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## **The Distinction Between Second-Person and Third-Person Relations and Its Relevance for the Psychiatric Diagnostic Interview**

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**Abstract:** Although the importance of the psychiatric diagnostic interview is undeniable in the actual clinical practice, its peculiarities as a specific kind of interpersonal phenomenon have not attracted much attention in the literature. This chapter approaches the diagnostic interview from the perspective of research on social cognition, by drawing on discussions about the difference between second-person and third-person relations. We start by motivating a picture of the diagnostic interview according to which the clinician has to draw on multiple sources of diagnostically relevant information. This picture leads to the question of how to approach the complexity of the interview, and the role that the distinction between second-person and third-person relations might play for a better understanding of it. By elaborating on a conceptualization of second-person relations which foregrounds the roles of reciprocity and communication, we propose that second- and third-person relations are complementary methodological tools by means of which the clinician seeks to gain a better understanding of the patient.

**Keywords:** second-person relations; third-person relations; psychiatric diagnostic interview; communication; social cognition; phenomenology

## 1. Introduction

As a branch of medicine, psychiatry has been heavily influenced by the so-called “medical model” of somatic diseases [1,2], which in a simplified version defines and categorizes disease entities according to their pathophysiological aetiology. In this model, symptoms and signs refer exclusively to their biological cause and do not possess any meaning in themselves [3]. Although psychiatry, since its very establishment as a medical discipline, has sought for extra-clinical markers to detect and explain diagnoses, it is an open question whether this will ever be achieved. Diagnosis in psychiatry is still based mainly on clinical descriptions of psychopathology, and the diagnostic interview is therefore the most important assessment tool of the psychiatrist or psychologist [4]. While the importance of the diagnostic interview is undeniable in the actual clinical practice, its peculiarities as a specific kind of interpersonal phenomenon have not attracted much attention in the literature [see, however, 5–7].

What goes on in the diagnostic interview, when considered not only as a clinical tool but also as a specific kind of interpersonal encounter? Might research on interpersonal understanding shed any light on the diagnostic interview? In the following, we address these questions by drawing on recent discussions about *second-person* and *third-person* relations. The chapter is structured as follows. In Section 2, we describe some peculiarities of the diagnostic interview and highlight how it involves a complex interplay between different sources of diagnostically relevant information. In Section 3, we turn to research on interpersonal understanding. We reconstruct and critically assess some recent discussions about second-person relations, and present our own take on this notion. In Section 4, we elaborate on a conceptualization of second-person relations which foregrounds the roles of reciprocity and communication. In Section 5, we return to the diagnostic interview, and assess the implications of our discussion.

## 2. The Psychiatric Diagnostic Interview

Since the publication of DSM-III, psychiatric disorders have been defined by criteria, i.e., symptoms and signs. Basically, diagnosis in current diagnostic manuals of DSM-5 and ICD-10 is a matter of checking whether a sufficient number of criteria are met. It is worth noting that the very concepts of symptom and sign have been adopted from somatic medicine, where they are considered to be epiphenomenal with respect to the true illness, which is typically some sort of biological abnormality. With criteria-based diagnosis, structured clinical interviews have become the golden standard of psychiatric interviewing [8]. They consist in pre-formed questions asked in a fixed order. Although many interview instruments often claim to be “semi-structured” [e.g. 9], they are usually administered

in a highly structured way. The purpose of such a “quasi-experimental” [10] approach is to minimize “subjectivism” in psychiatry and thus to optimize interrater reliability.

However, the main object of psychiatry is not blood pressure, body temperature or a limb, but an entire and unique *person*. The nature of the psychiatric ‘object’ is thus different from that of most other medical disciplines. Just as one will never find consciousness by looking through a microscope at brain cells, one will never find persons by studying them as though they were mere objects [11, p. 20]. In fact, the idea that an unbiased scientific understanding of the other requires one to be objective in the sense of depersonalizing the person into an ‘object’ of study is a fallacy that, as Laing remarked, has nothing to do with proper science [12, p. 24]. Persons are centers of experience and origins of actions that exist in social fields of reciprocal influence and interaction, and the clinician inevitably has to deal with the experiences of another person and also with his or her own experiences of that person. The establishment of good rapport in the diagnostic assessment is consequently crucial in order for a mutual exploration of the patient’s lifeworld and psychopathology to occur. In other words, the interviewer cannot be a “passive receptacle” [10] of phenomenological information. In this sense, the diagnostic process requires that “the subjectivity of the patient and the subjectivity of the psychiatrist are in an intimate relation” [13, p. 108]. As Binswanger puts it:

you examine the mental patient by putting *yourself*, as personality, into a relation *with him*, as personality. Here the patient is first of all very different from an *object* of investigation; he is not a direct object of perceiving and judging, but *partner* in a relation with a fellow man, a communication relationship. [14, p. 197]

