Working Intersubjectively

Contextualism in Psychoanalytic Practice
Though similar in dissociative tendencies, and in many tastes and interests, Kathy and her analyst differ in family position and in many of the ways they organize experience. The intersection allowed them to create a space where the unbelievable could be explored together, could be known in various ways, and could begin to be integrated. The analyst might be the big brother who did not abuse her and to whom she could turn in times of trouble, or the big brother she needed to avoid and who “makes her do work.” Gradually they will be able to recognize and to reorganize Kathy’s profound sense that attachment to an older woman is very dangerous. What they do together is a product of their experience in the unique intersubjective field they create together.

It might be argued that nothing in this treatment is unique to the intersubjective perspective. This is surely true. Intersubjectivity theory is not a set of prescriptions for clinical work. It is a sensibility that continually takes into account the inescapable interplay of the two subjects in any psychoanalysis. It radically rejects the notion that psychoanalysis is something one isolated mind does to another, or that development is something one person does or does not do. Working intersubjectively is exploring together for the sake of healing. Each particular analyst creates with each particular patient the opportunity—often, as in this instance, the first opportunity—to integrate and make sense of a painful and confusing life.

Beyond Technique
Psychoanalysis as a Form of Practice

Genuine creation is precisely that for which we can give no prescribed technique or recipe.
—Barrett
_The Illusion of Technique_

Many observers of psychoanalysis, as well as some of its participants, have thought that Freud was mistaken in taking his creative attempt to understand emotional suffering to be a science in the tradition of the exact sciences (Bouversesse, 1995). Fewer have noticed that Freud and his followers have also misunderstood psychoanalytic practice as technique. The two misconceptions are related, because both assume that all relevant variables can be controlled; ever since the articulation of the uncertainty principle in physics, we realize that this condition does not exist completely, even in the realm of material things. Practice, on the contrary, is characteristic of work with human beings with minds. The realm of the mental is thoroughly incomplete, indefinite, and open. It is the field of practice, or as Aristotle would have said, of practical wisdom. Although the classical principles of multiple function and of overdetermination respect this difference between matter and mind, as does contemporary relational psychoanalysis with its “postmodern” attitudes, the view of clinical work as technique has remained pervasive and seriously harmful. Our remaining chapters illustrate the alternative mode of thinking about clinical work that we propose.
Technique is the Greek word for the kind of knowledge needed to make something (Aristotle). It describes both the explicit rules and the tacit knowledge (Polanyi, 1958) involved in a craft like carpentry or plumbing or surgery. Distinct from the art or science to which it is related, technique is often a necessary but not a sufficient condition for their full realization. When we say that an artist has great technical skill, we are often damning by faint praise. We are contrasting superb technique with artistry.

Technique, as Barrett (1979) points out, resembles the kind of automatic decision procedure we expect from a well-functioning machine. In his words,

All that we desire from a machine of this kind is that it go through the routines written into it. The last thing we want from it is that it be creative or inventive in any way. When your automobile starts to sound in the morning as if its starting up were a matter of improvisation or invention, it is usually time to trade it in [p. 23].

An ideal of modern science that has great influence in our field involves just such reduction of thought to a methodical testing of hypotheses. The creative process involved in generating the hypotheses themselves thus becomes an invisible adjunct to method and technique.

Freud, desiring that psychoanalysis command the respect accorded to the exact sciences in his time, declared that it was one. He saw that scientific knowledge often carries associated technical applications, and from the beginning he thought psychoanalytic work consists of techniques. He frequently referred to dream interpretation as a technique (Freud, 1900). Later, eager to protect the reputation of his young "science" from scandal, he elaborated recommendations for psychoanalytic technique. These concerned anonymity, abstinence, neutrality, and the use of the couch. Further elaborated by Freudians and Kleinians (Bergmann and Hartman, 1976; Etchegoyen, 1991), the recommendations became rules and persist as our collective "psychoanalytic superego" to this day. Despite the creative ferment and dissent in psychoanalysis from Ferenczi to the present, these rules have formed a psychoanalytic backbone and have often formed the "common ground," to use Wallerstein's term, among widely diverging schools of psychoanalytic thinking. If you use the couch, if you see patients four or more days a week, if you keep yourself neutral and anonymous, and if you also analyze defense and transference, then you are doing psychoanalysis. Only now is the wisdom, or the universal applicability, of some of these "technical" rules being seriously questioned.

