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[Knowing Which Way is Up; or, Why all Subjectivities are not Created Equal](#)

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As intersubjective and relational perspectives increasingly become part of the broader psychoanalytic landscape, the analytic situation is increasingly being described in terms of the meeting and interaction of two subjectivities, neither of which can claim any capacity to discern “objective” reality. The problems with a correspondence theory of reality are by now well known, with Rorty's (1979) critique, *Philosophy and the Mirror of Nature*, being perhaps the most well-known and influential. What we seem to have been left with, however, is an incapacity to articulate what it is that distinguishes the analyst's subjectivity from the patient's. Among psychoanalysts the problem has been jokingly reformulated, “If there's no ‘objective’ difference between the analyst and patient's subjectivities, why is it the analyst who gets paid?” After decades in which the medical model held sway, in which the patient's perspective—as indicated by the very term “patient”—was pathologized, and the doctor's perspective presumed to be “objective,” a restoration of some perspectival equality was certainly in order. Similarly, the classical Freudian model traditionally depended on notions of “distortion” in its conceptualization of the transference. Kohut's great contribution was conceptualizing the centrality of the empathic stance, by which the subjective validity of the patient's inner world was explored and acknowledged, without any implication that this perspective be viewed as distorted and ultimately relinquished.

The intersubjective approach of Stolorow and Atwood (1992) and others has continued to expand our understanding of the way an individual's unconscious organizing principles shape and are shaped by his or her relational context. Like Rorty, they rely on a perception-based metaphor, extending to the cognitive and emotive realms, a picture of the organization of incoming stimuli, such

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- 619 -

that no one is capable of unprocessed “raw feels” unmediated by some organizing principle. Because no one has a place to stand outside of his or her own organizing schema, no one has privileged access to unmediated incoming stimuli, and hence no claim to objectivity. At this point the intersubjective view seems philosophically unassailable; no one wants to lay claim to a capacity for true objectivity any more. On the one hand, intersubjectivity rightly discards the notion of unmediated fact, allowing how some value-based organizing principle must always be in operation. But on the other hand, we are left with values and distinctions suspended in philosophical midair—with nothing to hang them on so to speak—no way to create a hierarchy of organizing principles or values, now that a comparison with an outside “reality” is disallowed. The difficulty arises in reconciling this view with our everyday practice, in which distinctions, particularly and inevitably in the realm of diagnosis, mean that we do not treat all subjectivities as equal. As an obvious example, we may explore the inner world of an anorexic who is starving him/herself to death, empathically investigating the subjective need to perfect and purify herself in the face of a parental refusal to validate any aspect of her self deemed imperfect, yet we routinely and automatically make a functional assessment that in effect says, his/hers is neither the only nor the best solution to the impasse. S/he should eat.

This sort of functional assessment goes on at a different level of description from that of the more abstract intersubjective view of two nonprivileged interacting subjectivities. The conflict between these levels is, I believe, more apparent than real, but we need to clarify how it is that we make distinctions and value judgments within the intersubjective framework. Jim Fosshage (1995) has called on self psychologists to similarly acknowledge that the empathic vantage point is not the only one that is therapeutically valid. In doing so, by defining an “other-centered” stance, he is reminding self psychologists of something they inevitably do any way, but have trouble acknowledging from within their theoretical framework, the way Kohut (1959) exhorted his classically trained colleagues to acknowledge the primacy of empathy in all analytic investigation. The dilemma is how to conceptualize a middle road between an objective science that has lost philosophical credibility, and a relativism that fails to account for the pragmatic distinctions that characterize everyday clinical practice. Within the philosophy of science, one form this dilemma has taken is how to speak

- 620 -

coherently about progress in science if we can no longer say progress consists of a progressively truer representation of reality. One promising strategy, called historicism (exemplified by the work of philosopher Alasdair MacIntyre, 1981, 1988) is to speak of

an “internal” notion of rationality, whereby it is rational to change from one outlook or theory to another not because the latter possesses the transcendental predicate of “truth” or “absolute validity,” but rather because it represents a resolution of the problems, incoherences, anomalies, inconsistencies, and limitations of the previous scheme or theory, and so constitutes an advance on it, in relative but not absolute terms. (Stern, 1994, p. 151)

