Chapter 1: "There's No Such Thing as a Patient"[1]

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Psychoanalysis is a living discipline. Its body of theoretical and clinical knowledge has been evolving rapidly, nowhere more noticeably than in its encounter with the relational perspective. In many ways, the contemporary trajectory of psychoanalytic thought can be understood as a struggle to reconcile the intrapsychic, one-person, objectivist perspective with the intersubjective, contextual perspective of the relational turn.

There have been various approaches to reconciling the Freudian and Relational traditions. One attempt, represented by Goretti (2001), is to argue that there is nothing new in relational thinking that can't be found in Freud's own writings. She makes the case that Freud, from the beginning, incorporated many relational ideas into his thinking. For example, she points to Freud's discussion of the Dora case (1901) as evidence of Freud's sensitivity to the impact of the analyst on the analytic process. The point being advanced is that, in essence, the relational perspective offers little that is new or different from what was already implicit in Freudian theory.

Another approach acknowledges the neglect of relational influences in traditional theory and technique and strives to integrate some relational ideas into clinical practice. Certainly notions like the therapeutic alliance (Zetzel, 1956), the working alliance (Greenson, 1967), and

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[1] Donna Orange (2002, p. 698). A similar point can be found in Atwood & Stolorow (1984, p.65).

the importance of the real relationship (Loewald, 1960) have been in our literature for some time, pointing to the importance of addressing the relationship between patient and analyst.

Today there is an excitement in the air and a lively debate in the literature over, not the merits of relational constructs, but the extent to which relational thinking should either serve as an important addition to contemporary Freudian psychoanalytic thinking or supplant it entirely on the grounds that the relational perspective is fundamentally incompatible and irreconcilable with traditional theory. The central disagreement is that while there is merit to the new ideas offered by modern relational theories like intersubjective systems theory, the old ideas still have value and clinical utility. Why discard such useful constructs as the id, ego, superego, transference, compulsions to repeat, compromise formations and the like, when modern Freudians have been successfully melding these constructs with a more relational way of engaging with patients? This perspective takes an integrative approach to the problem: Why not "both/and" instead of "either/or"? The argument is that intersubjective systems theory, should not throw the baby out with the bath water.

There are numerous voices on the "both/and" side. Wasserman (1999) advocates what he calls "an 'integrative stance', which attempts to integrate elements of one- and two-person psychologies while retaining interpretation as primary in bringing about change" (p. 449). More recently, Pray (2002) takes the position that we could maintain a unified theoretical stance, were it not for "our natural inclination against holding competing or incompatible perspectives" (p. 253). Shapiro (2002) seeks to bypass the problems posed by a two-person psychology by examining the conversational rules that govern monologue and dialogue.

Then there is the perspective of many relational thinkers who have discussed and wrestled with the substantial and perhaps irreconcilable differences between theories of mental

functioning that privilege an intrapsychic view of human motivation and those that view mind and motive as relational constructs. As Greenberg and Mitchell (1983) have stated, "The manner in which one understands the basic nature of human experience and the fundamental motives of human behavior inform one's understanding of the nature of the psychoanalytic situation and analytic process. The drive model and the relational model embody fundamentally different visions of human nature, and the theories of technique which have developed from them are similarly divergent in their basic premises" (p. 388). Mitchell (1988) went on to observe that, "Either interaction is viewed in the context of the expression of preformed forces or pressures, or mental content is viewed as expressed and shaped in the context of the establishment and maintenance of connections with others" (p. 5). In this vein, Modell (1984) concluded that the two models belong to "two different conceptual realms…two apparently irreconcilable contexts" (pp. 257-258).

While intersubjective systems theory is certainly relational, it differs in important ways from Mitchell's (1988) relational theory and other theories that describe themselves in terms of intersubjectivity, like Daniel Stern (1985), Benjamin (1995) and Ogden (1994). Intersubjective systems theory is most fundamentally a radically contextual perspective and not a theory of mental contents and structures. According to Stolorow, Orange and Atwood (2001), "an intersubjective field—any system constituted by interacting experiential worlds—is neither a mode of experiencing nor a sharing of experience. It is the contextual precondition for having any experience at all" (p. 474).

A large part of the gulf that separates these various theoretical camps is philosophical and linguistic. Contemporary Freudian thinkers have their philosophical roots in the world view associated with the philosophy of Descartes. To some extent, this is also true of many relational

theories (Stolorow et. al, 2001). In contrast, the intersubjective systems perspective has its philosophical roots in the hermeneutic tradition and the existential-phenomenological movement (Atwood & Stolorow, 1984).

