism, whose entire corpus is devoted to annihilating any metaphysical claims whatsoever, thus collapsing everything into undecidability, ambiguity, chaos, and chance—analysts open themselves up to misunderstanding and controversy, subsequently inviting criticism.

everything is relative, then I think I am entitled to your wallet because the university does not pay me enough." Needless to say, he wanted it back.

Relativism collapses into contradiction, inexactitude, nihilism, and ultimately absurdity because no one person's opinion is any more valid than another's, especially including value judgments and ethical behavior, despite qualifications that some opinions are superior to others. A further danger of embracing a "relativistic science" is that psychoanalysis really has nothing to offer over other disciplines that may negate the value of psychoanalysis to begin with (e.g., empirical academic psychology), let alone patients themselves whose own opinions may or may not carry any more weight than the analysts with whom they seek out for expert professional help. Imagine saying to your patient, "I know nothing, now where's my money?" When one takes relativism to the extreme, constructivism becomes creationism, which is simply a grandiose fantasy of omnipotence—"things are whatever you want them to be."³

I had a patient who was run over as a pedestrian by a drunk driver and was left permanently disabled. He was so traumatized and enraged by his insurance company when they rejected his claim that he started contemplating killing his claims adjuster. This fantasy gradually began to acquire an autonomy of its own to the point that he started developing a concrete plan. When he told me in session that he had been canvassing the insurance building and determined that he could drive a tractor trailer through the building during a smoke break, where he would likely kill the greatest number of employees at once, I told him that if he continued down this path I was certain he would be arrested. He immediately became frightened—scared straight, so to speak. I told him that he must work through his pain and victimization rather than act on it, and I reassured him that if he did this, he would find it healing. We explored how this impulse toward murder was an attempt to seek revenge for his injustice and undo his sense of helplessness but that he had other options rather than bring about his total self-destruction. Later in treatment my patient referred back to that discussion as one of the most helpful interventions because he needed to know that I knew I could help him. This shows why "to know" is important, and that patients sometimes need us to know.

³ Mitchell's epistemological critique of metaphysical realism—that is, on the knowability of the object world—in favor of linguistic interpretive construction may very well be the hallmark of relational postmodernism. Based on his antiobjectivist dismissal of scientific observation and analytic neutrality, from this standpoint there is no such thing as a fact. Instead, all human experience is predicated on language and interpretation, and this specifically means conscious conceptual thought. Not only does this privilege consciousness over unconsciousness, it logically displaces the presumption that unconscious mentation precedes conscious thought, for language is a socially constructed enterprise. I have grave concerns with this conceptual move in contemporary circles because psychoanalysis loses its contribution to the human sciences, which places unconscious processes at the pinnacle of mental operations.

One thing is for sure (in my humble “relativist” opinion!), relational and intersubjective theorists seem to have a penchant for creating false dichotomies between inner/outer, self/other, universal/particular, absolute/relative, truth/fallacy, and subject/object. For those familiar with the late modern Kantian turn through to German Idealism, phenomenology, and early continental philosophy, contemporary psychoanalysis seems to be behind the times. The subject–object divide has already been closed.⁴ Although postmodern psychoanalytic thought is attractive for its emphasis on contextuality; linguistic, gender, and cultural specificity; political reform; postcolonial antipatriarchy; the displacement of pure reason and phallogentrism; and the epistemic refutation of positivistic science, it does so at the expense of eclipsing metaphysical inquiry, which was the basis of Freud’s foray into understanding the ontology of the unconscious and establishing psychoanalysis as a science of subjectivity.⁵

Most relational analysts would not deny the existence of an independent, separate subject or self, and in fact have gone to great lengths to account for individuality and authenticity within intersubjective space. A problematic is introduced, however, when a relational or intersubjective ontology is defined in opposition to separateness, singularity, distinction, and individual identity. For example, Seligman (2003) represented the relational tradition when he specifically told us that “the analyst and patient are co-constructing a relationship in which neither of them can be seen as *distinct* [emphasis added] from the other” (pp. 484–485). At face value, this is a troubling ontological assertion. Following from these premises, there is no such thing as separate human beings, which is tantamount to the claim that we are all identical because we are ontologically indistinguishable. If there is no distinction between two subjects that form the relational encounter, then only the dyadic intersubjective system can claim to have any proper identity. Relational analysts are not fully considering the impact of statements such as these when they propound that “everything is

⁴ Schelling’s (1800/1978) *System of Transcendental Idealism* may be said to be the first systematic philosophy that dissolved the subject–object dichotomy by making pure subjectivity and absolute objectivity identical: mind and nature are one. It can be argued, however, that it was Hegel (1807/1977, 1817/1991) who was the first to succeed in unifying the dualism inherent in Kant’s distinction between phenomenal experience and the noumenal realm of the natural world through a more rigorous form of systematic logic that meticulously shows how subjectivity and objectivity are dialectically related and mutually implicative. Relational psychoanalysis has left out one side of the equation, or at least has not adequately accounted for it. When relational analysts return to the emphasis on subjectivity by negating the objective, they foreclose the dialectical positionality that is inherently juxtaposed and reciprocally intertwined in experience (see Mills, 2002, for a review).