At the same time, however, the psychiatrist or clinical psychologist has to be attentive to different sources of diagnostically relevant information, which makes this communication relationship different from other, perhaps more informal, relations. Most obviously, the psychiatrist must attend cautiously to the *content* of the patient’s speech, i.e., his or her description of subjective complaints (symptoms). Importantly, psychiatric symptoms don’t have an object-like quality as, say, a broken bone. They are not well-demarcated ‘things’, located ‘inside’ a person, devoid of meaning and independent from one another [15]. For example, feeling anxious when walking down a crowded street is not a single ‘anxiety symptom’ independent from having an experience of one’s own thoughts as being accessible to by-passers. Rather, a psychiatric symptom emerges as individuated only in the context of other experiences and the biography of the patient [16]. It is therefore crucial to emphasize that the immediate complaints of the patient must not lead strictly to diagnosis, since the psychosocial history of the patient and the psychopathological whole or Gestalt is a necessary background and context for evaluation of the single symptom. The complaints of the patient, his or her experiences,

feelings, actions, etc. are not defined by some underlying substrate but are part of a whole and permeated by biographical detail [3].

Another source of diagnostic information are the *expressive features* (signs), e.g., the appearance of the patient, his mood, formal aspects of his thinking<sup>1</sup> and speech, his gestures, gaze, emotional expressions and so forth—what is usually included in the so-called “mental status examination” [17]. As with symptoms, psychopathological signs are not individuated and context-independent features located on the ‘surface’, independent of ‘inner’ subjective experience. Rather, both symptoms and signs are manifestations of an overall psychopathological Gestalt. They become symptoms and signs not only in virtue of their content, but also in virtue of their structure and the experiential whole of which they are manifestations [see 18].

To exemplify, consider schizophrenia research. The core Gestalt of schizophrenia, historically conceptualized as, e.g., autism [19], loss of vital contact with reality [20], crisis of common sense [21], and in more recent research as self-disorders [22], is an example of core psychopathology resisting a simple medical symptom/sign definition [16]. The core Gestalt of schizophrenia manifests itself as disturbances in subjective, expressive, existential, intersubjective, and behavioural domains. It cannot be reduced to single symptoms or signs. Rather, it reflects an altered being-in-the-world of the patient.

A further source of diagnostic information concerns the cognitive, perceptual and emotional response or *resonance* occurring in the clinician herself. Rümke, who coined the term “*Praecox Gefühl*”, referring to the early label of schizophrenia as “*Dementia Praecox*” [23], stated that “the doctor’s internal attitude induced by the patient is a very sensitive diagnostic tool, and it would be helpful if we were more skilled in recognizing changes in our own internal attitude” [24, p. 194]. A clinician always apprehends the patient’s psychopathology against a background of certain prototypes developed through clinical experience and psychopathological knowledge. This *typification* refers to the ability of an experienced clinician to categorize patients in a pre-conceptual manner, usually at a stage of assessment earlier than formal diagnosis [25]. In connection with this typification, the clinician may have an intuition and/or a “resonance” that offers diagnostically relevant information. Such “internal attitude”, as Rümke labels it, is often considered unreliable ‘subjective’ information potentially obscuring the ‘objective data’. It is obvious that a psychiatric diagnosis cannot be determined purely on the basis of the clinician’s intuition and that the initial typification of the patient can prove erroneous. Yet, it is naïve to believe that the clinician can evade her own subjectivity and

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<sup>1</sup> Thought processes are obviously hard to detect if the patient does not communicate linguistically, and one may argue that they do not belong to the expressive features. This question involves a long debate about the relation between thinking and speech that we will leave out here. Formal thought disorders are here included as an expressive feature showing itself in the speech of the patient, but often without semantic disturbances, e.g., by responding with an answer that is only slightly related to the main topic of the question being asked (tangentiality).

first-person perspective, and rather than letting her subjective resonance passively and pre-reflectively influence the diagnosis, she should actively reflect upon her perceptions, and cognitive and emotional reactions. Being aware of such reactions may inform the diagnostic process with diagnostic hypotheses that can be examined more explicitly during the interview with the patient.

The picture of the diagnostic interview that we have canvassed so far highlights that diagnosis is not a simple and linear process with a single, clearly identifiable input and output. Rather, it involves different factors that the clinician has to take into account and that may influence one another in complex ways. Because of the very nature of the psychiatric subject matter, and because of the aim of the interview, the clinician has to draw on different sources of diagnostically relevant information. Communication with the patient, observation of expressive features, and the clinician's own responses to the interaction with the patient are all key factors that come into play in the diagnostic interview. While they might not exhaust the relevant sources of diagnostic information—consider, for example, knowledge about the patient that the clinician may gather from third parties, such as the patient's relatives or hospital staff—and while there might be considerable variability between concrete clinical encounters, the psychiatric diagnostic assessment does not consist in a simple collection of single symptoms and signs.