The intersubjective systems perspective holds that all human experience and the meanings made of it are formed, shaped and embedded in worlds of personal experience. This fundamental idea has found important empirical support from the infant development research, like the work of Beebe and Lachmann (2002).   While the notion of making theory and treatment "experience near" has been discussed in the psychoanalytic literature for a while, before recent developments in infant research, it has been beyond our knowledge to describe our theories as being "research near". However, its compatibility with developmental research findings enhances the philosophical underpinnings of intersubjective systems theory.

Beebe and Lachmann (2002), for example, focus on the infant research literature that analyzes the face-to-face interactions of mother and infant on a second-by-second basis. Drawing on the nonlinear dynamic systems perspective of Thelen and Smith (1994), Beebe and Lachmann locate psychoanalysis and adult treatment within a systems view of interaction that is compatible with some current infant and adult research. From their analysis of this research, mind is seen as relationally constructed, and "interactiveness" becomes central to psychoanalytic thinking. According to Beebe and Lachmann (2002), "Rather than conceiving of self as interacting with other, we conceptualize an ongoing co-construction of processes of self- and interactive regulation. Interactiveness is emergent, in a constant process of potential reorganization" (p. 224).

Intersubjective systems theory is an overarching perspective. As articulated by its leading proponents, Stolorow, Atwood, Brandchaft and Orange, it is a "metatheory" and not a

specific theory of mental contents and structures or metapsychology, nor is it a developmental

stage (Stern, 1985) or developmental achievement (Benjamin, 1990). Intersubjective systems

theory is a field or systems theory that has, as its central concern, the impact of contextual and

systemic factors on personal worlds of experience. According to Stolorow and Atwood (1992),

"the concept of an intersubjective system brings to focus *both* the individual's world of inner

experience *and* its embeddedness with other such worlds in a continual flow of reciprocal mutual

influence" (p. 18). Intersubjective systems theory views human development, in its healthy and

pathological forms, as taking shape in a relational context. The relational context, the

intersubjective field, is the medium in which personality in all its complexity takes form and

continues to be manifested. Relatedness plays a constitutive role in the organization of worlds of

personal experience.

Mind, as understood by current developmental research, is a relational construction. As

we have discussed previously, there is no subjectivity without intersubjectivity and there can be

no intersubjectivity without subjectivity (Buirski & Haglund, 2001). That is, subjective worlds

of personal experience are inextricably embedded in intersubjective systems. When viewed from

a systems or contextual perspective, distinctions, like those between one-person and two-person

psychologies, are revealed as too limited because worlds of personal experience encompass more

than just the two people involved.

Let us play with a baseball analogy. Home runs are co-constructed by the different

contributions of both batter and pitcher. When Barry Bonds set the all-time single season home

run record in 2001, he faced thousands of pitched balls but hit only 73 home runs. Why so few?

Some pitches were so far out of the strike zone that they could not be hit or hit with power.

Some pitches were too fast, too slow, too well-placed, or curved unexpectedly. Despite the fact

that so few pitches were turned into home runs, Bonds hit more in one season than any other batter in the history of the game. Clearly Bonds brought something unique to the plate with him—his timing, eye-hand coordination, strength, experience—that made him more able than others to hit home runs. Off some pitchers Bonds hit many home runs; off others he hit few or none. No doubt the pitchers were bringing something of their own talents and abilities to the encounter. Whether a given pitch resulted in a home run depended on both what the pitcher brought and what the batter brought to their encounter. But, whether a particular swing culminated in a home run was influenced by factors other than what batter and pitcher contributed. Weather, like cold, heat, rain or wind direction and speed were contextual factors that contributed to the construction of the hit or miss. So too were the size and shape of the ball park and the altitude and thin air of parks like Coors Field. We could go on identifying numerous other contextual contributors to the end result. Clearly, it would be inaccurate to say that the home run was co-constructed when so many factors, in addition to hitter and pitcher, contribute to the end result. It would be more accurate to say that home runs are contextually constructed. The home run analogy can be pushed further[2]. When a hitter comes to bat against a particular pitcher, he brings along memories of his prior experience with that pitcher, and vice versa. These memories modify his expectations of how he will be pitched to. Similarly, the pitcher knows what worked or didn't in previous encounters and modifies his selection of pitches accordingly. In other words, both hitter and pitcher are engaged in self and interactive regulation, both are influencing and being influenced by the other. We can borrow Winnicott's (1965) observation and metaphorically say that there is no such thing as Barry Bonds. There is only Bonds in this at bat against this pitcher in this point in this game in this stadium, etc.

