Practicing Intersubjectively

Peter Buirski
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To Gloria Watson-Kerr and Barry Kaplowitz, for their devotion to my parents and their friendship to me.
Instead of technique, we propose that psychoanalysis is a kind of practice in the Aristotelian sense. . . . Unlike technique, practice is always oriented to the particular. Practice embodies an attitude of inquiry, deliberation and discovery. It eschews rules, but loves questions—questions about what is wise to do with this person, at this time, for this reason.

—Orange, Atwood, and Stolorow (1997)
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Both words in the title of this book are rich with meanings. "Intersubjectively" refers in this book primarily to the intersubjective systems theory on which several contributors, especially including Robert Stolorow, George Atwood, Bernard Brandchaft, and I have been at work for many years. (Recent contributors include William Coburn, Maxwell Sucharov, and the author of this book.) Added to the central claim that all psychological life emerges from the interplay of two or more worlds of experience, our work involves an ever-developing interest in European phenomenology and hermeneutics; a fallibilistic epistemology of perspectival realism; interests in complexity, context, and organic systems; and, above all, a relentless determination to understand our patients' worlds of experience as they are lived together with our own. Clinically speaking, this means we engage with our patients in searching for the emotional convictions organizing the patient's experience and our own, especially those that keep them and us suffering and rigidified. We also watch constantly to keep ourselves from imposing our "realistic" preconceptions about facts and values on our patients, in part because we are skeptics about the existence of interpretation-free facts, and in part because we believe that a know-it-all attitude closes down the process of understanding and psychological transformation.

Second, this title uses the word "practice" to describe clinical work. Years ago, I wrote that the concept of practice could well replace that of technique in psychoanalysis. Aristotle's phronesis is the practical reasoning that searches for the right thing to do at the right time for the right reason. It resembles Winnicott's "good-enough" kind of relational rightness, the attunement and reattunement of the developmentalists, and the artistry that goes beyond the perfect technique of the craftsman. The philosopher Gadamer...
makes it clear why practice as phronesis captures so well the spirit of intersubjectively oriented psychoanalysis and psychotherapy:

It appears in the fact of concern, not about myself, but about the other person. Thus it is a mode of moral judgment. . . . The question here, then, is not of a general kind of knowledge, but of its specification at a particular moment. This knowledge also is not in any sense technical knowledge or the application of such. . . . The person with understanding does not know and judge as one who stands apart and unaffected; but rather, as one united by a specific bond with the other, he thinks with the other and undergoes the situation with him (Gadamer 1975/1991, p. 288).

Choosing, then, to call our work “practicing,” as Peter Buirski and his collaborators do in this book, characterizes our work as a dialogic and relational search for understanding. Each chapter in this book extends the possibilities for living intersubjective systems theory in our daily practice.

Often doubters ask, “But how can such a practice be taught and learned? Surely it is better for beginners to learn a few rules and rely on these.” My own answer is both Gadamerian and Aristotelian: practice embodies an attitude of inquiry, deliberation, and discovery. It eschews rules, but loves questions—questions about what is wise to do with this persona, at this time, for this reason, and so on. Such wisdom can be learned, never on the basis of rules, but from the person who lives wisely. So-called training, in my view, is a form of apprenticeship. The wisdom embodied in this book is an opportunity for continued apprenticeship to those whose work has taught them a certain practical wisdom.

It is a major honor to be asked to introduce this book to its readers, because the author has done my collaborators and me such an enormous honor by his engagement with our work. I hope the readers will have as much pleasure in the reading and consideration of these pages as I do in entrusting this book to their practicing hands.

Donna Orange
Acknowledgments

This book was originally conceived as a sequel to *Making Sense Together: The Intersubjective Approach to Psychotherapy* that I wrote with Pamela Haglund, PsyD. Unfortunately for *Practicing Intersubjectively*, when the time came to begin working on this new book, Pam no longer had the time to devote to this project. Her candidacy at the Denver Institute for Psychoanalysis was keeping her far too busy. Fortunately, she has graciously made time to review the other chapters that we had previously written together and those chapters that I wrote or coauthored with others. Thus, in many ways, her stamp is clearly on this book.