But we are making a more serious and radical claim, namely that the whole conception of psychoanalysis as technique is wrongheaded—to borrow an epithet popular among philosophers—and needs to be rethought. Even in the so-called two-person psychologies, it relies on an assumption that one Cartesian isolated mind, the analyst, is doing something to another isolated mind, the patient, or vice versa. An earlier contribution (Stolorow and Atwood, 1992) provided extensive critique of isolated-mind assumptions in psychoanalysis. We claimed that "the development of personal experience always takes place within an ongoing intersubjective system" (p. 22).

The intrinsic embeddedness of self-experience in intersubjective fields means that our self-esteem, our sense of personal identity, even our experience of ourselves as having distinct and enduring existence are contingent on specific sustaining relations to the human surround [p. 10].

We also argue that the instrumentalist idea of technique reduces suffering human beings to the mechanisms of classical metapsychology. This residue of positivistic reductionism treats
people as brains or neural networks. (Given the persistence of this residue in the larger medical mentality, it is not surprising that the first response to any problem tends to be medication, a technical response to what is seen as a mechanical problem.) A later chapter illustrates some of the effects that this technical mentality may have on a person experiencing psychotic processes.

Despite these limitations, the idea of technique is firmly, if not rigidly, embedded in psychoanalytic discourse. A recent, cogently articulated exception, however, is the work of Louis Fourcher (1996), who writes of the problems inherent in the intellectualist conception of rationality found in most psychoanalytic writing:

A dichotomy of knower and known is established that, in turn, requires a discontinuity of knowledge and action. Knowledge is therefore related to action only unilaterally through the objectification of the therapist's activity as "technique," or through the objectification of the patient's actions as expressions of some conceptual logic or "rule" articulated by theory. Techniques are presumed to be applied according to actions or interpretations dictated by theoretically organized procedural rules [p. 524].

The concept of technique, in other words, leaves us in a Cartesian dualism with an overly intellectualized concept of interpretation. Such interpretation then comes to be contrasted with, or at least seen as separate from, the emotional understanding that inevitably forms its context and gives it meaning in the psychoanalytic situation.

THE CONCEPT OF PSYCHOANALYTIC TECHNIQUE

A review of the extensive literature—too large to describe here—on psychoanalytic technique reveals an ongoing tension between devotion to rules and insistence on flexibility. The second emphasis owes its origin to the creative pragmatism of Ferenczi, whose maxim seemed to be, "if what you're doing doesn't work, don't blame the patient; attempt to guess what is going wrong and try something else." Unfortunately, such pragmatism, with its admission of fallibility, made Freud and many later psychoanalysts very nervous, and Ferenczi's experimental spirit was lost to psychoanalysis until recently. Instead, most of us were taught Freud's "rules" with a few updates. There were "parameters" (Eissler, 1958), or special dispensations from the rules,3 for people with special disabilities that made them unable to tolerate the rigors of orthodox psychoanalytic treatment. But these exceptions did not bring the rules themselves into question. Even Winnicott's importation of the spirit of child therapy did not seriously question the concept of technique.

In fact, although Bergmann is probably correct in claiming that psychoanalytic technique has not been a static entity and has developed, we argue that the concept of technique has persisted unchanged and continues to exert a deleterious influence in psychoanalytic thought and practice. Aside from Fourcher, we have found few psychoanalytic authors who question the appropriateness of "technique" as a significant term in psychoanalytic discourse. On the contrary, we find conferences and journal issues devoted to technique, and most recently Etchegoyen's (1991) monumental and thorough compendium on the topic has appeared.

Still, an intersubjective understanding of psychoanalysis must question this almost universally received idea. The concept of technique includes the idea of rules of proper and correct procedure. The primary purpose of the rules of any technique is to induce compliance, to reduce the influence of individual subjectivity on the task at hand. Even Kohut (1971), who taught us so much about listening to our patients, thought analysis should be a nonidiosyncratic science that could be taught to noncharismatic practitioners.