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[2] Max Buirski (personal communication) directed our attention to this aspect.

This view of the formation of human experience and the personal meanings made of it has profound implications for psychoanalytic theory and practice. And it is at this point that we are forced to choose. Do we maintain our allegiance to traditional metapsychological formulations despite their incompatibility with current philosophical and research-based conceptions of mental functioning, or do we revise or discard them in order for psychoanalysis to fit better with more modern understandings?

When we are cautioned by contemporary Freudians not to throw the baby out with the bathwater, it raises the question of what exactly is "the baby" that we should preserve. When we try to pare down to its bare essentials the nature of this necessary "baby", we think that it refers to constructs and presumed mental contents that have proved useful in practice. These constructs and contents seem to be tied to a set of metapsychological concepts that are thought to account for human motivation. We are referring to such metapsychological constructs as an intrapsychic realm thought to exist within the mind of the individual; structural theory concerning the interplay of id, ego and superego structures within that realm; the economic point of view concerning the relative strength of these structures; the dynamic interplay of these structures; and the adaptive point of view that there is an objectively knowable reality that the isolated mind of the individual must contend with.

Criticism of these traditional metapsychological constructs, the psychoanalytic "baby" if you will, is not new. For instance, in the 1970s, psychoanalysts like Merton Gill (1976) and George Klein (1976) attempted to rid clinical practice of its ties to metapsychology on the grounds that metapsychology derives from a flawed understanding of human motivation and functioning. According to Stolorow (1978),

Metapsychology deals with the material substrate of subjective experience and is

thus couched in the natural science framework of impersonal structures, forces

and energies which are presumed to actually "exist" as entities or events in the

realm of objective reality….Metapsychology is concerned with "how" questions

and seeks answers in terms of the "non-experiential realm" of impersonal

mechanisms and causes (p. 313).

And most recently, Charles Brenner (2002) has advocated discarding structural theory entirely.

According to Brenner, "present knowledge of mental conflict and compromise formation renders

invalid the widely accepted theory of mind as functionally separable structures called id, ego,

and superego" (p. 397). For Brenner then, the indispensable psychoanalytic "baby" can be

reduced to mental conflict and compromise formation.

As we mentioned previously, traditional psychoanalytic metapsychology has its

philosophical roots in a worldview articulated by Descartes. This historical psychoanalytic

worldview, described by its adherence to Cartesian thinking, needs to be distinguished from

perspectives, such as the intersubjective systems view, that focus on a post-Cartesian

contextualism.   Cavell (1993), Orange (2001) and Stolorow, Atwood and Orange (2002) have

eloquently articulated some of the implications of this Cartesian view of mind and contrasted it

with a post-Cartesian view that is much more compatible with contemporary developmental

research. According to Stolorow, Atwood and Orange (2002),

The assumptions of traditional psychoanalysis have been pervaded by the

Cartesian doctrine of the isolated mind. This doctrine bifurcates the subjective

world of the person into outer and inner regions, reifies and absolutizes the

resulting separation between the two and pictures the mind as an objective entity

that takes its place among other objects, a "thinking thing" that has an inside with

contents and looks out on an external world from which it is essentially estranged

(pp. 1-2.)

Other features of the Cartesian mind that have long been embedded in Western thought are the values of empiricism and positivism, the idea of an external objectively knowable world and the corollary conviction that the analyst possesses a uniquely objective perspective on the experience of the patient. These aspects of the Cartesian mind have been captured by Stolorow and Atwood's (1992) discussion of what they term "the myth of the isolated mind" (p. 7).

The essence of the myth of the isolated mind is that the human mind is a self-contained and self-sufficient internal structure that is independent of an objectively knowable external world. When we contrast psychic reality with external reality, as if the two were separable and distinct regions, we are engaging in just this kind of isolated mind thinking. Traditionally, the analyst was thought to have a unique, objective perspective on the reality of the patient's experience, while the patient had a distorted view of himself and the outside world. While we do not question that physics and chemistry can tell us a great deal about the outside world, the post-Cartesian perspective asserts that psychoanalysis cannot tell us anything objective about the outside world, separate from our personal experience of that world. As research on the unreliability of eyewitness testimony has revealed, the eye of the beholder is an interpretive lens, not a scientific measuring device (Brandon & Davies, 1973; Ellison & Buckhout, 1981).