⁵ One persistent criticism of relational theorizing is that it does not do justice to the notion of personal agency and the separateness of the self (Frie, 2003). It may be argued that relational thinking dissolves the centrality of the self, extracts and dislocates the subject from subjectivity, decomposes personal identity, and ignores the unique phenomenology and epistemological process of lived experience by collapsing every psychic event into a relational ontology, thus usurping the concretely existing human being while devolving the notion of contextualism into the abyss of abstraction.

intersubjective,” because by doing so it annuls individuality, distinctiveness, and otherness, which is what dialectically constitutes the intersubjective system to begin with.

Further statements such as “There is *no* [emphasis added] experience that is not interpersonally mediated” (Mitchell, 1992, p. 2) lend themselves to the social-linguistic platform and thereby deplete the notion of individuation, autonomy, choice, freedom, and teleological (hence purposeful) action because we are constituted, hence *caused*, by extrinsic forces that determine who we are. Not only does this displace the centrality of subjectivity—the very thing relationality wants to account for—it does not take into account other nonlinguistic or extra-linguistic factors that transpire within personal lived experience such as the phenomenology of embodiment; somatic resonance states; nonconceptual, perceptive consciousness; affective life; aesthetic experience; a priori mental processes organized prior to the formal acquisition of language; and, most important, the unconscious. The confusional aspects to relational thinking are magnified only when theorists use terminology that align them with postmodernism, on one hand, thus eclipsing the self and extracting the subject from subjectivity, yet they then want to affirm the existence of the self as an independent agent (Hoffman, 1998). Although some relational analysts advocate for a singular, cohesive self that is subject to change yet endures over time (Fosshage, 2003; Lichtenberg, Lachmann, & Fosshage, 2002), others prefer to characterize selfhood as existing in multiplicity: Rather than one self, there are “multiple selves” (à la Bromberg, 1994; Mitchell, 1993). But how is that possible? To envision multiple “selves” is philosophically problematic on ontological grounds, introduces a plurality of contradictory essences, obfuscates the nature of agency, and undermines the notion of freedom. Here we have the exact opposite position of indistinguishability: Multiple selves are posited to exist as separate, distinct entities that presumably have the capacity to interact and communicate with one another and the analyst. But committing to a self-multiplicity thesis rather than a psychic monism that allows for differentiated and modified self-states introduces the enigma of how competing existent entities would be able to interact given that they would have distinct essences, which would prevent them from being able to intermingle to begin with.

Universality, Essentialism, and the Assault on Truth

Postmodern doctrines have been selectively embraced by many identified minorities or those who belong to culturally, politically, and racially disenfranchised groups, including women; people of color; ethnic, religious, and nationalist supporters; socialists; gay, lesbian, bisexual, transgendered, and queer advocates; and those who simply defy mainstream society or live alternative lifestyles. These groups personify difference, and it is no wonder why they vilify the status quo. Perhaps one

of the most avid opponents of postmodernism are feminists of various kinds, from the more virulent radicals to those who simply oppose the androcentric mind-set that has dominated ancient thought since the pre-Socratics and Asiatics, which have in part historically informed the subjugation and political oppression of women. A similar sentiment may be found among other disenfranchised groups as well—such as the racially or ethnically encumbered—thereby informing disparate subcultures that are based on a philosophy of antiestablishment.

We want to be sensitive to the emotionality that often accompanies such reactionary motives to forsake antiquated philosophies, especially if they have contributed to personal, collective, or political prejudices that have directly or indirectly harmed an identified group, but we must be mindful that such positions are often based on subjective reactions to negative feelings that eclipse a more critical or logical examination of a given theoretical model. In fact, when pomocentrics profess to question the establishment by attacking, let's say, absolute truth claims, they themselves make absolute pronouncements that reinforce absolutism rather than refute it, thus devolving into a philosophy of contradiction. As I have previously argued, we may see this time and again by many identified postmoderns who wish to replace traditional paradigms for their own theoretical framework, which by definition should not carry any more weight than the viewpoints of those they criticize due to their implicit relativist interpretations of nature and culture.