I propose that Lichtenberg's schema of five motivational systems offers psychoanalysis a way toward this middle road of an internal, functional assessment of a person's organizing principles, so that different organizing schema can be hierarchically arranged or valued, without any recourse to notions about whether or not they accurately mirror or distort external reality. It may initially seem paradoxical that we are unable to specify a vantage point from which we can say that a person is distorting or misperceiving external reality, and then assert that we are able to make judgments about the functioning of another person's inner reality. This is implicit in how we use the concept of unconscious processes, however. A process is said to be unconscious when its existence can be inferred by an observer, while remaining inaccessible to the person himself. One version of functional assessment traditionally available to psychoanalysis has been to refer either to the subjective experience of inner conflict, or to point to symptoms that were presumed to be the sequelae of unconscious conflict. But I would suggest that on even a more fundamental level that it is possible to distinguish functional differences between organizing schema based on their relation to the five motivational systems because those systems are by their very nature teleological, (that is goal-directed) and value-based. Teleology, from the Greek “telos,” meaning “end” or “goal,” refers to the way certain activities derive their meaning from their end points, and not simply by virtue of their activity. Aristotle, for instance, used the example of building a house, in which the carpentry and construction skills involved are not undertaken merely for the sake of their own exercise, but so that a livable dwelling will be created in the end.

- 621 -

Aristotle thought it the function of philosophy and particularly ethics, to investigate the “telos” of human life itself. This was not because he wanted to prescribe a particular, ideal form of life (like Plato's “Republic”), but rather because he saw individuals caught up in the pursuit of various, seemingly conflicting ends, such as pleasure, power, and knowledge. Aristotle wrote:

We must enjoin everyone that has the power to live according to his own choice [notably excluding slaves and women] to set up for himself some object of the good life to aim at, whether honor or reputation or wealth or culture, with reference to which he will then do all his acts, since not to have one's life organized in view of some end is a mark of much folly. (1984, p. 1923)

Ethics was about making choices and the consequent disciplined pursuit of chosen goods. In asking what is the telos of man, Aristotle was also asking what makes us most fully human, or what constitutes optimal vitality for a human being. Aristotle's answers to these questions may now seem culture bound, rather than universal, and as psychoanalysts we can investigate the way choices about what constitutes a good life are not simply made as a result of rational deliberation, but are imbedded in unconscious organizing principles whose origin and purposes have become hidden from a person. Although we needn't use a teleology that presumes a universal human nature, or a single best choice for what constitutes the good life, we still have to find a way to speak about systems for which goals and end points are intrinsic to our conception of them, and where internal conflicts, inconsistencies, and limitations of specific organizing principles lead to a failure of their realization.

At the most basic level, as living organisms we embody a preference for being alive rather than dead. And liveliness or vitality versus deadness may be the most fundamental metaphor available to us in our functional assessments. To speak of motivation at all, we must begin by entering a world of physiologically predetermined preferences where hunger and thirst, by their nature, include the direction and goal of desired outcomes. Obviously there are circumstances under which we can choose to go hungry or thirsty when under the sway of different motivational systems, but there can be no question of the direction in which the physiological need propels us. Such systems must be viewed as physiological givens (“hard-wired,” to use a popular

- 622 -

computer metaphor), whose goals are determined at a deeper level than that of individual subjectivities. At a higher level, how we go about meeting our motivational needs, how we experience them as satisfying or conflictual, which get deferred or sacrificed in the service of others, all are shaped by our individual organizing principles.

Teleology has gotten a bad rap of late, and as Lachmann's (1995) recent report from the front lines of systems theory has shown, natural systems can increasingly be described without recourse to any notion of a preexistent, inborn natural program that presumably drives the development of cloud formations or infants. In a similar vein, Edelman (1987) has offered a model of how the brain can achieve pattern recognition without recourse to the storage of prototypes or samples in memory. (It is worth noting that Wittgenstein [1953], without recourse to neurology, challenged on purely philosophical grounds the theory of recognition by way of comparisons with inner samples provided by memory. If we see a patch of color in front of us, and want to know whether it is “red” or not, we cannot simply call up from memory a sample of “red” and compare the two. How do we know we've called up the right sample? Is there yet another inner sample to check it against, and so on in infinite regress?) A still dominant, though I think misapplied, version of teleology is found in the popular literature of genetics, where elaborate behavioral and even cultural patterns of enormous complexity are imagined as predetermined by an inner genetic code, which inexorably unfolds. Simon LeVay's (1993) recent announcement of a discovery of a genetic basis of homosexuality attempts to turn this picture of genetic determinism to a benign use; if homosexuals are “born” not “made,” he hopes that society at large will depathologize the concept of homosexuality as “natural.” Increasingly, however, the concept of a genetic program is coming under fire from systems theorists and philosophers of science like Oyama (1986), who argue that the very meaning of the genetic code is invariably context-dependent, and does not unfold in a predetermined, linear fashion. In this, there is a nice parallel between the context-dependence and codetermination of meaning between the chromosome and its cellular surroundings and the codetermination of organizing principles in interacting subjectivities.