For example, if a woman should complain to her therapist that her husband verbally intimidates her, there is no way for our psychoanalytic method to verify or dispute the "objective reality" of this complaint. Even if in the transference, the woman feels that the therapist also verbally intimidates her, we cannot dispute the subjective nature of her experience of feeling verbally intimidated. The therapist might think privately that he has not been verbally

intimidating, but rather, that the woman is overly sensitive. Of course, if the therapist were to interpret this, he would be guilty of imposing his version of "reality" on the woman and thereby risk confirming the woman's subjective experience that the therapist has indeed been verbally intimidating. In other words, the appearance in the transference of a similar relational configuration in no way invalidates or disconfirms the woman's subjective experience that her husband has been verbally abusive, nor does it confirm the therapist's position that the woman "is" overly sensitive. What this example does highlight is the fallible nature of the therapist's authority and illustrates the impossibility of finding either objective truth or pathological distortion through psychoanalytic means.

Another example of isolated mind thinking is evident in the Axis II designations of the DSM-IV-TR (American Psychiatric Association, 2000). If he meets the specified criteria, a person may be labeled with a personality disorder, as in, "He is a borderline". Such diagnoses or labels treat the individual as separate and distinct from the experiential world in which he is immersed. "Borderline" is viewed as an immutable state, a condition that exists in isolation, as if the individual's way of relating was unaffected by the relational context in which he finds himself. From the post-Cartesian, contextualist perspective, "borderline" is not a fixed state or a condition like measles—if I have it with John today, I will also show it with Mary. Rather, it is a range of behaviors that are elicited in certain contexts and not others. If I manifest these behaviors with John today, I might or might not enact them with him tomorrow or with Mary anytime. This perspective clearly diverges from one that assumes personality traits are an enduring and inseparable part of the whole person, like his head.

The influence of isolated mind notions can be seen in "psychoanalytic doctrines that focus exclusively on processes occurring within the individual person….(including), for

example, Freud's vision of the mind as an impersonal machine that processes endogenous drive energies, ego psychology's autonomously self-regulating ego, and Kohut's pristine self with its preprogrammed inner design" (Orange, Atwood, & Stolorow, 1997, p. 42). If you cannot separate the external material world from the inner world of experience, then it doesn't make much sense to theorize about such things as the ego being formed out of the conflict between inner experience and external reality, as ego psychology proposes, or that external objects become internalized in an inner realm, as object relations theories propose.

Let us examine the concept of the intrapsychic structure of mind since it is a crucial aspect of the psychoanalytic "baby". The concept of the intrapsychic can be traced back to the earliest foundations of Freud's psychoanalytic theorizing. The defining psychoanalytic moment occurred when Freud revised his earlier notion that neurosis resulted from a real, external sexual trauma experienced in relationship to an important other. His (Freud, 1905) great psychoanalytic insight was that what was recalled by his people in analysis was not always the memory of real traumatic events inflicted by an external other, as he had thought earlier (1895), but often was the memory of an internally generated fantasy. This insight took the formation of psychopathology out of the realm of the interpersonal and placed it squarely in the intrapsychic world of the individual isolated mind. In some cases, for Freud, the child was traumatizing itself with its own internally generated fantasies and wishes. The focus of psychoanalytic treatment became the internal world of endogenous drives, fantasies and wishes, the defenses against the knowledge of these fantasies and wishes, and the compromise formations that resulted from the inherent conflict between wishes and defenses.

Since the focus of traditional psychoanalysis has been on the intrapsychic realm, surely psychoanalysis could be said to have made subjectivity its special province. We suggest that the

notion of mind as an intrapsychic structure is very different from considerations of subjectivity or personal worlds of experience. The intrapsychic is concerned with structure and content. A notion of intrapsychic mind implies that the mind of the individual is a self-contained thing that exists in isolation from the many contexts in which it is experienced. Endogenous sources of stimulation, whether from biologically based drives or the wishes derived from them, are seen as inevitably in conflict with internalized restraints and the demands of the objectively known, external "real" world.

Subjectivity refers to personal worlds of experience in contrast to internalized structures and contents. Personal worlds of experience do not presuppose any universal contents, like the Oedipus complex or paranoid/schizoid or depressive positions. The idea of universal mental contents is completely at odds with the notion that experience is contextually embedded; that personal meanings are continually constructed and reconstructed within a relational context and are not generated solely from within one of the players.