In their enthusiasm to jettison foundationalist and objectivist principles inherent to essentialism, pomocentrics fail to properly understand that essentialism does not necessarily annul uniqueness or difference but instead accounts for it within the larger parameters that define human experience. Here we may observe a confusion between phenomenology and ontology, the former being privileged and emphasized and the later being displaced. But how can Being be displaced? Do we not exist? Or are we merely a figment of our imaginations—like the postmodern ego—a fiction, illusion, or social construction? Although we may surely not agree about the nature of our existence and essential characteristics, it nevertheless becomes palpably absurd to imply, let alone deny, that we exist—that we share a common ontic ground and existential structure. No sane person truly believes this, so the implications of such arguments must be motivated by ignorance or other psychological factors, such as political identifications governed by a discourse of emotion and ideology.

Is there a shared common essence that motivates all human beings? If the answer to this question is no, then there can be no universals. I take for granted that different experiences shape our individual epistemologies that in turn inform our personal identities and collective identifications; and just as we are impacted by our families and society differently, we have different defenses and desires; therefore we have different psychologies. But this does not negate the notion of universals. Despite the fact that particular aspects of intrapsychic life

may not be duplicated or identical to others' subjective experience, or that certain groups who share a certain commonality based on thrownness, sex, gender, ethnicity, race, religion, economics, political identification, or embodiment cannot be adequately compared to others, we are more fundamentally conjoined in essence than in phenomenology. This is one reason why we as clinicians fundamentally observe universal patterns emanating from within each individual psyche regardless of historicity, gender, culture, or race. For example, what we commonly call "defense mechanisms" occur in all minds and have so since the beginning of human life. Although the content may vary from person to person, from time to time, geographic location, and from skin color to skin color, the form or pattern is universal. Denial is denial no matter what is being denied. This transcends particularization. In fact, defenses are *essential* to human existence, without which we would surely all be basket cases.

The same may be said for endogenous drives or biological (evolutionary) urges (*Triebe*), as well as the phenomena of transference and repetition. Although what is being transferred, reactivated, or dislocated from psychic territory originating in the patient's personal past onto the contingencies of the immediate analytic encounter will vary from person to person in particular content, thematic structure, and form, we would be hard-pressed to find an analyst willing to deny these universal occurrences present in all patients. The same is true for countertransference enactments. Repetition is the desire, motive, or compulsion to reexperience an earlier event within the present, albeit under different contingencies and expressed valences. Just as the organic impetus informing the need to satiate hunger and thirst is a universal process unique to living species, defense, transference, and repetition are predicated on unconscious organizations that are purported to exist within us all.

Here I have attempted to introduce in a variety of ways the incoherency of many postmodern claims while acknowledging the virtue of the postmodern message, namely, respect and value for difference. But with the overzealous commitment to celebrating difference and plurality comes an underappreciation for universal aspects of meaning and existence that conjoin us all. Here contemporary psychoanalysis could profit from revisiting modernism characterized by the inherent holism that allows for the unification of difference within universality, a philosophical position that accounts for particularization within its broad metaphysical inquiry.

We cannot legitimately pass the false generalization that particularization cancels universality. Instead, particularization may be understood within the context of *subjective universality*—the notion that individual difference is an objective, collective experiential activity of mind that is expressed idiosyncratically yet shared by all. Self and subjectivity are objectively instantiated in culture and our social institutions through intersubjective exchange. Here the universality of subjectivity as a collection of individualized, autonomous subjects

conjoined through intersubjective social engagement allows for both difference and plurality within a dynamic complex totality of universality, unification, and generality. Singularity is individuated yet belongs to the whole. Unless one is a misanthrope, disturbed, traumatized, or deranged, all people deep down want to be happy, experience peace, to flourish or prosper, to beget or create, to have a family or be a part of what a family signifies—love, acceptance, empathy, validation, recognition—the very fabric of the relational platform. And here enters the wisdom of what relationality truly has to offer.

Enjoy Your Jouissance: Self-Disclosure and Countertransference Revisited

Relational psychoanalysis has become a world phenomenon, and I speculate that its success is largely due to the way practitioners relate to patients. Relationality has opened up a permissible space for comparative psychoanalysis by challenging fortified traditions ossified in dogma, such as orthodox conceptions of the classical frame, neutrality, abstinence, resistance, transference, and the admonition against analyst self-disclosure. Relational perspectives have had a profound impact on the way we have come to conceptualize the therapeutic encounter, and specifically the role of the analyst in technique and practice. Relational approaches advocate for a more natural, humane, and genuine manner of how the analyst engages the patient rather than cultivating a distant intellectual attitude or clinical methodology whereby the analyst is sometimes reputed to appear as a cold, staid, antiseptic, or emotionless machine. Relational analysts are more revelatory, interactive, and inclined to disclose accounts of their own experience in professional space (e.g., in session, publications, and conference presentations); enlist and solicit perceptions from the patient about their own subjective comportment; and generally acknowledge how a patient's responsiveness and demeanor is triggered by the purported attitudes, sensibility, and behavior of the analyst. The direct and candid reflections on countertransference reactions, therapeutic impasse, the role of affect, intimacy, and the patient's experience of the analyst are revolutionary ideas that have redirected the compass of therapeutic progress away from the uniform goals of interpretation and insight to a proper holistic focus on psychoanalysis as process.