While someone may point out that rules are not necessarily bad, that they provide structure and even safety for whatever game is being played, we must question further. Is psychoanalysis the kind of "game" or human enterprise that is primarily capable of being played by rules? Winnicott's (1971) distinction between play, which can be studied for structure and rules, and playing, an open relational process, may be helpful here. Does

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3. In the past, Catholics with health problems could obtain temporary dispensation from fasting or from the Friday abstinence from meat.
psychoanalysis perhaps belong to the second set of possibilities, to the realm of playing.

Before answering this question, we should consider some reasons for seeing psychoanalysis, and psychoanalytic therapy, as a set of techniques. Most obvious, and probably an important consideration that led Freud to formulate his famous “Recommendations to Physicians Practising Psychoanalysis” (1912) and boards of professional conduct to formulate their codes of ethics, is the protection of the relatively vulnerable patient. Perhaps equally prominent is the desire to protect the reputation of the profession from practitioners who lack good judgment and good personal boundaries. Neither of these reasons for placing a “frame” (Langs, 1978) around the psychoanalytic process is negligible. But we must not equate the frame with the process. Even more, we must take care to choose the frame for the particular painting, not buy the frame first and then attempt to create something or someone appropriate for it.

This leads us to consider a major shortcoming in the technical approach to psychoanalysis. It amounts to assuming that the same frame will be appropriate for every patient or for each analytic couple. Intersubjectivity theory claims that psychoanalysis seeks to illuminate phenomena that emerge within a specific psychological field constituted by the intersection of two subjectivities—that of the patient and that of the analyst. . . . [Psychoanalysis is] a science of the intersubjective, focused on the interplay between the differently organized subjective worlds of the observer and the observed [Atwood and Stolorow, 1984, pp. 41–42].

If this is so, then we must consider the probability that each analytic intersubjective field will develop its own process and change its own procedures as needed.


5. This frame conception of psychoanalysis may be responsible for the ongoing discussions of analyzability or suitability for the “rigors” of psychoanalysis. In recent years, a concern for treating those previously thought unanalyzable has opened many questions of psychoanalytic theory (Kohut, 1971) and led to widespread questioning of the traditionally restrained technique or method.

The alternative is to replicate massive structures of pathological accommodation (Brandsch, 1994) in both patient and analyst. Once again, we must remember that the purpose of rules is to induce compliance, not to facilitate the interplay of subjective worlds and perspectives, nor to support the healing of emotional pain and the opening of new developmental possibilities. Each analytic pair, or intersubjective field, must find its own process and its own frame.

A related problem with technical rationality as an approach to psychoanalysis is that technique is oriented to production of a uniform product. Psychoanalysis is not producing anything but understanding, and that must be particular and individual. Technically oriented thinking blinds us to the particularity of our patients, of ourselves, and of each psychoanalytic process. Emergence may be a better concept than production—the emergence of understanding, of relatedness, of stable and positive self-experience.

Developmental studies have taught us much about the importance of flexibility and attunement between infants and caregivers. Many of us were raised in the thirties and forties, under the influence of the Better Homes and Gardens Baby Book, according to which babies were to be fed and diapered on a rigid schedule and left alone between the designated times. Perhaps we replicate this kind of parenting with our patients when we think and speak about psychoanalytic technique. Even for analysts who consider themselves more flexible, psychoanalytic technique, or the “frame,” constitutes a kind of default setting to which to return in the face of uncertainty, and which we pass on to our students and supervisees.

The most harmful aspect of technical rationality as applied to psychoanalysis, we believe, is its attitude of knowing in advance what to expect. One of us remembers being told by a supervisor years ago that with long experience one would no longer be surprised by patients, that the incapacity for further surprise was the mark of a mature clinician. What a loss! So many possibilities of experience for patient, analyst, and analytic couple are fore-
closed by devaluing surprise and new experience. Making a routine procedure out of the analytic couch, for example, ignores the developmental importance of mutual gaze regulation and other forms of facial affective communication in forming possibilities of relatedness. We must, instead, retain a thoroughly exploratory attitude toward everything we do and create together in a psychoanalysis, and relentlessly seek the meanings, both individual and cocreated.