I want to thank those colleagues and friends with whom I have discussed these ideas and whose insights, encouragement, and support have been enlightening and sustaining: Elliot Adler, PhD, Harold Cook, PhD, Shelley Doctors, PhD, Abe Fenster, PhD, David Hurst, MD, Michael Karson, PhD, Fernand Lubuguin, PhD, Alan Melowsky, PhD, Lavita Nadkarni, PhD, Lynn Rosdal, PsyD, Robert Shapiro, PhD, Ruth Shapiro, PhD, and Jonathan Shedler, PhD. I am also grateful to other colleagues who have given helpful feedback to individual chapters: David L. Becker, PsyD, and Carol R. Bowman, PsyD, gave input to chapter 6; Martha Ryan, PsyD, in addition to coauthoring chapter 6, made valuable contributions to chapter 5; and Fred Wright, PhD, made significant contributions to chapter 3. I am especially indebted to Donna Orange, PhD, PsyD, and Robert Stolorow, PhD, for their friendship and support.

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book. Their intelligence and critical thinking challenged me to be more artic­ulate. Special thanks go to Samuel Adams, Melissa Baker, Katy Barrs, Jessica Bloomfield, Christina Clancy, William Clancy, Rae Sandler, Duncan Seawell, Shawn Smith, Preeti Vidwans, and Christina Walker. The students in my Intersubjective Systems Theory course, Spring 2004, were especially con­structive, reading and commenting on several chapters, and I thank them col­lectively. Finally, Stacie Barnes and Emily Eschbacher provided invaluable assistance tracking down references, copying articles, transcribing video­tapes, and doing general editorial consulting. Emily read the book aloud to me, and together we were able to identify and clarify awkward sentences and unclear expressions.

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Finally, to my family: my wife, Cathy Krown Buirski, MSW, has been a loving friend, companion, and colleague with whom I have shared so much, both intellectually and emotionally; and my son Max and my daughter Diana have been supportive, encouraging, and affirming with their interest in and understanding of these ideas.
Introduction

While the term “intersubjectivity” is used differently by various relational theorists, my thinking about Intersubjective Systems Theory draws heavily on the work of Stolorow, Atwood, and Orange. My desire to write this book grew out of what was left unsaid in Making Sense Together: The Intersubjective Approach to Psychotherapy that I wrote with Pamela Haglund. In Practicing Intersubjectively, I try to explicate and elucidate the way an intersubjective systems sensibility can inform and enrich the broad range of clinical practice.

Students and colleagues often ask what an intersubjectivist would say in a particular clinical exchange. This is a tricky question because it seems to address issues of technique and focus on contents. First, let me say that I am not representing myself as the “voice” of intersubjective systems theory. While many people may be informed by the intersubjective systems sensibility, everyone makes sense of it and practices in their own ways. There is no uniform body of technique that defines our perspective. If we agree on anything, it is that each treatment is unique and must be invented afresh by the participants. In this regard, intersubjective systems theory views each treatment as exquisitely context sensitive. This means that the person who comes for therapy would present differently to different therapists, and the two of them would construct different processes. Therapists themselves are not interchangeable, and the intersubjective field that the two participants create together would be quite different from the field created by any other pair. An articulation that might have felt right yesterday might not feel right today. As we say, “It depends.”

Second, what I, as the therapist, hear when the other is speaking is very much delimited by my view of the way people develop and the range of experiences
that can disrupt or facilitate that development. That is, in the clinical moment, what I hear the other saying is constrained by my theory of mind, my clinical experience, and the current state of my life. My first psychoanalytic language was Freudian theory. I still can speak it, but I am losing my fluency. Now I tend to experience it as an interference or distraction, like static on the radio. If the person I’m talking with says, “I felt attracted to a woman much taller than me,” I try not to get distracted by focusing on the Oedipal derivative (mother was obviously taller), if I hear it at all. The meaning of the “taller woman” might indeed turn out to have Oedipal components; intersubjective systems theory doesn’t exclude any meanings, even those that are consistent with the expectations of other theories of mental functioning. We are devoted to promoting the unfolding and illumination of personal meanings, without personal investment in where our journey will take us.