From the standpoint of redefining therapeutic intervention, analytic posturing, and technical priority, relational analysis is a breath of fresh air. Having questioned, disassembled, and revamped the classical take on neutrality, anonymity, and abstinence, analysts now behave in ways that are more personable, authentic, humane, and reciprocal rather than reserved, clinically detached, socially artificial, and stoically withholding. Although it is indeed difficult to make generalizations about all relational clinicians, which is neither desirable nor possible, one gets the impression that within the consulting room there is

generally more dialogue rather than monologue, less interpretation and more active attunement to the process within the dyad, more emphasis on affective experience over conceptual insight, and more interpersonal warmth conveyed by the analyst, thus creating a more emotionally satisfying climate for both involved. In my opinion, relational and intersubjective viewpoints have convincingly overturned the dogmatic inculcation of Americanized classical training and encourage free thinking, experimentation, novelty, spontaneity, creativity, authentic self-expression, humor, and play. And here is what I believe is the relational position's greatest contribution—the way they practice. There is malleability in the treatment frame, selectivity in interventions that are tailored to the unique needs and qualities of each patient, and a proper burial of the prototypic solemn analyst who is fundamentally removed from relating as one human being to another in the service of a withholding, frustrating, and ungratifying methodology designed to provoke transference enactments, deprivation, and unnecessary feelings of rejection, shame, guilt, and rage.

Therapeutic Excess and the Limits of Self-Disclosure

Despite these noted strengths, relational analysis has generated a great deal of controversy with regard to the question and procedural role of analyst self-disclosure. On one hand, relational approaches break down barriers of difference by emphasizing dyadic reciprocal involvement, which naturally includes the analyst having more liberty to talk about his or her own internal experiences within the session. However, the question arises, Where do we draw the line? Of course this is a question that may be answered only from within a well-defined frame of analytic sensibility, is contextually determined, and is open to clinical judgment. But this question has led many critics of the relational turn to wonder about the level of what Jay Greenberg (2001) referred to as “psychoanalytic excess,” or what Freud (1912) called “therapeutic ambition.” Equally, we may be legitimately concerned about the undisciplined use of self-disclosure, counter-transference enactments, uninhibited risk taking, and flagrant boundary crossings that have the potential to materialize within this evolving framework of analytic practice. Although I believe that most relational analysts are sound clinicians, it is incumbent upon us to flag potentially questionable or experimental practices in order to bring them into a frank and open discussion on exactly what constitutes a legitimate execution of analytic method (if there is such a thing). Recall that the earliest relational analysts within Freud's inner circle were borne out of extreme and excessive forms of experimentation: Jung, Rank, Ferenczi, and Groddeck displayed palpable sexual transgressions under the illusion of analytic treatment, and they were advocates of mutual analysis (Rudnytsky, 2002), which is not unlike the current trend (with qualifications) to return to an emphasis on mutuality, reciprocity, and equality.

On one hand, relational analysts are commendably brave to report case studies in which their own internal processes and intimate experiences are discussed openly in professional space, which I find of great service to the community because it breaks down oppressive taboos surrounding restrictive attitudes on analytic disclosure, self-censorship, education and training, and dishonesty among colleagues, and it creates a clearing for acknowledging the value of the analyst's phenomenology in analytic work. On the other hand, we are introduced to material that evokes questions of potential misuse. Is there a tendency by relationalists to enjoy their self-disclosures too much, to the degree that we enter into a realm of technical *jouissance* or therapeutic excess that does more harm than good? There is always a danger with the overexpression of personal communications, countertransference disclosures, and the insistence on providing reciprocal revelations that may reveal more about the needs of the analyst rather than the patient's. Although relational analysts operate with degrees of variance and specificity with regard to the employment of self-disclosure, this description from Lewis Aron (1999) may serve as an example:

I encourage patients to tell me anything that they have observed and insist that there must have been some basis in my behavior for their conclusions. I often ask patients to speculate or fantasize about what is going on inside of me, and *in particular I focus on what patients have noticed about my internal conflicts* [emphasis added]. ... I assume that the patient may very well have noticed my anger, jealousy, excitement, or whatever before I recognize it in myself. (pp. 252–253)

This statement leaves the reader wondering who is the one being analyzed, thus raising the question of whether a relational approach could subtly be in the service of the analyst's narcissism. Having said that, for anyone who knows Lew Aron, he is far from being a narcissist. In fact, he is a very warm, genuine, intelligent, and caring human being. But my point is that his words could easily be misinterpreted and taken as a permissible stance to encourage our patients to focus on us rather than on their own internal processes. I admit that self and other—inner and outer—are never cleanly separated; however, this technical recommendation places an emphasis on the assumption of mutual internal conflict and a *direct encouragement* on the part of the analyst for the patient to explore such conflict in the analyst.