How to parse out the relation between these different factors? We propose to do so by approaching the diagnostic interview as a phenomenon of interpersonal understanding. Under the heading of 'social cognition', research on interpersonal understanding has flourished in the last decades [for overviews, see 26,27]. One distinction that has gotten traction in that context is the distinction between *second-person* and *third-person* relations. Although a consensus on how to understand these notions is still lacking, they can be traced back to the work of Martin Buber. According to Buber, a third-person or *I-it* relation and a second-person or *I-thou* relation are fundamentally different ways of engaging with the world. A third-person relation is characterized by a sharp divide between an active cognizing subject and a passive object that the subject seeks to determine. In contrast, in a second-person relation both relata are active and passive, and relate reciprocally and openly to one another. Whereas the former type of relation can be thought of as a monologue, the latter can be compared to a dialogue [28; see 29].

The relevance of the distinction between second-person and third-person relations has not gone unnoticed in the psychopathological literature.<sup>2</sup> For example, as part of a "Plea for the Second-Person Mode of Understanding", Stanghellini has argued that

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<sup>2</sup> See [6] for a critical review.

[t]he phenomenological perspective, and specially the second-person mode, advocates that the context of the clinical encounter should be one of co-presence (and not of dominance) with the aim of understanding (and not labelling), i.e. negotiating intersubjective constructs, and looking for meaningfulness through the bridging of two different horizons of meanings [5, p. 70].

This proposal can be interpreted as standing in contrast to a more orthodox and (once) mainstream understanding of the clinical encounter, according to which the clinician relates third-personally to the patient, who, strictly speaking, remains an object of diagnosis. On this view, the more impersonal and the more detached the clinical encounter is, the less interference there will be with non-clinical factors, and the more fruitful and accurate the assessment may be.<sup>3</sup>

It would be implausible to claim that there is a methodological dichotomy between understanding the diagnostic interview as either second-personal or third-personal, at least in the general terms in which we have characterized these notions. While the interview is not just *any* interpersonal encounter that may be captured by Stanghellini's description—such as an encounter between, say, two friends—there would be something missing if one interprets it in an overly medicalized way. In fact, some authors are inclined to adopt and recommend some sort of methodological pluralism about the role of the second-person and the third-person in the clinical encounter, taking them to be not mutually exclusive but rather complementary [6, pp. 2, 9; 7, p. 56]. Yet, an important question that remains open is what kind of pluralism is needed to make justice to the diagnostic interview. Although everyone would agree that a genuine pluralism cannot be a mere juxtaposition, one open challenge is how to articulate the relation between the different elements. We return to this question in Section 5, after exploring in some detail recent discussions in social cognition about the difference between second-person and third-person relations.

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<sup>3</sup> A phenomenological characterization of the clinical encounter along these lines can be found in the work of Gurwitsch. Although Gurwitsch's work didn't focus on psychiatry, his view captures a traditional picture: "when the doctor *confronts* a mental patient whose condition he wishes to diagnose. [...] there is *no common situation* at all obtaining between doctor and patient, in the sense that with respect to this situation they would do something with one another. We only say, however, that a common situation obtains where people do something with one another and, accordingly, live as situational partners. The doctor, however, has before him an object that he investigates - everything that he does and says to and with the patient is guided by this intention. For his part, the patient lives in *his* world, which we call a pathological world; from and on the basis of this world the patient speaks to the doctor. For the doctor, the patient is not a situational partner together with whom he does something in and according to the sense of a common situation - as his colleague would be when he gives advice about the case. The patient is, instead, an *object* which the doctor will know and define. To the same extent as the patient, the doctor also has his own situation, the sense of which is to penetrate into the world of the patient but which is not shared as something in common with the patient. As a consequence, the language of the doctor also does not possess the structure of 'speaking together' such as Löwith worked it out, because doctor and patient are by no means 'together with each other' in the genuine sense." [30, p. 17]

### 3. Spectatorial Observation, Engagement, and Openness: “Where Has ‘You’ Gone?”<sup>4</sup>

Research on social cognition has been primarily concerned with the question of how we go about understanding others by attributing to them mental states such as beliefs, intentions, and emotions. Traditional positions understand mental-state attribution in terms of ‘mindreading’ [see 26]. In brief, Theory-theory approaches maintain that our capacity for mindreading relies on the possession of a relevant theory of mind, understood as a body of folk-psychological knowledge that allows us to infer that another person is undergoing a certain mental state. [32–35]. In contrast to Theory-theory, Simulation Theory approaches to social cognition hold that mindreading does not rely on a body of theoretical knowledge and law-like generalizations, but rather on the attributor’s use of his own mind as a model for the attribution of mental states to others [36–38].