Too often in psychoanalytic theorizing, the subject has been understood as an isolated mind interacting with its object, another isolated mind. But subject, as a thing, is very different from subjectivity, which refers to phenomenological worlds of experience. Our point is that the person as the object of scrutiny, as in a one-person psychology, cannot be understood separately from the intersubjective contexts in which subjective worlds of experience are constituted and embedded. However, what have been referred to as two-person psychologies are often nothing more than two isolated minds interacting with each other. As long as we are dealing with isolated minds, we neglect the constitutive nature of our embeddedness in personal worlds of experience.

There is an important difference between rejecting the idea of universal mental contents

and denying that any particular personal meaning might be made within some intersubjective

systems. Experience may get organized into any conceivable pattern of meaning, like the

Oedipus complex. We emphasize that each pattern is uniquely constituted within a particular

intersubjective field and that no universal patterns are generated regardless of seemingly similar

contexts. For example, each child in a family is different, not just because 50% of their genetic

makeup is not shared, but because, even though they live in the same house with the same

parents, their personal worlds of experience and the meanings they make of them are unique to

the individual. Like any self-fulfilling prophecy, the expectation of finding any specific

organization of experience will influence and shape what is created. Isolated mind notions, far

from revealing hidden meanings, often instigate their own construction. If, for example, one

believes that the Oedipus complex is universal, one will surely find it or derivatives of it, or

defenses against it, or symbolic representations of it wherever one looks.

Another problem with the notion of the intrapsychic structure of mind is that it

perpetuates the Cartesian distinction between inner and outer reality. This raises the question of

who is to be the arbiter of what is reality. Traditionally, the analyst was presumed to be an

authority on the nature of the analysand's inner reality and how this inner reality denies, distorts,

or is unaware of some objectively knowable external reality. From the contextualist perspective,

inner and outer realities are metaphors that cannot be objectively known by psychoanalytic

methods.

Rejecting the notion of the intrapsychic structure of mind does not necessitate a rejection

of the notion of the unconscious process. The intersubjective systems perspective is often

misunderstood as being strictly concerned with conscious experience. If this were the case, then

it would certainly be superficial and lack depth. But the notion of subjective worlds of

experience does not preclude aspects of experiential worlds that may not be readily accessible to conscious examination or exploration. We agree that people often avoid knowing or disavow aspects of their emotional experience that would be disturbing or frightening. But we do not turn to spatial metaphors, like "the unconscious" or dynamic forces, like repression, to capture this aspect of subjective experience. From the perspective of contextualized experiential worlds, unconsciousness refers to the realms of experience that have been limited by the responsiveness of the surround.

> Forming and evolving within a nexus of living systems, experiential worlds and
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> their horizons are recognized as being exquisitely context-sensitive and context-
>
> dependent. The horizons of awareness are thus fluid and ever-shifting, products
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> both of the person's unique intersubjective history and of what is or is not allowed
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> to be known within the intersubjective fields that constitute his or her current
>
> living (Stolorow,
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> Atwood & Orange, 2002, p. 47).

Other metapsychological constructs suffer from many of the same Cartesian problems that plague the concept of intrapsychic structure. Freud's view of the mind as a mental machine that requires energy to do work is a particular Cartesian metaphor that derives from the science of physics. The mental machine is the isolated mind and its energy is endogenously generated. Psychological dynamics refer to the interplay of mental structures of differing energic strengths. Psychological conflict occurs between structures of different energic strength interacting, like wishes and defenses, all occurring within an isolated mind, disconnected from and indifferent to its relational contexts.

Most contemporary analysts claim to reject some but not all metapsychological

constructs. Often, however, metapsychological perspectives that are rejected on theoretical grounds are still retained in practice, ostensibly for their clinical utility. For instance, many analysts reject traditional Freudian drive theory, especially as regards the death instinct. However, the notion that aggression builds up within the individual mind and gets expressed as masochism or sadism is regularly invoked to explain behavior even as drive theory is rejected. Some analysts may reject drives in theory, but still believe in what Mitchell (1988) called "the metaphor of the beast" (p. 67), that human nature is propelled by animalistic, antisocial impulses that must be tamed or contained in the process of development.

In another common example, many analysts reject the energy model of drive theory (the economic point of view); however, they nevertheless retain notions like "ego strength" which are steeped in the energy model of quantities or amounts. Similarly, most analysts retain notions like id, ego and superego, presumably as descriptors of mental functions or activities, but then invoke them clinically as if they were real structures in the mind, like the idea of a rigid or punitive superego.