A fallibilistic attitude toward our work and toward our patients keeps us involved in a constant effort, comparable to mutual reattunement, to experiment and to readjust. Few of us will have the experimental courage of a Ferenczi, but we need his attitude of incessant searching.

EPISTEME, TECHNE, AND PHRONESIS

The philosophical hermeneutics of Hans-Georg Gadamer provides a powerful impetus for rethinking the notion of technique, which he also criticizes under the name of method (1975b). Method, or technical rationality, is part of positivistic scientific rationality and does not belong, in his view, to interpretive understanding. Instead, he suggests, the practical reason or phronesis of Aristotle better describes the kind of thinking we need in the human sciences.

Aristotle distinguished three kinds of knowledge and reasoning. Episteme, in his view, concerns universals. It includes mathematics and the most general philosophical questions. Techne is the kind of knowledge concerned with production. Phronesis, practical reasoning or, in Gadamer’s translation, “ethical knowledge,” always involves both the universal and the particular. In the Nicomachean Ethics, Aristotle’s main concern was to distinguish phronesis from techne, and he did so, as Gadamer (1979) points out, in three principal ways.

First, technique can be learned and forgotten, skills can be lost. Practical reasoning, on the other hand, is an interplay between the universal and the particular, involving thoughtful and reflective choice. We are always in an “acting situation” (Gadamer’s term). Second, in phronesis, unlike production-oriented technique, there is no prior knowledge of the right means to any end. Indeed the ends and goals themselves emerge only in the process of considering the wisest or most appropriate thing to do in this particular situation. Finally, and most important for our purposes, Gadamer (1975b) sees Aristotle’s phronesis as a form of understanding (synthesis). In his words,

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 [p. 288].

Instead of technique, we propose that psychoanalysis is a kind of practice in the Aristotelian sense. Practical reasoning is not concerned with the making of things without minds, but rather with relations between and among human beings. For Aristotle, practice, or practical wisdom (phronesis), included the realms of politics and ethics. 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, and so on. Such wisdom can be learned, never on the basis of rules, but from the person who lives wisely. The Greeks seemed to understand that the question about the nature of wisdom could be answered fully only by pointing to the wise person.

We must ask, however, even as we grant that apprenticeship is the best psychoanalytic training, what learning it could consist in. What is this practical wisdom that we suggest as both end and means in clinical work? To answer, we must return to a basic premise or presupposition shared by Aristotle and intersubjectivity theory. Human beings are by nature relational. There is more to this assumption than meets the eye. It implies that our psychological life cannot be the life of the isolated mind; it must originate, grow, and change within the intersubjective contexts in which we find ourselves.

This premise requires us to ask not only what happened to this patient in what contexts of relatedness or experienced isolation
to bring about the suffering he or she brings to treatment. As contextualists, we must also ask what resources for healing are available in this analyst-patient pair. We must ask how our own history, personality, and theoretical allegiances affect the understandings we reach with this patient. This is the attention to particulars that Aristotle advocated, and it does not lend itself to rules. Granted, we all have our typical ways of getting started with a patient, but these begin to modify themselves from the moment the patient walks in, or even sometimes in the initial telephone call. Practical wisdom is antithetical and antitechnical. It is irreducibly particular and relational.

Psychoanalytic *phronesis* includes an attitude of inquiry and thoughtful reflection—Aristotle might have said "deliberation"—to indicate the attitude and process of figuring things out. It eschews the presumption that we know in advance the "false idolatry of the expert" that Gadamer finds embedded in our technology-dominated world. We might apply to psychoanalysis his more general description of a dangerous "inner longing in our society to find in science a substitute for lost orientations" (1975b, p. 318). Perhaps the worship of science and technique in the history of psychoanalysis expresses a similar longing.

Let us now consider a time-honored "technical" question from within the gestalt of practice and from the perspective of intersubjectivity theory.

**SELF-DISCLOSURE AND INTERSUBJECTIVITY THEORY**

Earlier we explained that the notion of practice better describes psychoanalytic clinical work than does the venerable concept of technique. We argued that although technique is appropriate in working with things without minds, where more variables can be controlled and experimentation can be replicated, practice fits work with human beings. It is no accident that we speak casually of the practice of law and medicine.