Living systems do differ from complex systems like clouds in one important respect; namely, they are the product of natural selection. This means that we are the heirs of forerunner

- 623 -

living systems who survived and competitively were able to produce offspring as a result of being configured in certain ways and who showed a natural propensity to develop and respond to the environment in characteristically advantageous patterns. Strictly speaking, natural selection produces living systems that function “as if” they had goals, without—as systems theories rightly point out — having to have any representation of the goal built into the system. The “goals” typically are those behaviors or outcomes that an observer would say result in the selective advantage the organism enjoys. With consciousness, the picture is further complicated, whereby the animal or human may or may not have in his or her awareness either a cognitive representation of the goal or a subjective feeling of desire for the goal as part of the system that has evolved. The feeling of being motivated toward the goal, however, may be merely an epiphenomenon; one that accompanies the operation of the system, not one that has set the whole thing in motion. Thus, I think Lichtenberg (1989) goes too far when he states, “My first assumption is that whatever infants do with observable consistency, they are motivated to do” (p. 7). The problem is that this assumption blurs the distinction between behavior set in motion by an individual infant's desires and those that are part of its overall development as a member of a species with particular characteristics, where accompanying affect states are epiphenomenal. For instance, there is no motivation to develop motivational systems; they are part of our human nature like teeth and language. The growth of teeth and language are immediately incorporated into our functioning as motivated organisms, but they arise in the individual as the result of natural selection, and not because of any motivation within the individual organism. Natural selection likewise has determined what counts as gratification and frustration in their broadest sense within the motivational systems themselves; indeed, that they function at all within the realm of consciousness, so that we can speak of gratification or frustration, rather than simply function or malfunction, as we would say of the circulatory system. Developmental milestones of course call forth accompanying affect states. Part of what we consider a normal infant-mother interaction is the infant's tentative, but joyful exercise of emergent capacities, and the mother's expectant and joyful response to the infant's efforts. And the infant's normal development, emotionally and neurologically, is of course dependent on the appropriate maternal responsiveness if it is to proceed. Kohut (1977) described the

- 624 -

mother as holding an image of the infant as developmentally more organized than was actually the case, providing an encouraging, leading edge that helped foster development. We no longer have to subscribe to his picture of an inner program of development for the nuclear self in order to be able to say that what the mother does is not only hold some fantasy of her baby's development in her imagination, but equally important, the mother is able to accurately recognize development when it occurs and to respond with her support and enthusiasm. It is precisely the failure to appropriately recognize or respond to the child's normal development that constitutes a failure of mirroring. And when such a failure occurs, we look for what emotional conflicts or vulnerabilities are taking place in the mother that would account for her failure to appropriately respond. That is the scenario Kohut proposed for the creation of an Oedipal conflict out of a normal Oedipal phase—the parent, because of his or her own psychopathology is unable to joyfully mirror the phase-appropriate emergence of sexuality and assertiveness in the child.

The rehabilitated version of teleology that I think we can hold on to, and indeed that we make use of all the time, involves this recognition of emergent development and optimal vitality when we see it. To do so, we needn't hold any preexistent picture in our mind that it corresponds to—as Edelman, as mentioned earlier, has shown about the nature of memory and recognition. Rather, it is part of our natural capacities that have come down to us via natural selection to know it when we see it, unless (and it is a crucial “unless”) something interferes, as happens in our example of the genesis of the Oedipal Complex. And in large part, the analytic situation is concerned with unravelling, reconstructing, and rectifying all the ramifications of that “unless,” whereby an individual's vitality has gone underground and become unrecognizable, often to himself as well as others. When Kohut (1971) began to describe the existence and configurations of what he called the narcissistic transferences, he was recognizing the presence of vitality where others had hitherto only seen resistance and pathology. I would suggest that a fundamental aspect of our expertise as analysts consists in our training to recognize vitality in its myriad manifestations, especially those manifestations that the patient himself has lost sight of or has defensively hidden away. As Kohut's experience with the narcissistic transferences shows, the other major interference with a proper, welcoming response to the emerging growing edge of vitality has for a long time come

- 625 -

from our theories themselves, which historically have overemphasized the interpretation of the defensive, repetitive aspects of the transference. (I think it is ironic that much of what has come to be thought of as progress in psychoanalysis has in fact been the result of subtraction from, rather than addition to, our theories. As analysts we have increasingly learned to get out of our patients' way.)