In an influential 2013 article, Schilbach and colleagues argued that, in spite of all their differences, both Theory-theory and Simulation Theory approaches are “spectator theories of other minds” [39, p. 394]. By this they mean that those approaches would be concerned with social cognition in abstraction from the context of social interaction. In a nutshell, Theory-theory and Simulation Theory would construe social cognition as something that, in principle, could happen through a one-way mirror [39, p. 396]. A construal of social cognition in terms of the unilateral attribution of mental states need not incorporate in any way how the target of the attribution might be affected by it, react or respond to it. Although Schilbach and colleagues don’t deny that social cognition may happen from what they characterize as a “spectatorial” stance [39, p. 394], their central claim is that there is a fundamental difference between spectatorial and non-spectatorial social cognition. As they put it,

*social cognition is fundamentally different when [...] we are emotionally engaged with someone as compared to adopting an attitude of detachment, and when [...] we are in interaction with someone as compared to merely observing her.* [39, p. 396]

One way of interpreting this emphasis on the fundamental difference between second-person interaction and third-person, detached observation is that these would be two different *kinds* of social cognition. A second claim advanced by Schilbach et al. is that second-person social cognition is *primary* with respect to third-person social cognition. Although it is plausible that in a wide range of situations we understand others by participating in social interaction with them—instead of observing

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<sup>4</sup> The title of this section is partly indebted to [31].



them detachedly—Schilbach et al. make clear that their claim about the primacy of second-person interaction over third-person observation is not best understood as pertaining to the frequency or pervasiveness of the former, but rather as a developmental claim [39, pp. 441-442].

Schilbach et al. propose that a second-person relation has two central constituents: emotional engagement and social interaction. First, a second-person relation requires a feeling of engagement and emotional responsiveness to the other [39, p. 396]. Second, it requires actual interaction with someone. Social interactions are characterized as involving reciprocal relations, different roles for the interactors, emerging properties that affect the continuation of the interaction, and a dimension of temporality and historicity [39, p. 397]. Importantly, emotional engagement and social interaction are not taken to be individually sufficient for a second-person relation. For example, watching a scene, or—with a slight modification of the example they use—a character in an emotionally intense movie scene may prompt feelings of engagement and involvement, even though the perceived character does not respond to one's feelings [39, p. 397]. Likewise, while an interacting subject may be conceptualized as being engaged simply in virtue of interacting, there are forms of interactions that lack affective engagement, as when one is e.g. hastily buying a bus ticket from a cashier [39, p. 397]. In light of cases like these, one reasonable way of interpreting Schilbach et al.'s proposal is that emotional engagement and social interaction are individually necessary and jointly sufficient conditions for a second-person relation. In a nutshell, on Schilbach et al.'s view, second-person relations are emotionally engaged social interactions. For one to successfully adopt a second-person stance towards another, it is not sufficient that one feels emotionally engaged with that person or that one interacts with her. Rather, on their account, both things are needed.

How should this proposal be assessed? Some authors have warned against a too simplified conception of observation as passive and disengaged [40]. For example, some studies have shown that the perception of another's facial expression such as smiling already elicits, at least on the level of muscular activity, an automatic response to smile back, independently of whether one is addressed or not [see 41]. As de Bruin et al. suggest, this has important consequences for accounts that spell out the difference between a second- and third person stance as a clear-cut distinction between active engagement and passive observation. Since an observing subject would never be completely passive, but in some sense actively engaged while perceiving, the difference between second- and third-person relations would be better construed as one of *degree*, rather than in *kind* [40, p. 4]. Furthermore, if such difference is gradual rather than categorical, claims concerning the primacy of second-person social cognition would come under pressure [40, p. 4].

In a recent contribution, Reddy takes issue with this criticism, which she dubs the “graded difference” objection” [42, p. 437]. In what appears to be a modification of the view put forward in the paper co-authored with Schilbach et al., she maintains that the difference between second-person

and third-person relations is not categorical, but graded [42, p. 435]. And she attempts to respond to the “graded objection” by noting that “the fact of their graded distinction does not negate the fact of the different effects from different parts of the grading” [42, p. 438]. Reddy’s line of response can be interpreted as follows: even if one takes second-person and third-person relations to be located on a continuum of social cognition, even if there is no clear-cut demarcation between them, different points within that continuum may still have different “effects” in the involved subjects. However, this line of response doesn’t seem a convincing rebuttal of de Bruin et al.’s criticism. Their point was that it is hard to make sense of the claim concerning the *primacy* of second-person cognition over third-person social cognition, if both varieties of social cognition are located within the very *same* continuum. Reddy’s line of response doesn’t provide resources to vindicate the primacy claim, although it might support a weaker claim concerning ‘different effects’ that second-person and third-person relations might have on the involved subjects.

Before exploring one way in which the categorical distinction between second-person and third-person relations can be retained, it is worth considering another aspect of Reddy’s most recent account of these notions. While she appears to hold on to the idea that reciprocity or mutuality are necessary for a second-person relation<sup>5</sup>, she also allows for the possibility that observing a person without interacting with her, yes even observing someone in a movie, could qualify as second-personal. She suggests that a second-person relation is exemplified by cases in which one sees “the other(s) *as if* they were speaking to oneself and feel involved with responsive sympathy or hate or anger or adoration toward them”, and notes that “[t]he key difference between relating in the second person and relating in the third person is not one of the structure of the situation, but one of the openness or closed-ness with which one faces (and is faced by) the other” [42, p. 437, emphasis added].