This may sound like something contemporary Freudians would agree with, and at this point I do hear the voices of my friends objecting that I am creating differences where none exist. However, it is a much more complex subject than this may sound. While all experienced analysts would take as self-evident that we must explore the meaning something has for the other, the essence of the intersubjective perspective is that we cannot easily de-center ourselves from our worldviews. This point comes up throughout the book. It would be a bit like saying, “I don’t hold prejudiced beliefs consciously or unconsciously.” If something is unconscious, then, by definition, we cannot know it. Those of us whose training has been in models of the mind that emphasize universals, like the Oedipus complex, Mahler’s separation-individuation stages, or Kleinian positions for example, listen and hear differently than those who haven’t been steeped in these traditions. Our personal worlds of experience and the meanings we make cannot help but be colored by our theoretical and experiential worldviews. I have tried to illustrate this point in chapters 2 and 3, where the therapist’s theory of mind impacts the therapeutic encounter in powerful ways.

This raises a third point: that what a therapist working from an intersubjective systems sensibility might say in a particular clinical interchange may not sound very different from what any experienced therapist might say. Intersubjective systems theory emphasizes the mutual and reciprocal influence of two subjectivities on each other, but privileges the other’s subjectivity. As Orange (1995) has observed, psychotherapy involves two people trying to make sense of one. Therefore, I try to articulate my grasp of the other’s subjective world of experience, which is what I believe most good therapists, regardless of theory, do most of the time. Perhaps the difference lies in the inverse: what distinguishes the therapist working from the intersubjective systems perspective from therapists working from other orientations is to be
found more in what they do not do or say than in what they actually do or say. For example, we try to avoid taking an objectivist stance, assuming that we are privy to some greater authority or knowledge than the other. And we avoid pathologizing, which is revealed by a focus on the person's maladaptive behaviors or motives, like his masochism. Instead, we wonder about how the person's striving for health might be obscured by behaviors or motives that appear self-defeating.

Fourth, while those practicing intersubjectively believe in the importance of making unconscious organizations of experience more accessible to consciousness, we focus as much on the reparative quality of our relationship with those with whom we work. While the notion of a curative emotional experience has been discredited in the traditional literature, I remain convinced that one of the important promoters of growth and health is the inverse of what disrupted it in the first place: the quality of emotional relating between people who are important to each other. If the consistent misattunement of the early caregivers plays a large role in the child's emotional impairment, then repair must necessarily involve a new and improved attuned relationship.

This book is concerned with describing how the intersubjective systems perspective informs, shapes, and guides the psychotherapeutic process. One of the great strengths of the intersubjective systems perspective, largely because it is a contextual and systems perspective, is that practicing intersubjectively enriches the work done in diverse clinical contexts. To illustrate the broad applicability of the intersubjective systems perspective, I have applied it in traditional and nontraditional contexts. For example, I have included chapters on working with people from diverse multicultural backgrounds, people with prejudiced attitudes, and people suffering from trauma. In addition, I have retrospectively applied the intersubjective systems perspective to one of the most famous cases in the psychoanalytic literature, Freud's case of the Wolf Man.

I have tried to develop these ideas using as little technical jargon as possible. However, each theory speaks in its own specialized language and requires its own vocabulary. Therefore, becoming fluent in the language of intersubjective systems theory requires adjusting one's ear to new terms and concepts. Sometimes familiar terms and concepts are used in new ways with new meanings. This is an unfortunate source of confusion, and, where possible, I have tried to use nontechnical words to clarify different meanings.

Finally, the reader will notice that I have made an effort, sometimes awkward sounding, to avoid the use of the term "patient" to refer to the person who engages in self-exploration with the therapist. Liz Shane (2001), in her review of Making Sense Together, stressed this contradiction and I appreciate her point. While the Latin root of "patient" refers to one who suffers, contemporary usage derives from the medical model and signifies the person that
the physician heals. One person is doing something to another, not two people co-constructing experience. "Patient" suggests the very one-person, objectivist, hierarchical model of relationship that the intersubjective systems perspective abhors. "Client" is no better a term, with its implications of a business relationship. Even though psychotherapists charge for their time and expertise, it is not a business relationship. It is the most personal and intimate of encounters, from which both will emerge enriched. When the term "patient" does occur in the text, it is used in the context of one-person, hierarchical, isolated mind thinking.