Presumably, Aron (1996) is conducting his practice under the guidance of mutuality, what he specifically said is “asymmetrical,” or what I prefer to call proportional. The acceptance of mutuality within relational discourse is often unquestioned due to the systemic emphasis on dyadic reciprocal relations, dialogic exchange, and the value of the analyst's presence and participation in the therapeutic process. This is given and uncontested. But we may ask, What do we mean by mutual? Is everything mutual, or are there independent forces, pressures, and operations at play that are defined in opposition to difference? When relational analysts employ the notion of mutuality, do they really mean equality,

such as having the same relationship, or are they merely inferring that something is shared between them?

Equality implies that there is no difference between each subject in the dyad, that they are identical, and that they have the same value. This position seems to ignore the substantial individual differences that exist between the analyst and the analysand, not to mention the power differentials, role asymmetry, and purported purpose of forming a working relationship to begin with. Here mutuality merely means existing in relation to another subject who, despite harboring individual differences, still shares collective values and qualities that define us all as human beings, but they are far from being equal (*aequalis*). Individualities exist while concurrently participating in a collective shared universal. We all have competing needs, agendas, defenses, caprices, ideals, and wishes, and these clash with others. So mutuality is merely a formal category of coexistence, not the qualitative implications it signifies. This is why I prefer to refer to analytic mutuality as defined through proportional exchange, whereby a patient, namely, one who suffers (*patiens*), seeks out my professional assistance as an identified authority and pays me a large fee to help. There is nothing equal about it: I'm not the one being analyzed or paying for treatment.

In another work, Aron (2006) continued to encourage analysts to speak openly about their own inner conflicts or "double mindedness" (p. 358) to their patients; however, the context is entirely different. In the examples he gave, such as revealing some aspect of one's inner oppositions to a patient, allowing the patient to witness polarities at work in the analyst's mind, disclosing uncertainty, and spelling out differences that divide the analyst's thoughts, Aron is specifically directing the purpose of disclosure toward the patient within the therapeutic moment, and not merely revealing a private conflict about oneself. Here the focus is on the patient, hence we may appreciate the spirit of what he means: Self-disclosure in the context of the patient's self-experience is not the same as self-disclosure about a certain psychic artifact or personal experience the analyst feels compelled to confess in the session. Unlike Davies and Benjamin, who often condone a "mode of feeling free to tell it like it is, to own up to feelings" to the patient (Benjamin, 2004, p. 744), here Aron is encouraging a proportional approach to self-disclosure that is focused on the question of optimal therapeutic efficacy. Although this may beg the question of therapeutic action, his point is that such self-disclosures by the analyst may free the dyad from impasses that threaten to keep the analysis mired in polarity, splitting, stasis, and fortified oppositions.

Intersubjectivity, Dialectics, and the Reification of the Analytic "Third"

Following the work of Benjamin, Ogden, Green, and others, Aron (2006) evoked the metaphor of the "Third." He likes this notion for its clinical utility. But what is it? What do we mean by a third? Is it merely a third perspective that

is introduced in the analytic dyad, an observing ego so to speak introduced by the analyst as a reflective function? Or does it entail another mediating force or presence? Because the whole notion of intersubjectivity within relational psychoanalysis rests on the problematic of reifying the dyadic system to that of an extant independent phenomenon, we must be careful in the conclusions we draw. We must first acknowledge that intersubjectivity theory, as introduced by Benjamin and Stolorow independently, is nothing new. There is no novelty about it whatsoever. At the very least, this dates back to German Idealism, most notably Hegel. It involves the common observation that self and subjectivity exist in tandem with otherness, interpersonal complementarity, contrariness, difference, and division that are mutually implicative oppositions—in a word, dialectics. Benjamin (1988) annexed Hegel's treatment of intersubjectivity within the master–slave dialectic and introduced it to psychoanalytic audiences, but her account of Hegel's work is in fact very skewed and narrow in its application, for she misinterprets and misrepresents Hegel's (1807/1977) project in the *Phenomenology of Spirit*. In particular, she overemphasizes Hegel's notion of being-for-self as a desire for omnipotence at the expense of undermining the importance of being-for-another, when both are of reciprocal importance in Hegel's notion of the coming into being of self-consciousness (Mills, 2010; also see Jurist, 2000, pp. 204–206).