This is problematic for various reasons. First, the relational component of second-person relations, hinted at in the notion of social interaction and suggested by the notions of reciprocity and mutuality is considerably downplayed. This relational aspect is captured by the idea that in order for a subject to stand in a second-person relation to another, the second subject must also stand in a second-person relation towards the first subject [43]. But, following Reddy, this feature turns out to be inessential for the second person [see 44]. In fact, since the character observed in a movie is obviously not reciprocating the spectator’s engagement, Reddy’s suggestion runs the risk of collapsing the very distinction between spectatorial and second-person relations.

Secondly, Reddy now gives center stage to the notion of “openness”, as distinguished from the notion of “closed-ness” [42, p. 437]. As Reddy explicates the latter notion, “closed-ness” to another

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<sup>5</sup> “At its heart, a second-person relation involves the experience of being addressed by another, of being seen as a You by another person, and of the mutuality that is generated in seeing the other as a You in turn.” [42, p. 437].

can occur in different situations, e.g., when one categorizes or objectifies the other, more particularly when one sees him or her “through the filter of a label, a group category, or a dismissive analysis (she is just a student, he is an immigrant, she is autistic)” [42, p. 437]. One difficulty with these suggestions is that we typically and quite inescapably navigate the world in terms of filters and categorizations of various sorts [45]. Given the examples that she uses, it might be that the categorizations that Reddy has in mind are the morally reproachable and questionable ones, whereas not reproachable categorizations would still be consistent with being “open” to the other. However, were one to take that route, it seems that the latter kind of categorizations can very well happen without any interaction with the categorized person.

Ultimately, Reddy’s most recent characterization of the second person appears to vacillate between a thick version that attempts to capture some salient and distinctive elements of it with respect to third-person relations, and a thin version which strongly emphasizes the continuities between the two. Perhaps she would retort that such ambivalence and, more generally, the vagueness of the notion of the second person is, like the vagueness of the notion of engagement, a constitutive feature of it, one that one should somehow make room for. Consider that, commenting on the notion of engagement, she writes as follows:

Like all those other terms that we use—mind, culture, emotion, love—engagement is a vague and multifaceted term. One could argue that this is an essential vagueness—an indeterminacy that encompasses the possibility of as yet unknown manifestations. [42, p. 448]

Yet, whether or not one takes the notions of mind, culture, emotion, and love as essentially vague, there would be something quite unsatisfactory in extending this appraisal to the notion of the second person. The reason is that, differently from those other notions, the concept of second-person relations is supposed to play an explanatory role in how we understand others, and not just add to the presumed indeterminacy and vagueness of the other notions. A further difficulty that looms large is whether it is feasible to account for the notion of second-person relation in terms of other, seemingly vague notions, such as “openness”.

#### **4. Reciprocity and Communication**

In light of the foregoing discussion, we suggest that a better way forward is to unambiguously retain the relational character of the second person, by placing a starker emphasis than Schilbach et al. do on the *reciprocal* character of second-person relations. On the present proposal, to adopt a second-person stance or perspective towards someone is to participate in an actual, real relation in which

both relata are second-personally related towards one another. We propose that a second-person interaction is one which, minimally, satisfies this requirement:

the second-person perspective involves a relation between you and me, where the unique feature of relating to you as you is that you also have a second-person perspective on me, that is, you take me as your you. To that extent, there cannot be a single you: there always has to be at least two. [43, p. 246]

Although this requirement is quite general, taking it on board immediately excludes the case of engagingly observing someone in a movie as a case of a second-person relation. It also excludes relations towards inanimate objects as second-personal, at least in a proper sense, since an inanimate object related to obviously lacks a second-person perspective on the engaging subject.<sup>6</sup> At the same time, needless to say, an emphasis on reciprocity as a mark of second-person relations doesn't settle the question of just how such reciprocity ought to be understood. How to flesh out in more detail this reciprocity requirement? There are different options one might consider.

A first option is suggested by de Bruin and colleagues, who propose that a social interaction is reciprocal if the involved subjects “coordinate their actions with one another – what is sometimes called ‘attunement’” [40, p. 5]. The kind of coordination that de Bruin et al. have in mind is behavioural coordination, enabled by shared representations, action anticipations, and perspective-taking. As mentioned earlier, according to them, the difference between second-person and third-person relations is of degree, and not of kind. They suggest that the same cognitive capacities recruited in third-person social cognition may also be involved in second-person social cognition. This proposal has the advantage of doing justice to the fact that observation and interaction can be very closely interrelated [see 47]. However, one weakness of de Bruin et al.'s proposal is that their conceptualization of reciprocal coordination and attunement might be too thin. Consider that if two agents share representations about objects and events (i.e. have representations with overlapping content), anticipate each other's actions, and take each other's perspectives, then they appear to fulfil de Bruin et al.'s criteria of reciprocal coordination. So two persons walking in a busy corridor from opposite directions, and who quickly and surreptitiously notice each other's movements and efficiently avoid collision with each other would appear to satisfy these requirements of reciprocal behavioural coordination. Yet there is an intuitive difference between such a situation and one in which the two persons address one another with the ‘you’ pronoun.