7. Aristotle (322 BCE) believed we should also consider ethics and politics to be practices, where what is needed is not rules of technique, but the ability to deliberate wisely.

The misapplication of the concept of technique in psychoanalysis is nowhere more evident than in discussions of self-disclosure. Only by conceiving psychoanalysis primarily as an empirical science that requires rigid controls over intervening variables could we imagine that self-disclosure could be regulated by rule or precept or even by "technical recommendation." Nevertheless, generations of analytically oriented teachers and supervisors have sought to protect the process from contamination by insisting that analysts remain anonymous, just as workers at computer-chip companies don white coveralls to protect their work. Consider the famous words of Freud (1912) for whom confiding in one's patients achieves nothing towards the uncovering of what is unconscious to the patient. It makes him even more incapable of overcoming his deeper resistances, and in severer cases it invariably fails by encouraging the patient to be insatiable: he would like to reverse the situation, and finds the analysis of the doctor more interesting than his own... The doctor should be opaque to his patients, and, like a mirror, should show them nothing but what is shown to him [p. 118].

Later analysts likewise have been concerned to protect the "pure gold" of analysis from any impurity introduced by the analyst's personality; at the same time they recognized that such complete anonymity is impossible. Greenson's story about his patient who inferred that Greenson was a liberal Democrat is illustrative. Greenson (1967) asked how the patient, a conservative Republican, had come to this conclusion.

He then told me that whenever he said anything favorable about a Republican politician, I always asked for associations. On the other hand, whenever he said anything hostile about a Republican, I remained silent, as though in agreement. Whenever he had a kind word for Roosevelt, I said nothing. Whenever he attacked Roosevelt, I would ask who did Roosevelt remind him of, as though I was out to prove that hating Roosevelt was infantile.

I was taken aback because I had been completely unaware of this pattern. Yet, at the moment the patient pointed it out,
I had to agree that I had done precisely that, albeit unknowingly [p. 273].

This vignette shows that prominent analysts in the ego-psychological tradition recognized many years ago that unwitting self-disclosure of personal data about the analyst was inevitable and that full anonymity was impossible. Greenon's apparent chagrin, however, also illustrates the tendency of analysts to consider self-disclosure as an unfortunate side effect of analytic work, not an essential contributor. The patient must disclose everything; the analyst as little as possible. Recent work in relational psychoanalysis, encouraging exploration of the patient's experience of the analyst's subjectivity (Hoffman, 1983; Renik, 1993; Aron, 1996), has begun to remedy this one-sided view.

Intersubjectivity theory must be even more radical on this topic. It must recognize that within any particular psychoanalytic situation (Stone, 1961) or intersubjective field, two subjective worlds are continually self-revealing and attempting to hide. Even withholding is a form of communication. The question is what fundamental psychological convictions (emotional organizing principles) guide the content and manner of our revealing and hiding, both witting and unwitting, with a particular patient, and vice versa. Obviously the better-analyzed analyst will be better prepared to grapple with this question. The well-supervised analyst or therapist from an intersubjective or fully relational point of view will be better prepared to appreciate the importance of such profound self-knowledge. We can consider Ferenczi, who insisted on the thorough analysis of analysts, an important anticipator of intersubjectivity theory in this respect. Not coincidentally, he was also the first to challenge the psychoanalytic taboo on self-disclosure and to recognize that psychoanalysis is an intimate human practice.

The question of self-disclosure, however, continues to occupy analysts. This may mean we continue to struggle with compliance versus self-articulation (Brandchaft, 1994). Fidelity to our ancestral legacy of psychoanalytic rules often seems a crucial requirement for maintaining our ties with official psychoanalysis and our personal sense of identity as psychoanalysts. Reading and hearing the history of psychoanalysis, with its many incidents of excommunication and exclusion for the crime of being "unpsychoanalytic," makes such anxieties and conflicts more than understandable. Conformity to the "rules of technique," which continue to cast great suspicion on any deliberate self-disclosure beyond one's carefully articulated experience of the patient, assures us, if we also conform to the other rules, that we really are analysts. In other words, the question of self-disclosure continues to be discussed, in part, because the psychoanalytic family requires of its members the suppression of spontaneity and self-expression.