What is clearly privileged in the relational platform over above the unique internal experiences and contingencies of the individual's intrapsychic configurations is the intersubjective field or dyadic system that interlocks, emerges, and becomes contextually organized as a distinct entity of its own. The primary focus here is not on the object, as in relatedness to others (object relations) or the objective (natural) world, nor on the subject, as in the individual's lived phenomenal experience; rather, the emphasis is on the system itself. The intersubjective system, field, territory, domain, realm, world, network, horizon, matrix—or whatever words we wish to use to characterize the indissoluble intersection and interactional enactment between two or more human beings—these terms evoke a spatial metaphor, hence they imply presence or being, the traditional subject matter of metaphysical inquiry. Following key propositions from the relational literature, the intersubjective system must exist, for it is predicated on being, hence on actuality; therefore we may assume it encompasses its own attributes, properties, and spatiotemporal dialectical processes. This can certainly be inferred from the way in which relational analysts use these terms even if they don't intend to imply this as such, thus making the system into an actively organized (not static or fixed) entity of its own. Ogden (1994) made this point most explicitly: "The analytic process reflects the interplay of three subjectivities: that of the analyst, of the analysand, and of the analytic third" (p. 483). In fact, the intersubjective system is a process-oriented entity that derives from the interactional union of two concretely existing subjective entities, thus making it an

emergent property of the multiple (often bidirectional) interactions that form the intersubjective field. This ontological commitment immediately introduces the problem of agency.

The Problem of Agency

How can a system acquire an agency of its own? How can the interpersonal field (i.e., the analytic third) become its own autonomous agent—a subject, no less? What happens to the agency of the individual subjects that constitute the system? How can a “third” agency materialize and have determinate choice and action over the separately existing human beings that constitute the field to begin with? It can’t; so we must return to Aron’s (2006) suggestion that the “third” should be viewed as an intervening perspective introduced within the analytic dyad.

Although he clearly offers disclaimers as to its conceptual simplicity in guiding therapeutic technique, we may ask, What does it accomplish? By telling patients about your inner conflicts about them and the treatment, Aron thinks this will break the impasse or the dialectical fixation that anchors each participant of the system in firm opposition. Maybe this is the case, or maybe it is merely an attempt to break up the stalemate and rigid bifurcation. Although I am sympathetic to his case, I can’t help but wonder, Where’s the Hegelian *Aufhebung*? Where’s the transcendent function? What gets the analysis to a higher stage of sublation and synthetic understanding? In actuality, there are two dialectics that are operative in the analytic dyad that stand in a double relation to each other, and this fundamental otherness functions in relation to its sublated Other. Here the Third becomes the sublation (the new moment) of this earlier doubling function. But unlike Aron (2006), I would never say “the third refers to something beyond the dyad” (p. 356), for it is always present and immanent within the dyad. I prefer to call it a new *spacing* within the treatment frame.

Spacings manifest through different contents, forms, and patterns, fall on a continuum of positive and negative valences with various qualitative intensities (Mills, 2010), and on an axis of progression, refinement, and elevation, or conversely on a retrograde plane of negation, inversion, withdrawal, or declension. Yet this change in the intersubjective system is facilitated by a mediation from one and/or both of the agents in the dyad, not a third entity but rather a movement via the introduction of a new psychic function germane to the relationship that leads to higher integration, meaning, and mutual growth, or at least that is what we hope. But we have no real way of knowing the direction this will take, the vistas that will emerge from analysts’ confessions, or the emotional mine fields that may explode intrapsychically and interpersonally. So therapist self-disclosure in the moment is really an experiment as to see where it leads the treatment dynamic. It is only by looking back at the developmental process that we can come to judge whether self-disclosure introduces therapeutic currency.

When Self-Disclosure Goes Too Far

One cannot help but wonder how the overtly self-disclosing analyst reconciles the tensions that inevitably occur when the patient's personality via the therapeutic process radically resists wanting to know anything personal about the analyst at all, let alone the analyst's "internal conflicts." Here I have in mind patients with histories of developmental trauma, attachment disruptions, abuse, and/or personality disorders who are generally mistrustful of any kind of relationship. Narcissistic analysands will be the first to let you know that they are not paying you to talk about yourself, let alone demand mutual recognition. Of course we as analysts want to be recognized and appreciated by our patients, not only because the desire for recognition is a basic human need but because our work is laborious and we wish some gratitude. Despite how intrinsically rewarding our work can be, we often serve as a filter and container for a plethora of pain, hate, and rage with some emotional cost to ourselves; therefore, external validation is affirmative and rewarding. But we must be mindful that we need to be sensitive to the patient's unique needs and not foist or superimpose our own for the sake of our desires for gratification despite identifying with a certain therapeutic ideal. In saying this, I realize that our ideals sometimes tend to betray the reality or pragmatics of how we conduct ourselves in the consulting room, because we are human and every intervention is governed by contextual dynamics. Of course we want to be recognized by our patients, as we strive to recognize and validate them. When this happens naturally and unfolds organically from within the intimate parameters of the treatment process, it becomes an aesthetic supplement to our work, and moreover to our way of being, which speaks of the depth of attachment therapeutic relatedness affords.