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<sup>6</sup> This goes against Brinck and Reddy's more radical rendering of the second-person perspective as one that may be applicable to the inanimate world. One central example in their discussion is the engagement between potter and clay [46, p. 25].

A more robust conceptualization of the reciprocity requirement can be found in work by Naomi Eilan. On her view, a second-person relation requires that one stands in a communicative relationship with another subject and achieves a “communicative connectedness” with her or him [48, p. 8]. According to Eilan, such a connection is reached when subjects adopt “attitudes of mutual address” towards one another” [48, p. 14]. One consequence of this account is that no second-person relation is established if one’s act of communication is not reciprocated. As Eilan illustrates:

[O]n this account, A shouting out to B in the supermarket that he is spilling sugar doesn’t put him in a communicative relation with B unless B responds to A in a way that involves his adopting an attitude of address towards A”. [49, p. 12]

This account avoids the difficulty just identified in de Bruin et al.’s account, since a relation of communicative connection enabled by mutual address is arguably more than behavioural coordination. At the same time, Eilan’s account improves on the ambivalence identified above in the analysis of Reddy’s most recent account. Yet, Eilan’s account leaves several key issues unaddressed: What really changes in one’s relation to another when one’s communicative act is reciprocated? And what are the experiential aspects of participating in a communicative relation with someone else?

Resources to address these questions can be found in Husserl’s writings on the ‘I-thou relation’, which bear significant similarities with Eilan’s account. Like Eilan, Husserl emphasizes the importance of communication in relating to another as a ‘you’. Two subjects might be reciprocally aware of one another, as in the case of mere behavioural coordination illustrated above, but this does not yet amount to an I-thou relation. What is lacking in such situations of “reciprocal empathy” is the act of communication:

What now that reciprocal, active empathy is established? Thereby no social unity, no communicative [unity], no actual I-thou nexus is established [...] What is still missing is the intention and will of manifestation [*Kundgebung*] – the specific act of communication, which, in establishing a community, is called *communicatio* in Latin. [50, pp. 472-473]

The aspect of communication highlighted by Husserl is not the transfer of information from one subject to another, but rather that, through communication, a specific kind of connectedness emerges between ‘I’ and ‘thou’. When I address someone, he writes, “I am not only carrying out certain acts, and I am not only understood by the other as someone carrying out these acts”. What is essential is that “my act-accomplishment [*Aktivvollzug*] motivates a certain co-accomplishment [*Mitvollzug*] in the other”, i.e., the act of uptake [50, p. 476]. Similarly to Eilan’s account, Husserl

argues that once one's act of address is taken up by the addressee, a connection is formed between the communicating subjects, and an "I-thou-community" is brought about [50, p. 476].

What does it mean for subjects to stand in such a communicative relation, in an "I-thou-community" with another? Two points seem to be of particular relevance in this regard. Based on Husserl's writings, Zahavi has recently argued that engaging in an I-thou relation has a *self-transformative* effect upon the communicating subjects. Being addressed by another is fundamentally different from merely being attended to, because the former can give rise to a specific "socially mediated externalized self-apprehension" [51, p. 255]. By means of communicative acts, one comes to experience oneself as perceived and addressed by others and one attains "personal self-consciousness" [51, p. 255; 52]. But communication not only leads to an enriched form of self-experience. A second point highlighted by Husserl, particularly in *Ideas II*, is that communication creates relations of "mutual understanding", which play a crucial role in the constitution of a common surrounding world:

In this way *relations of mutual understanding* are formed: speaking elicits response; the theoretical, valuing, or practical appeal, addressed by the one to the other, elicits, as it were, a response coming back, assent (agreement) or refusal (disagreement) and perhaps a counter proposal. In these relations of mutual understanding, there is produced a conscious *mutual relation* of persons and at the same time a unitary relation of them to a common surrounding world. [53, p. 203]

What emerges through relations of mutual understanding, and acts of agreement in particular, is a common surrounding world, which Husserl describes as the "communicative surrounding world [*kommunikative Umwelt*]" [53, p. 203]. On this account, for the surrounding world to become a *common* world it is not sufficient that subjects merely understand each other's expressive behaviour, or that they successfully coordinate their behaviour and actions [54, p. 136]. What is further needed are communicative acts through which subjects co-refer to a shared world, and potentially motivate each other to perform certain acts. Only then does it become possible to relate to objects and other living beings in one's surroundings in the same way, such that the other "sees what I see and hears what I hear or at least he *can* do so." [53, p. 208].