The book contains eight chapters, some of which I have coauthored with others and some I have written alone. Some chapters have appeared separately, in modified form, and others appear here for the first time.

Chapter 1, ‘There’s No Such Thing as a Patient,’ coauthored with Pamela Haglund, PsyD, begins with an overview of the theory of intersubjectivity. Haglund and I introduce the language of intersubjectivity and try to give a clear description of the fundamental concepts. Theory necessarily informs practice, and chapter 1 provides the framework for later chapters on practice. In this chapter, we assert that a contextual view of mind cannot be reconciled with any concepts referring to isolated mental contents or processes. We challenge the position that it is possible for clinicians to embrace both a relational, contextualist, two-or-more person view of psychology and a perspective that views defenses, fantasies, or any observable clinical material as originating solely within the mind of the individual. Rather, we illustrate that whatever emerges clinically can be understood only as a phenomenon of the field consisting of both participants. A version of this chapter will appear in Psychoanalysis and Psychotherapy, Spring 2005.

Chapter 2, “Innocent Analyst or Implicated Analyst,” makes use of a previously published case report by Martin Silverman (1987) to illustrate how the therapist’s theory of mind shapes the therapeutic encounter. Through an examination of clinical material generated in four consecutive sessions, the differences between the structural theory approach of Silverman and an intersubjective systems sensibility becomes evident. In this chapter, I try to show how the theory of the analyst leads to clinical choices that profoundly influence and shape the psychoanalytic process.

Chapter 3, “Two Approaches to Psychotherapy,” further illustrates the distinctive treatment implications that the contemporary Freudian and intersubjective systems approaches have on the unfolding therapy dialogue. In this chapter I present the transcript of an initial interview that grew out of a demonstration of the psychodynamic approach conducted at John Jay College of Criminal Justice. To avoid the ethical concerns raised by doing a public
demonstration with someone seeking psychological help, an actor was enlisted to develop and improvise the person of Mr. G. I began this interview from the stance informed by my understanding of contemporary structural theory, focusing on promoting insight and understanding. Midway through the interview, I got the strong impression that I was fostering defensiveness and narcissistic injury in Mr. G, so I consciously and deliberately switched stances to an approach informed by intersubjective sensibility. This interview provides an opportunity to contrast the differential impact that these two approaches have on the unfolding process.

Chapter 4, "Colliding Worlds of Experience," examines the complications that arise when people, informed by the isolated mind perspective pervading the common cultural wisdom, encounter therapists working from the intersubjective systems perspective. I distinguish between resistance, disjunction, confrontation, and collision and offer a new look at the transformative potential that grows out of the collision between the divergent worldviews held by the members of the therapy dyad.

Chapter 5, "An Intersubjective Systems Perspective on Multicultural Treatment," coauthored with Michelle Doft, PsyD, describes how an intersubjective systems sensibility lends itself to working with people from ethnic, racial, and cultural backgrounds that are different from that of the therapist. With its commitment to the empathic/introspective stance and attunement to the subjective experience of the other, the intersubjective field becomes enriched by multicultural experience. A version of this chapter is in press at the journal Psychoanalysis and Contemporary Thought and is presented here with permission.

Chapter 6, "Prejudice as a Function of Self-Organization," coauthored with Martha Kendall Ryan, PsyD, reviews the traditional psychoanalytic theories of the development and maintenance of prejudiced attitudes and affects. To this body of understanding we offer an intersubjectively informed self psychological perspective. We describe the treatment of Sandy, a woman who presented with extreme expressions of prejudice, to illustrate how this perspective provides a framework for understanding the narcissistic roots of her prejudice and a therapeutic stance for promoting the transformation of her prejudiced attitudes and affects. From this perspective, prejudice is understood, not as the displacement or projection of aggression, but as an expression of a vulnerable, fragmentation-prone self-organization struggling to overcome a traumatic developmental history. A version of this essay was published in Psychoanalytic Psychology, 2001 (18), 21-36, and is presented here with permission.

In chapter 7, "Bearing Witness to Trauma from an Intersubjective Systems Perspective: A Case Study," coauthored with Erin Shrago, PsyD, we show how an intersubjective systems perspective can be applied to treating a victim of a traumatic experience. We address the controversial topic of therapist