Some relationalists have forayed into what certainly looks like excess, at least out of context, including the disclosure of erotic feelings (Davies, 1994), lying to patients (Gerson, 1996), and even screaming while invading personal body space (Frederickson, 1990). Wilber (2003) confessed to a patient that he had had a sexual dream about her, and she reportedly became furious. In a highly controversial paper, Jody Messler Davies (1994) confessed her own sexual longing for a 27-year-old male graduate student, which in her words was "pushed along by this young man's adamant need to deny the reality that he could be the object of a woman's sexual desire" (p. 166). Torn between her own countertransference reactions and the need to be "honest," Davies told us,

I said to the patient one day, "But you know I have had sexual fantasies about you many times, sometimes when we're together and sometimes when I'm alone." The patient began to look anxious and physically agitated. I added, "We certainly will not act on those feelings, but you seem so intent on denying that a woman could feel that way, that your own mother might have felt that way, I couldn't think of a more direct way of letting you know that this simply isn't true." The patient became enraged beyond a point that I had ever seen him. I was

perverse, not only an unethical therapist, but probably a sick and perverted mother as well. He thought he needed to press charges, professional charges, maybe even child abuse charges; how could I help him when my own sexuality was so entirely out of control. He was literally beside himself. Unaware of what he was saying, he could only mutter, "You make me sick, I'm going to be sick. God, I'm going to throw up." (p. 166)

Despite appearing incredibly exhibitionistic, to her credit, I admire her grit and honest revelation in reporting this vignette. If we cannot have honest disclosures in psychoanalytic writings and professional communications about what we actually say in sessions to our patients, then we cannot have honest professional discourse either.

But what happened to the patient? The patient ends up weeping while punching "his fist into his palm repeatedly." Davies's subsequent commentary on her intervention minimizes any "serious unresolved countertransference pressures" and instead argues that her intervention "represented one of the most therapeutic alternatives" (p. 167). Her argument is that therapy is a real relationship between two people and not merely some one-way internal relation that belongs solely to the intrapsychic life of the patient's mind, but rather is a "mutually constructed, intersubjective playground ... and perpetual interaction between two actively engaged participants" (p. 168). Although this is arguably the case, does it necessarily follow that her intervention was "one of the most therapeutic alternatives?" From her description of how the patient acted following her self-disclosure, it can be argued that it represented one of the least effective things to say. Davies continues to defend her position under the rubric of honesty. She concludes, "Within such a scenario, the analyst oftentimes *must* speak the dangerously charged words for the first time" (p. 168, emphasis added).

Must we? In the province where I live and work, if I, as a male therapist, disclosed that I have "sexual fantasies" for my female patient, not only could this be construed as sexual abuse, I could potentially be arrested.⁶ With regards to the consequences of Davies's intervention, I am once again left asking myself, Whatever happened to the patient? She did not tell us whether he stayed or eventually bolted from treatment (which is what I would predict). Could you possibly repair such a rupture after telling a patient about your lust? Is honesty for the sake of honesty a sufficient justification supporting this type of intervention? Furthermore, is it always necessary to be honest when making self-disclosures? In other words, do we want to be this truthful? And if so, what therapeutic benefit would this have?

⁶In section 4 of the Regulated Health Professions Act (1991), under subsection 3, "Sexual abuse of a patient," it states, "In this Code, 'sexual abuse' of a patient by a member means, (a) sexual intercourse or other forms of physical sexual relations between the member and the patient, (b) touching, of a sexual nature, of the patient by the member, or (c) behaviour or remarks of a sexual nature by the member towards the patient. 1993, c. 37, s. 4." Last amendment: 2009. Notice that Davies's remarks would clearly fall under paragraph (c) of this clause under Ontario legislation.

Apparently Davies has a penchant for confessing erotic desires to her patients. In another paper (Davies, 1998), she admitted that she was flirting with her male analysand after he called her on it in session. Regardless of context, the most salient question becomes, Why is she flirting in the first place?

Suffice it to say that these are some examples of therapeutic excess that alert our attention to the possibility of attribution of error in contemporary technique. Of course there is a theoretical distinction between truth and honesty versus our choice to verbally disclose certain internal processes to an analysand. I admit that I am rather conservative about these matters, preferring to foster a safe climate for self-reflection, emotional release, and pathological containment, whereby the patient is not burdened by my “inner conflicts.” But this does not mean that risqué or “dangerously charged words” ipso facto are not legitimate to say in certain circumstances. They may very well be—and necessarily so. The problem becomes defining a uniform or universal touchstone on which to make such choices. In fact, it is precisely the criteria of what is appropriate or inappropriate to say that is lacking general consensus, which is indissolubly laced to the context that influences the appropriateness of that decision in the first place. Indeed, intervention choice is contingent on such criteria, as criteria are contingent on context. And because we lack a clear guidepost on what criteria to follow under contingent circumstances, we may be eternally begging the question if we tarry on this path much longer. Here I think the more important issue for debate becomes not the particular verbalizations of what therapists say in session but rather the question of permissibility itself.