Let us examine another central metapsychological construct, the dynamic point of view of forces in conflict. The mind in conflict has been central to psychoanalytic thinking going back to Freud's earliest formulations. In the days of the topographic theory, conflict was seen as occurring between the forces of consciousness and the forces of the unconscious. Later, in structural theory, conflict was understood as occurring in the intrapsychic realm between the id, ego and superego structures of the mind (Freud, 1923). Here again, we see the separation of a hypothetical internal world from an objectively knowable external reality. Conflict is understood as occurring wholly internally because the external world has presumably been internalized in the form of the superego. This is truly a one-person, isolated mind perspective that is hard to

surrender even for theoretical advocates of two-person, relational, co-constructivist perspectives.

An integral part of the notion of internal mental conflict is the concept of defense. Traditionally, defenses were understood as attempts, on the part of the isolated mind, to ward off internal dangers; that is, dangers arising from the impulse world. Reaction formation, projection and displacement are examples of the way defenses against internal dangers are thought to distort an accurate view of objective external reality. A few defenses, like denial or dissociation, are presumed to cope with objective external dangers, with similar distorting effects. Then there are defenses, like projective identification, that straddle both internal and external worlds.

Some analysts, who espouse a co-constructivist notion of mental functioning, nevertheless defend projective identification as a clinically useful construct. Projective identification describes a process where the contents of one isolated mind are mysteriously placed into another isolated mind. Invariably, it is the patient whose internal affect state, usually in the form of pernicious aggression, is being put into the innocent analyst, where, like the "Alien", it later bursts forth from inside the analyst to attack the patient. This hypothetical process clearly involves two isolated minds in interaction and not a co-constructed system of reciprocal mutual influence.

These are all isolated mind notions, whether or not adherents to certain relational perspectives entertain them. As such, they represent flawed metaphors for complex psychological processes that have insinuated themselves into what has become our shared cultural endowment, so much so that they are treated as expressions of ordinary common sense (Stolorow, Atwood & Orange, 2002). Thus, they invariably exert their influence on our clinical work. The problem with isolated mind notions is that they ignore the contextual foundations for all experience. Isolated mind constructions are often treated as objectively true expressions of

the dynamic workings of the person's mind. The analyst's insights into the analysand's

dynamics are then communicated as accurate interpretations about the analysand's mind and

motives.

Here is the source of much of our differing perspectives. Traditional and contemporary

Freudians see the individual person as the basic unit of study whereas the intersubjective systems

perspective sees the person as embedded in intersecting worlds of personal experience.

Intersubjectivity is relational, in the sense of mutual influence and interactive regulation of

experience. It is a fundamental, indivisible quality of the field and is not the same as relationship

or interpersonal interaction, something that individual minds engage in. This is the crucial point.

Analysts advocating Freudian based theories acknowledge the importance of the therapeutic

relationship in their clinical work and focus on developing rapport, working alliances (Greenson,

1967) and other connections with their patients. However, promoting rapport, working alliances

and good relationships with people does not make a theory relational. It merely treats

relationship as a technique the analyst employs to further the goals of uncovering what is going

on in the analysand's isolated mind. From this modern Freudian perspective, treatment is a

situation where individual isolated minds come into interaction with each other. To be interested

in exploring the depths of a person's mind means that "mind" is a thing or object whose self-

contained contents may be studied.

The intersubjective systems perspective rejects **all** isolated mind notions because they are

incompatible, inconsistent and ultimately irreconcilable with this view of the contextual nature of

personal worlds of experience. The reason the intersubjective systems perspective rejects

concepts like reaction formation, projection, displacement and internalization is that they are

founded on flawed, isolated mind assumptions about human nature and development.

Mechanisms like reaction formation, projection, displacement and internalization presume that one self-contained, isolated mind can move some of its contents to another self-contained, isolated mind or take them in as if they were a foreign body. The problem is that while these constructs may be powerful pictorial metaphors, some theories treat them as if they were real mechanisms. By failing to capture the exquisitely context sensitive and mutually influencing processes at work, these metaphors influence clinical work by shaping how we understand and treat the person.

For example, in the defense of reaction formation, unacceptable feelings or impulses, like love for the analyst, get transformed into hate for that object. This is understood as a strictly intrapsychic process in which the conflict is presumed to concern superego-driven guilt over unacceptable, id-related desires and is not related to any specific qualities of the analyst. Such dynamic understanding then leads to the construction of interpretations about the person's guilt over his desires for the analyst. However, such dynamic understandings and interpretations are inadequate since they neglect the systemic or contextual aspects of the analyst's engagement with the analysand that might have stimulated or aroused the analysand's longings, such as the analyst's caring concern, empathic listening, or attuned responding. Unacceptable longings and guilt are presumed to actually exist as powerful, real dynamics operating solely within the analysand's mind. In contrast, from the contextualist perspective, whatever desires the analysand may now be experiencing have been influenced by the context in which they appear and exist neither in the analysand nor in the analyst alone, but in the intersubjective field created by the two.