But there is more. Self-disclosure of the deliberate kind remains a question because, as we mentioned earlier, psychoanalysis is a practice, not a technique. Psychoanalysis belongs to the realm of practical wisdom, not to that of techniques for the production of items or for the application of the findings of the empirical sciences, helpful and suggestive as these may sometimes be. People are not products to be shaped by techniques. Technique belongs to the realm of generality, mechanization, and routinization. The intersubjective field, on the contrary, is the realm of practice, the area of understanding, the particular interplay of particular subjectivities. This means we must address deliberate self-disclosure in psychoanalysis as a topic of serious questions and considerations. Wachtel (1993), in his textbook Therapeutic Communication, has made an extremely helpful start in his chapter on self-disclosure. Here let us note some important considerations that arise from an intersubjective perspective on psychoanalytic work.

Perhaps most fundamental is the question of meanings for patient and analyst. Neither disclosure nor withholding is neutral; each has a particular meaning in the context of a particular psychoanalytic treatment. Our primary concern, if we work within an intersubjective perspective, must be to understand with the patient the meanings of whatever is going on. If we believe this, then hiding our personal part in whatever is going on can only inhibit the psychoanalytic process. Of course the act of hiding, or not disclosing, will actually have a variable effect, depending on the patient's experience of this hiding, for example, as the withholding of intimate involvement, as respectfully staying out of the way, and so on. (In our next chapter we argue that there can be no neutrality in an intersubjective view of treatment.) For one patient, hearing that the analyst will be away for two weeks is more than enough. For another, there will be questions about where the analyst is going, whether the trip is busi-
ness or vacation, and so on. There is no neutral way to respond. In fact, to say more to the first patient would not be neutral either.

We cannot be more specific than the intersubjective principle allows. Suppose, as we could easily be tempted to do, we considered the wisdom of an analyst’s self-disclosure to depend on whether it contributes to a sense of safety, for patient, for analyst, and for the intersubjective space itself. The intersubjective field would include the intermediate or transitional area—the space of illusion and playing, the space between—so helpfully articulated and illustrated in Winnicott’s work. It would also include the subjectivities of both participants. Making the whole intersubjective field increasingly safe can permit exploration, inquiry, play, and the development of new or revised psychological organization. Thus, just as patients are constantly asking themselves if it is safe to say or feel this or that with this person, analysts express their own sense of personal and intersubjective safety as we choose how or what to say or not say to a patient. The question is how—not whether—to answer a patient’s inquiry, for example. If we treat emotional safety as our fundamental criterion, then we must ask how particular forms of response affect the safety of the field. There is no routine, or default, procedure. With some patients, direct response to questions followed by inquiry about meaning seems to create the safety required for deeper reflection. With others, the exact reverse seems to be true. Some ask questions hoping the analyst will ask, “Do you really want to know that?” Then a discussion ensues, not only about the meaning of the content of the question, but even more about its function, for example, to test the analyst’s ability to protect the patient from retraumatization. Some patients are thankful for this kind of response. These patients are usually those for whom intrusion and boundary violation have traumatically reduced their ability to feel safe if the other person is known to them.

But the intersubjective perspective goes further. Certain patients may need to have the experience of feeling unsafe, for example, in order to recover in the transference lost memories of traumatic endangerment. We cannot conclude that any particular intervention is better or worse without exploring its particular meaning for this particular person in the context of this particular treatment.

Let us consider a specific example, one in which a pattern of self-disclosure on the analyst’s part has developed. This example differs from those recently given of what is often called countertransference disclosure.

Tim came to treatment in his late 30s, depressed and expecting to fail at everything he undertook, professional or personal, despite a history of considerable success and large talents in more than one field. Although he described his family as close, it turned out that his parents’ marriage was troubled and that he had become the parentified child to several siblings. Further, his parents were both prone to rages, and Tim was frequently berated in tirades from his parents in front of friends or siblings. Nothing he could do was good enough, so explosions were always imminent. His expectation of failure was understood as closely linked to his certainty that painful and destructive humiliation was always just around the corner.