Admittedly, I have been using Davies (as well as other relational authors) here in a self-serving fashion as examples to accentuate my concerns about therapeutic excess in relational discourse. If we were only to focus on the content of these aforementioned interventions without taking into account the context and the overall process of treatment, then these enactments could be deemed as unethical, if not outrageous. I myself would be guilty of this on many occasions, which many of my colleagues could claim are countertransference dramas at best. For example, I am not ashamed to admit that I had dropped my afternoon responsibilities to pick up a bipolar patient from his apartment who was suicidal, loaded up his dogs in my minivan, and drove him to the hospital after taking his dogs to a kennel and helping him shop for personal toiletries. Nor do I think it was unprofessional of me to visit a patient late in the evening in the ER after he attempted suicide, and then visit his wife and child that same night to debrief them and help contain their trauma. The patient particularly enjoyed my unannounced visit the next day when I brought him his favorite food of freshly cooked Polish kielbasa after he had been checked into the psychiatric ward. Despite my ancillary criticism of my colleagues, my main point here is to draw increasing attention to how relational analysts are bringing their own personalities into the consulting room, presumably under appropriate discretion guided by clinical

intuition and experienced judgment, as well as having the courage to discuss their countertransference enactments in professional space.

It has been argued time and again that it is far too easy for someone outside the lived analytic encounter to become an armchair quarterback and call all the plays after the game. Although certainly no intervention is beyond scrutiny or reproach, what strikes me about some of these therapeutic transactions is their humanness and authentic spontaneity despite seeming excessive. The hallmark of a relational approach to treatment is that it approximates the way real relationships are naturally formed in patients' external lives, including the rawness, tension, and negotiability of the lived encounter, with the exception that the process falls under analytic sensibility. This is why the relationalists demand malleability in the treatment frame rather than applying a rigid, orthodox, or authoritarian procedure because malleability is necessary in order to cater to the unique contingencies of each dyad; this necessitates abolishing any illusory fixed notions of practice that can be formulaically applied to all situations.

I believe most analysts can buy into this premise, but regardless of its pragmatic value, it still begs the question of method. If every intervention is contextually based, then it is relative and subjectively determined, hence not open to universal applications. The question of uniform technique becomes an illegitimate question because context determines everything. The best we can aim for is to have an eclectic skill set (under the direction of clinical judgment, experience, self-reflectivity, and maybe even wisdom) to apply to whatever possible clinical realities we may encounter. But perhaps I am being too naive or idealistic in assuming that every analyst is capable of achieving this level of professional comportment. Here I am wondering how this revisionist relational methodology affects training, supervision, pedagogy, and practice. Hoffman (1994) told us to "throw away the book," presumably once we have mastered it. Fair enough. But what if a neophyte were reading the relational literature and took such statement literally? What about reliability and treatment efficacy if there is no proper method to which we can claim allegiance? Could this not lead to an "anything goes" approach conducted by a bunch of loose cannons justifying interventions under the edict of relationality—a modern day "wild analysis"? Yet the same potential for abuse exists when applying any approach rigidly, whether it is a formal procedure, orienting principle, or general technical considerations; thus the question of method will always remain an indeterminate question with some approaches being more justifiable than others.

Concluding Remarks

I have been criticized by several relational analysts (Altman, 2007; Davies, 2007; Hoffman, 2007; Jacobs, 2006; Pizer, 2006; Stolorow, Atwood, & Orange, 2006) for reporting clinical events out of context. For the record, I am not making any

ethical charge, nor am I showing any malice or ill will toward anyone in the relational field for simply taking their words seriously. I have critiqued people whom I find have something of value to say, even if my disagreements have generated bad feelings. My intent is to stimulate noteworthy attention and serious debate about these ideas and practices so our profession can continue to prosper and advance.

One point I want to convey in my adumbrated and excerpted examples of “excess” is the overdetermined motivations and multiple implications embedded within an intervention. Here the audience will observe the dialectical tension between my praise for the technical liberation the relational tradition has introduced as well as the potential for ethical concern and admonishment. The main issue here becomes a serious inquiry into the ground, breadth, and impediments to psychoanalytic method. This is an important area in the relational field that needs continued discussion and debate. Here the fate of advancing psychoanalysis rests on our ability to embrace critique rather than repudiate it.

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