What distinguishes the subjectivities of the analyst and patient is that the patient, for whatever reason, has become in some sense disoriented within one or more of his or her motivational systems. That is, he or she no longer can orient to, or sometimes even recognize, his or her own vitality. This can occur for a variety of reasons that we can conceptualize broadly in terms of Atwood and Stolorow's (1984) description of the unreflected unconscious (where nascent strivings in one motivational system or another are chronically met with parental disregard) and the dynamic unconscious, where some aspect of nascent vitality, such as emergent sexuality or assertiveness, were sources of disruption in needed parental attachments, or became the occasion for narcissistic injury. In the following case examples, I will focus on the ways in which two patients were so disoriented, in the first case in the system of self-regulation, and in the second the sensory/sexual system.

## Case Example 1

Doris was a 38-year-old single woman who began treatment because of a long history of depression, binge eating, and obesity. Her father was an angry, volatile, and intrusive man, from a working-class Italian background. She perceived her mother, by comparison, as weak, and easily dominated by her husband. Doris was also able to easily manipulate her mother, and stayed home, feigning illness practically at will. From an early age she retreated into the privacy of her room, and soothed herself with food. Her mother was passive in the face of her retreat from the family; her father might be oblivious to her behavior for long periods of time, and then suddenly become enraged and literally break down the door of her room to make her come out. But after her father's death, when she was a teenager, she became increasingly morose and withdrawn, and would regularly visit his grave where she would sit and eat her lunch.

Despite a successful career in the arts, Doris continued to live in a minimally furnished tenement apartment, much the way she did when

- 626 -

she was a poor college student. She was reluctant to fix up the apartment in any way or invest in furniture, fearful that she could lose it all at any moment. She was extremely vulnerable to the vicissitudes of praise or criticism that she received from her work, both liable to become either easily overstimulated and grandiose or narcissistically wounded and suicidally depressed. Her main mode of self-regulation remained eating. She often fantasied about curling up in a closet with food as the ultimate in safety and self-soothing.

Doris had completely lost faith in, and in some instances never developed, any mechanism of self-regulation other than through eating. In all other spheres of her life, she once tearfully admitted, “I can't even tell what feels good or bad.” In her effort to protect herself from the potential trauma of losing a coveted, more successful lifestyle, she refused to acquire it in the first place. Relationships with men were the ultimate in unreliability and the potential for traumatic disruption, and were almost completely avoided, in part by keeping herself overweight and unattractive.

Gradually, the analyst's sustained inquiry into the details of her everyday life reanimated their potential for her and she began risking enjoying many ordinary things that she had previously denied herself. As she gradually renovated her apartment and began cooking meals for herself instead of always relying on prepared or packaged foods, she was able to put into place new mechanisms of self-regulation that began to tide her over those periods of narcissistic vulnerability, during which she had previously relied exclusively on binge eating to soothe herself. Her creation of a new support system for herself came about as a result of the analyst's interpretations that provided a new perspective on how she tried to regulate her affects. Self-regulation had become oriented around a rule to rely only on what was totally reliable and could never be taken away, and only food had been able to meet this requirement. But rather than being progressively restorative to her sense of herself, her reclusive eating offered only a transitory relief, and ultimately led her to feel hopeless and unattractive. In Kohut's (1977) formulation, the eating was a defensive activity that had no potential for laying down compensatory structure. The analyst's perspective on the process of self-regulation in general included the potential for modes of regulation she could neither envision nor trust. Interpretations both indicated a potential new path, and supported moves in new directions.

## Case Example 2

Mark was a 28-year-old single lawyer who also sought treatment for depression and problems in his relationships. Handsome and successful,