The Husserlian conception of the I-thou relation as a communicative relation which obtains when two subjects address one another and take up each other's acts of address helps to flesh out the reciprocity requirement in a way that foregrounds the relational character of second-person relations. Moreover, Husserl suggests that an I-thou relation is qualitatively different from situations in which two subjects observe one another, as they could happen in simultaneous or reciprocal empathy. The idea that "something momentous happens the moment I turn toward and start to address the other as

a you” [55, p. 746] converges with Schilbach et al.’s suggestion that the difference between second-person interaction and third-person observation is a difference in kind, and not merely in degree.

We propose that the core of second-person relations is communication. More specifically, mutual communicative address between two subjects is both a necessary and sufficient condition for them to be second-personally related to one another. To be sure, such communicative relation doesn’t have to be always linguistically articulated. But conceptualizing second-person relations as essentially communicative relations helps to capture a significant socio-cognitive phenomenon that a successful account of social cognition should be sensitive to. If research on social cognition is primarily concerned with the question of how we go about understanding others by attributing mental states to them, according to the approach to second-person relations outlined here, understanding others by communicating with them is a distinctive kind of social understanding that deserves to be singled out in its own right. Such understanding stands in contrast with the third-person social understanding that can be achieved from a purely observational and detached stance, and that is best exemplified by the one-way mirror situation.

What about the component of emotional involvement that, on Schilbach et al.’s proposal, is also part of a second-person relation? One tentative way of dealing with this question is by noting that while it might be plausible to hold that many communicative relations are affectively loaded, it would be too quick to exclude the possibility of affectively neutral communicative interactions in which subjects are nonetheless in a situation of mutual address. Needless to say, much depends on how broad or narrow one takes the notions of affectivity and emotions to be. On a liberal construal, if all engagements with the world are to some extent permeated by affectivity, then communicative relations would be no exception.

## **5. Back to the Diagnostic Interview: What Kind of Methodological Pluralism?**

The domain of investigation of social cognition is obviously very broad. It concerns the foundations of our understanding of others. As hinted at above, there are a number of questions that have been discussed in the social cognition literature, including whether there is a developmentally primary way of understanding others, and what are the roles of reciprocity and affectivity in interpersonal understanding. Abstracting from such discussions, the issue to be considered in this section is whether research on social cognition, as presented and discussed in the two previous sections, can shed light on the psychiatric diagnostic interview.

Recall Stanghellini’s characterization of the diagnostic interview as one that should not be of dominance and that should foster a co-construction of meaning [5]. One feature somewhat implicit in that characterization is that such co-construction of meaning is achieved via communication

between the clinician and the patient. Dialogue between the two provides the space for a joint exploration of the patient's mental life. One should not assume that the patient is from the outset able to verbalize and conceptualize his or her own existential situation. Rather, one might consider the diagnostic interview a collaborative process where the clinician works with the patient in order to co-generate knowledge about what it means to live with the affliction in question. To some extent, one might see the approach of the clinician as being somewhat akin to the Socratic method, i.e., it is also a question of helping the patient to obtain new insights of his or her own. This, one might add, is partly captured by the Husserlian idea of a socially mediated self-apprehension enabled by participation in an I-thou relation. After all, by means of communicative acts one can come to experience another's perspective upon oneself, enabling one to discover aspects of oneself hitherto unknown. In order for a mutual exploration of the patient's mental life to be possible, a relation of trust must be established between the clinician and patient, and this in turn presupposes that a second-person relation is in place.

This approach to the diagnostic interview as an exploration of the patient's psychopathology "in an intersubjective (you and I) setting" seeks to stay clear from a situation in which "the patient's experiences and meanings" are overwritten by the therapist [56, p. 172]. Moreover, it opens the way for appreciating the role of narrative understanding in the clinical setting [57]. The view of second-person relations that we have developed in the previous sections, centered on the notion of communication, is consistent with Stanghellini's observations—which, however, also point to a thicker notion of the second person than the one we have endorsed above.

At the same time, it is important not to miss out on what a third-person way of relating to the patient can bring to the diagnostic interview. A too narrow focus on the joint co-construction of meaning in the clinical setting might risk missing the point that, on the one hand, labelling and approaching the patient's experiences from a third-person stance, and, on the other hand, engaging in a communicative relation with the patient, need not be mutually incompatible. The skilled clinician has to cultivate and make use of both. Part of the difficulty of the clinical interview, and part of the qualifications that the clinician has to acquire concern how to smoothly shift between two different and complementary ways of relating to the patient: as a partner in conversation and as a target of diagnosis. Importantly, as noted by Larry Davidson in the context of schizophrenia research, to include the patient as a partner in the research enterprise doesn't mean to include him or her "as a fellow scientist", but rather "as *the* expert on the domain of his or her everyday life" [58, p. 62]. Thus, both a second-person relation and a detached observational stance may well co-occur in the diagnostic interview. The clinician has to adopt and nurture a reciprocal communicative stance towards the patient, which is accompanied with observation and classification of any relevant symptoms and signs discerned from a third-person stance.