The intersubjective systems perspective is concerned, not with mind, but with intersecting worlds of personal experience and the personal meanings made of such experience.

Treatment is one context where worlds of personal experience intersect. Therefore, the aim of treatment is not the excavation and uncovering of defended against mental contents, but the unfolding and illumination of the personal worlds of subjective experience of as they emerge at the intersection.

Let us examine a clinical example. A female therapist brought to supervision her discomfort with Yvonne, a young woman, whose flirtatious behavior had surfaced that morning in their therapy session. The therapist's dilemma concerned how to make Yvonne conscious of her sexual feelings. The supervisor observed that the therapist was wearing an attractive but very revealing blouse and he wondered whether Yvonne might have been aroused by this. The therapist was surprised by the question, unaware that her sheer blouse might have had some stimulating properties for Yvonne.

Many possibilities are raised by this example. For instance, who was attracted to whom? Was the therapist initiating a same sex flirtation with Yvonne? Did the therapist dress that morning for her opposite sex supervisor later that day? Was the therapist trying to disguise her sexual feelings for her supervisor by focusing on Yvonne's sexuality? And had the supervisor unwittingly set the whole process in motion by his attraction to the supervisee? The point is that an intrapsychic focus leads to an examination of the inner workings of one person's mind, like Yvonne's presumed inner conflicts around same sex attraction, as if they exist in isolation from the whole treatment context. A systemic, contextual focus expands the field of view to incorporate the whole, multileveled therapeutic context, which includes Yvonne, the therapist and the supervisor.

It might be argued that any good therapist would examine the transference/countertransference implications of this encounter. However, transference and

countertransference refer to processes going on within one person'mind. Yvonne's sexualized transference is thought to reside within Yvonne's mind, not as an outgrowth of the intersubjective field. Likewise, the therapist's countertransference might be seen as residing within the therapist's mind, and also not be a contextual construction involving the intersubjective field comprised of Yvonne/therapist. And where does the participation of the supervisor fall in the transference/countertransference matrix? The supervisor is unlikely to explore the extent to which his attraction to the therapist has trickled down to Yvonne, who now finds herself stimulated and aroused by her therapist (See Buirski & Monroe, 2000, for a discussion of the supervisor as chaperone). Since transference and countertransference are essentially viewed as processes going on in interacting isolated minds, Orange's (1995) term "co-transference" better captures the contextual construction or intersecting worlds of personal experience.

We are trying to make two points here. The first is that isolated mind, Cartesian, theorizing, (just like contextual thinking), strongly influences how and what we hear. We can only hear what is within our auditory range and what is in our range is shaped by our theoretical understandings and clinical expectations. Our second point is that those who privilege Cartesian, isolated mind perspectives in their theorizing, may, in practice, function as post-Cartesian contextualists would. When they do adopt a contextualist, experiential world perspective, they do so in contradiction to the theory of mental functioning they espouse.

One area where there seems to be much confusion relates to our understanding of the analytic encounter. Most analysts no longer adhere to traditional notions of the analyst as an anonymous blank screen or the possibility of abstinence and neutrality as analytically realizable stances (Adler & Bachant, 2000). There is widespread recognition that the analytic field is

impacted by the person of the analyst. Relational theorists refer to the analytic field as being co-constructed, meaning that both parties to the analytic encounter contribute to the experience. To say that all analytic experience is co-constructed, though, does not negate that each member of the analytic dyad brings to the encounter his or her own uniquely formed worlds of experience. Nor does co-construction imply that each participant contributes in equal measure. As Aron (1996) has observed, the analytic relationship is mutual but not symmetrical; it is shaped and regulated by contributions brought by both parties, but not in equal measure.

Like the home run, the analytic encounter is contextually quite complex. The context cannot ever be completely specified, but an important factor in what is ultimately understood is the differing organizations of experience that both analyst and patient bring to their meeting. Some aspects of the analyst's organization of experience that will impact the analytic encounter include her personal world of experience, comprised of her theory and the clinical expectations that derive from theory, her knowledge and experience treating patients, and the state of her personal life, with all its attendant fulfillments and disappointments. For the patient's part, his organization of experience will include some of the following: his sophistication about psychoanalytic theory and practice and his expectations of it; that is, what has he read, heard, seen or been told about psychoanalytic treatment. How can associations be free if part of the context includes what the patient anticipates the analyst will think of his productions? And finally, we cannot minimize the extent to which self and interactive regulation shapes the experience of both participants.