- 627 -

he felt he didn't know how to handle all the attention he received from women, particularly one woman friend who he felt was actively pursuing him as a potential mate. He felt he lacked “courage,” by which he meant the courage to say “no” to her unwanted invitations. When he described one such instance when his courage had failed him, it emerged that he had indeed found her attractive, good company, and eventually even a relaxed and pleasurable sexual partner. But at each step of his progressive involvement with her he felt fear, and berated himself for lacking the courage to call a halt to the relationship. Gradually it became clear that the arousal of almost any emotional response frightened him. Growing up as the youngest of four brothers, he was often witness to and victim of their competition, aggression, and later extensive drug use and delinquency. His businessman father was often away; his mother found the boys unmanageable on her own. From an early age, Mark developed a pattern of extreme emotional detachment. Courage meant the ability to deny oneself any desire because desire inevitably put him at the mercy of an out-of-control world. The one memory of sensual pleasure he reported was his special fondness for his mother's key lime pie, which she made a point of baking just for him. As an adult, describing the pie, which he said he knows isn't good for him and he really shouldn't eat, but which he treats himself to at rare intervals, he allowed himself a moment of relatively

unguarded pleasure and enthusiasm, in marked contrast to his anxious self-critical attitude describing his sexual relations. Over time, Mark came to see that what he had called courage had cut him off from almost all sensual pleasure and emotional responsiveness. Eventually, he began to reorient himself, and tentatively explored new emotional territory.

An interesting analogy can be made between the way these patients used invariant organizing principles (i.e., their respective notions of trustworthy soothing and courage), and the recursive functions that Mandelbrot (1977) described as giving rise to fractal geometries. Recursive functions are simple feedback systems, whereby for a given function  $f$ , where  $f(x) = y$ , the value derived for  $y$  is fed back as the next  $x$  on which the function operates. When the succession of  $x$ 's and  $y$ 's are plotted graphically, Mandelbrot discovered that extremely complex patterns could be generated from very simple recursive functions. Interestingly, very small differences in the first  $x$  in the sequence led to elaborately different patterns emerging from the same simple function, perhaps paralleling the way that simply stated invariant principles ("I can't trust anyone") can give rise to widely different patterns of character.

- 628 -

In neither of these cases was the analyst in the position of correcting distortions of external reality; rather, he presented himself as an expert on the process and functioning of inner reality, helping each of the patients clarify for themselves modes of self-soothing and sensory/sexual enjoyment; how these came into being, and how they were warped by their respective family circumstances. Though food is present in both these cases, it functioned within different motivational scenarios. In each case, it was not that I simply understood how each felt and functioned; it was also crucial that I had a vision of how they might function in the future. This vision of their potential wasn't tied to a particular image of how their lives should look some years down the analytic road; rather it was based on glimpses of unacknowledged vitality, and an awareness of how their attempts at self-soothing and courage could be reoriented within their respective motivational systems and organizing principles. One might say I provided them with a "eudaemonic compass" (though I don't really suppose anyone but myself would call it that) that they could trust to point in the direction of their own "optimal vitality" (which is one of things that Aristotle meant by "eudaemonia" a couple of millennia before Lichtenberg). Or as Doris and I came to put it, I helped her be clear which way was "up." If I were to become attached to a particular form of life as uniquely embodying "up" (teleology in the bad old sense), like a parent insisting a son go to medical school, I would be perceived as being directive and be met with either a sullen withdrawn silence or angry resistance. But if I was able to identify, explore, and encourage the leading edge of the patient's optimal vitality, open to whatever particular form it might take, then the patient experienced the change coming from his or her own center of initiative, and that his or her own motivational systems were operating in new ways. I am not proposing that we think of the eudaemonic or motivational compass as a psychic structure that was damaged or missing in this patient. Rather, I am suggesting it as a metaphor, one mutually arrived at in the treatment, that can be used to understand something about how a motivational system can be perturbed by certain relational contexts, ones that give rise to particular sets of organizing principles that as their by-product cause a person to lose awareness of what things in life promote growth and vitality. In Doris's case, she organized herself around the belief that only something that can never be taken away can be trusted to be soothing. The interaction of certain invariant organizing principles with the motivational systems has, in other words, functional

- 629 -

consequences for a patient's capacity to experience vitality within that system. These consequences are expressed or experienced by the human organism as inevitably and intrinsically value-laden and directional, toward or away from a state of optimal validity. Both from an empathic vantage point and an other-directed observational stance, we are potentially able to discern the functional states of one another, and like the mother with an infant, respond to the leading edge of developmental vitality. When that vitality in one dimension or another is consistently absent or impaired, it is part of the analyst's function to explore the origin of the disruption, whether in the patient's early history or in the context of his or her current relationships, including the relationship with the analyst. As Kohut has taught us, empathic exploration can itself serve a self-righting function, and functional capacities may revivify and reorient themselves in an empathic environment. Part of the analyst's function, however, can legitimately be characterized as an expertise in the functioning of inner systems, how they are disrupted, how they can be righted, and in the absence of the patient's own sense of direction, which way is "up."

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