The factual co-occurrence and the intertwining between these two ways of relating to the patient doesn't mean that there isn't a relevant *conceptual* distinction between them. In order for the clinician to be related both second-personally and third-personally to the patient, the distinction between a communicative stance and a non-communicative "spectatorial" stance is better appraised as one between two *kinds* of relations, and not merely as a matter of degree. Husserl's distinction between the I-thou relation and relations of reciprocal empathy supports this point from a phenomenological perspective. Whether one participates in a communicative relation with another subject or whether one adopts a spectatorial stance towards her, communication and detached observation are, phenomenologically, distinct sources of our understanding of others. This point can be further elaborated by considering that, whereas knowledge gained from observation of another is epistemically based on evidence about states of affairs, knowledge gained from interpersonal communication builds on what speakers tell and, more generally, communicate to one another. This feature is arguably absent when the other is taken merely as a source of information. To employ a distinction by Edward Craig, there is a relevant difference between taking the other as an *informant* and as a *source of information* [59, p. 35; see 60]. Taken together, these phenomenological and epistemic considerations support the point that reciprocal communication is a relevant marker to take into account when motivating a difference in kind between second-person and third-person relations, and that such difference can play a fruitful role in the investigation of the diagnostic interview.

The current proposal differs from some views advanced in the literature about the relevance of the distinction between second-person and third-person relations for psychopathology and the clinical encounter. As mentioned earlier, it is fairly obvious that a plausible methodological pluralism cannot simply amount to a mere juxtaposition of different methodologies. Rather, it has to delineate how these different methodologies are related. Consider one of the available proposals.

Galbusera and Fellin express sympathies towards methodological pluralism [6, pp. 2, 3, 9, 12], and, as they argue, the second-person has primacy as an overarching integrative framework [6, p. 13]. One motivation for this view is that the second-person perspective "best accounts for the validity of our claims about the other" [6, p. 12], insofar as it wouldn't be affected by general problems that third-person and first-person methodologies would run into. In brief, the former would seek to be based on immediate sensory experience while at the same time making our knowledge of other minds an inferential achievement [6, pp. 3, 12]. And the latter would be prone to neglect the alterity of the other, by modelling the understanding of the other on self-understanding [6, pp. 5, 12]. Drawing on enactive and phenomenological theories of social cognition, Galbusera and Fellin characterize the second-person methodology as non-spectatorial, embodied, and interactive, and as providing the basis for our understanding of others [6, pp. 5, 6, 13]. Although their proposal concerns psychopathological research at large, it would also apply to the specific kind of interaction that they

are interested in, namely, “the relation between a researcher and a person presenting with a psychopathology” [6, p. 7].

There is much of interest in Galbusera and Fellin’s discussion, but their bold construal of the second person as an overarching framework for psychopathological research differs from the present proposal. The reason is that we don’t believe it necessary to advance claims about the primacy of second-person over third-person relations in order to vindicate the more specific idea that they are different stances towards the patient that the clinician can adopt, and that can mutually inform one another. Another difficulty with their proposal is that it risks mischaracterizing the third-person perspective as being mainly exemplified by “checklists” [6, p. 9] and as a view from nowhere seeking an “illusory objectivity” [6, p. 13]. But we suggest that as much as it is important to vindicate the role of the second-person perspective, it is also relevant not to endorse an overly scientific understanding of the third-person perspective. The latter can also be construed as firmly anchored in the subjectivity of the clinician who adopts a reflective and theoretical stance towards the patient. At the same time, it is worth emphasizing that although some (the most severe) expressive features may be detectable without relating to the patient second-personally, they only gain their diagnostic significance in the context of the overall psychopathological picture/Gestalt and, most importantly, the psychosocial history of the patient.

## **6. Concluding remarks**

We began our chapter by expressing reservations about an understanding of the diagnostic interview as a linear and simple process with a single input and output. We endorsed a different picture, according to which the clinician has to draw on multiple sources of diagnostically relevant information. This picture motivated the question of how to approach the complexity of the interview, and the role that the distinction between second-person and third-person relations might play for a better understanding of it. The notion of second-person engagement that we have delineated above allowed us to elaborate on the complex interplay between different factors that the clinician has to be attentive to. Our focus on communication allows us to consider second- and third-person relations as complementary methodological tools in the clinical practice, by means of which the clinician seeks to gain a better understanding of the patient. Moreover, at a more general level, our discussion suggests that the second-person relation does not necessarily need to go hand-in-hand with emotional engagement or with adopting a sympathetic, or compassionate stance towards the other. At the same time, relating to another third-personally does not necessarily imply that one dominates the situation, or that one engages in problematic forms of labelling. On the view we have presented, the psychiatric diagnostic assessment does not consist in a third-person collection of single symptoms and signs but

is a complex process encompassing, from the clinician's perspective, both a second-person and a third-person stance. As mentioned earlier, a fuller account of the diagnostic interview would have to take into account other factors, such as the clinician's first-person resonance, typification and/or intuition when interacting with the patient. In the present contribution, however, we have focused on the relevance of the distinction between second-person and third-person relations for understanding the diagnostic interview.

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