However much we might theoretically acknowledge the constitutive role of context in the shaping of experience, this easily slips away in practice and the comfortable tendency is to resort to isolated mind constructions, particularly when the heat is on. What is the problem in

practice, you might ask, with resorting to isolated mind constructs anyway? Does it matter

whether the earth is the center of the universe or not when you goal is to get to your neighbor's

house. This gets to the crux of the matter. Does it really make a difference in clinical practice?

We believe that it very much matters and will try to illustrate this with a clinical vignette.

Mary, a single woman in her 30s, is carrying on an affair with a married man. He gives

her many expensive gifts and now he offers to buy her a car, which she very much could use.

The patient expresses to her therapist feelings of discomfort and shame with being given money.

The patient says, "It makes me feel like a prostitute".

What might the therapist make of this association? Perhaps a Kleinian would think,

"You envy my money and wish to put your shame at not having money into me." A Freudian

might think, "You are drawn to a man like your father who uses money to buy what he wants."

A relationalist might think, "Your neediness pulls for him to fill you up." A self psychologist

might think, "He must value you a great deal."

We might all agree that, as is the case with most clinical questions, "It depends." But on

what does it depend? It depends, we contend, on as much as we can fathom of the context, the

intersubjective system, in which this exchange takes place. Both patient and analyst are bringing

their unique organizations of experience to this moment.

In terms of Mary's world of experience, she is someone who has gotten very little, either

of tangible goods or the experience of feeling loved. She deeply longs to be taken care of and to

feel valued. Another aspect of Mary's organization of experience concerns her feelings of

worthlessness because she never felt treated as lovable and worthy by her parents. This raises

the possibility that, along with shame over accepting money, like a prostitute, finally being

treated by a man as someone worth giving to, might lead Mary to feel proud and valued for her worth to this suitor.

Mary's therapist is a woman of similar age for whom Mary has expressed admiration. She sees her therapist as strong, independent and confident; traits that Mary feels she lacks. In supervision, the supervisor wondered how the therapist was feeling about Mary. The therapist indicated that she wished to empower Mary so that Mary could feel worthy without debasing herself by accepting payoffs for sex. This suggests that the therapist looks down on Mary for taking expensive gifts, thinking that Mary is, in fact, acting like a prostitute.

By ignoring the intersubjective system and focusing primarily on Mary's isolated mind, the therapist could unwittingly confirm Mary's feeling of shame, neglect her feeling of pride, and overlook Mary's possible transferential need to accommodate to what she experienced as her therapist's expectations of how Mary should feel. That is, Mary's confession to feeling "like a prostitute" might be subtly influenced by her experience of her therapist's disdain.

Mary's association that she feels like a prostitute could have been formed at the interface of their two subjectivities. In this example, both Mary and her therapist may be interactively regulating themselves around uncomfortable feelings of being given to. This interaction between the two participants is not the expression of conflict within the mind of either party alone. Mary's subjective experience has been intersubjectively constructed, as has the therapist's. From the intersubjective systems perspective, the therapeutic process might explore the experience of reciprocal influence between Mary and her therapist leading to a broadening of the horizons of both. As supervisors, we assume that this expression of "feeling like a prostitute" emerges, at least in part, from the subjectivity of the therapist. We would encourage the supervisee/therapist to wonder how her subjectivity has intersected with Mary's. We hope that this example has

illustrated the complexity of the intersubjective field in structuring what both members of the therapeutic dyad talk about and the feelings that emerge in each.

Therapy is a complicated business, but it is all the more complicated because the therapist's own world of experience is part of the context and so is the other's expectations of the way that the therapist's experience is organized. The fact that it is so difficult to discern all the contextual factors suggests that a stance of fallibilism (Orange, Atwood & Stolorow, 1997), of holding one's formulations tentatively, is a wise course. Thus, while the analytic pair may never be able to sort out all the possible meanings associated with any analytic exchange, we believe that fundamentally analysis is the process of making sense together of the analytic experience, and not of figuring out the patient. Treatment, from this perspective, is about exploring and expanding worlds of personal experience rather than finding and interpreting dynamic truths about the operation of an isolated mind. For as Donna Orange (2002), echoing Winnicott, has proposed, "there is no such thing as a patient, that there is only a patient in the context of the analyst's care, and conversely that there is no such thing as an analyst, but only an analyst for and with this particular patient" (p. 698).