Once Tim settled into treatment and began to feel understood, a curious pattern developed. At the beginning of each session he would ask how the analyst’s weekend had been, or how she was. Initially, this seemed to be just a person who had been trained to be polite and whose “structures of accommodation” (Brandchaft, 1994) were strong. So, the analyst would answer briefly, “Fine, thank you,” and attempt to shift the focus to the patient’s concerns. But the shift would not come easily. He would ask more, or wait for more response, before he seemed able to move on.

The analyst considered the possibility that he was, in good parentified-child style, easily recognizable through the lens of her own history of parentification, attempting to take care of her. So she continued to answer briefly, without making an issue of the ritual, and took opportunities as they arose to study with him his patterns of compulsive caregiving. While some of these began to change for him at work and at home, this approach had no effect on the beginning of sessions, so the analyst concluded she had only partially understood. She was reluctant to point out the pattern to him, imagining he would feel shamed. Yet the merely polite responses were evidently also problematic.

It seemed time to experiment. Perhaps, the analyst thought, he needed her to talk about herself to him. So, one Monday, when he asked what she had done on the weekend, she said she’d mostly done chores, had done some reading, and had been to a concert. “What was the concert?” he wanted to know. And how
had the analyst liked it? After a somewhat more lengthy reply, they began to talk of his weekend, and he moved more easily into the work of the session. Since then, they have tended to “chat” for about three minutes at the beginning of each session. He has come to know a fair number of details about his analyst’s interests and activities.

Now they have begun to discuss this interaction. Reflecting on the pattern they finally found together, they have concluded that he needs his analyst to be real in order to enter and stay with his own reality. If he cannot feel her as a real person with a life of her own, he feels unable to open up his own more vulnerable places. He needs to feel enough respect from his analyst to think she could trust him and talk to him. Their talking together about her interests and activities seems to make it safe for him to develop a sense of his own.

As they discussed this pattern, Tim further explained that he had always needed to check and see that the caregiver was in good emotional condition—not likely to explode—before he could venture into anything of his own, but had not realized how imperative this still felt for him. Otherwise, any indication of his own feelings and needs and concerns ran the risk of scorn and humiliation, with the consequent debilitating shame. The experiences of his adult life have only reinforced his sense of the necessity of these safety measures.

Still, to return to the earlier discussion, we do not suggest that safety, or propriety, or “the frame,” or anything concrete is the ultimate criterion. From an intersubjective point of view, there is no “right answer” to questions about self-disclosure or other matters of what many call “technique.” There are two people together, an analyst and a patient, trying to find understanding that will permit a reorganization of experience or perhaps a developmental second chance (Orange, 1995). Specific decisions about self-disclosures and other forms of analytic conduct need to be made on the basis of assessment as to whether their interacting meanings for patient and analyst are likely to facilitate these goals.

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The Myth of Neutrality

The technical rationality dependent on objectivist conceptions of psychoanalysis is perhaps most evident and most harmful as expressed in the idea of analytic neutrality.

Scattered throughout our writings on the psychoanalytic situation viewed as an intersubjective system have been a number of criticisms of this idea. Here we gather together these criticisms and expand upon them, emphasizing in particular the illusory and defensive aspects of the doctrine of neutrality, as well as its intricate mythological underpinnings. We then propose an alternative analytic stance derived from intersubjective systems theory. We begin first with a critique of four conceptions of neutrality that have been prominent in the psychoanalytic literature. Two came from Freud, a third from his daughter Anna, and the last was proposed by Kohut.

Critics might object that in our portrait of the neutral analyst we set up a straw man, that critiques of, and alternatives to, the concept of neutrality already appear in the psychoanalytic literature (for example, Singer, 1977; Ehrenberg, 1992; Raphling, 1995; Renik, 1996), that relational-model (Mitchell, 1988) and constructivist (Hoffman, 1991) perspectives are already influencing analytic practice, and that only the most rigid among analysts would claim to behave in the manner we describe. Although these points may be well taken, we believe that the myth of the neutral analyst, with roots extending back through a hundred years of psychoanalytic history, continues to operate as a deeply embedded organizing principle, powerfully shaping analysts’ perceptions of the analytic encounter and obscuring the intersubjective nature of the analytic process. In countless discussions with colleagues, students, and supervisees we have found that analysts

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