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Intersubjective-Systems Theory: A Phenomenological-Contextualist Psychoanalytic Perspective

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In this article I outline the essentials of my phenomenological-contextualist psychoanalytic perspective as it has been applied to a wide range of clinical phenomena, including development and pathogenesis, transference and resistance, forms of unconsciousness, emotional trauma, and therapeutic change. I characterize the therapeutic comportment entailed by these formulations as a kind of *emotional dwelling*.

Intersubjective-systems theory, the name of my collaborators' and my (Stolorow, Atwood, & Orange, 2002) post-Cartesian psychoanalytic perspective, is a *phenomenological contextualism*. It is phenomenological in that it investigates and illuminates worlds of emotional experience. It is contextual in that it holds that such organizations of emotional experience take form, both developmentally and in the psychoanalytic situation, in constitutive intersubjective contexts.

Developmentally, recurring patterns of intersubjective transaction within the developmental system give rise to principles (thematic patterns, meaning-structures) that unconsciously organize subsequent emotional and relational experiences. Such organizing principles are unconscious, not in the sense of being repressed but in being prereflective; they ordinarily do not enter the domain of reflective self-awareness. These intersubjectively derived, prereflective organizing principles are the basic building blocks of personality development, and their totality constitutes one's character. They show up in the psychoanalytic situation in the form of transference, which intersubjective-systems theory conceptualizes as unconscious organizing activity. The patient's transference experience is co-constituted by the patient's prereflective organizing principles and whatever is coming from the analyst that is lending itself to being organized by them. A parallel statement can be made about the analyst's transference. The psychological field formed by the interplay of the patient's transference and the analyst's transference is an example of what we call an *intersubjective system*. Psychoanalysis is a dialogical method for bringing this prereflective organizing activity into reflective self-awareness.

Freud's psychoanalysis expanded the Cartesian mind, Descartes's (1641/1989) "thinking thing," to include a vast unconscious realm. Nonetheless, the Freudian mind remained a

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Cartesian mind, a self-enclosed worldless subject or mental apparatus containing and working over mental contents and ontologically separated from its surround. Corresponding to its Cartesianism is traditional psychoanalysis's objectivist epistemology. One isolated mind, the analyst, is claimed to make objective observations and interpretations of another isolated mind, the patient.

A phenomenological contextualism concerns emotional experience and its organization, not reified mind-entities, and, following Heidegger (1927/1962), it reunites the Cartesian isolated mind with its world, its context. Correspondingly, intersubjective-systems theory embraces a perspectivalist epistemology, insisting that analytic understanding is always from a perspective shaped by the organizing principles of the inquirer. Accordingly, there are no objective or neutral analysts, no immaculate perceptions (Nietzsche, 1892/1966), no God's-eye view (Putnam, 1990) of anyone or anything.

I hope it is already clear to the reader that our phenomenological emphasis does not in any way entail abandonment of the exploration of unconsciousness. Going back to the father of philosophical phenomenology, Edmund Husserl (1900/1913/2001), phenomenological inquiry has never been restricted to mere description of conscious experiences. Phenomenological investigation has always been centrally concerned with the structures that prereflectively organize conscious experience. Whereas philosophical phenomenologists are concerned with those structures that operate universally, a psychoanalytic phenomenologist seeks to illuminate those principles that unconsciously organize individual worlds of experience and, in particular, those that give meaning to emotional and relational experiences. Such principles include, importantly, those that dictate what emotional experiences must be prevented from coming into full being—that is, those that must be dynamically repressed—because they are prohibited or too dangerous. Intersubjective-systems theory emphasizes that all such forms of unconsciousness are constituted in relational contexts. Indeed, from an intersubjective-systems perspective, all of the clinical phenomena with which psychoanalysis has been traditionally concerned are seen as taking form within systems of interacting, differently organized, mutually influencing emotional worlds. Phenomenology led us inexorably to contextualism.

FROM MIND TO WORLD: INTERSUBJECTIVITY

Our first explicit use of the term *intersubjective* appeared in an article (Stolorow, Atwood, & Ross, 1978) that Lewis Aron (1996) credited with having introduced the concept of intersubjectivity into American psychoanalytic discourse. There we conceptualized the interplay between transference and countertransference in psychoanalytic treatment as an intersubjective process reflecting the mutual interaction between the differently organized subjective worlds of patient and analyst, and we examined the impact on the therapeutic process of unrecognized correspondences and disparities—intersubjective conjunctions and disjunctions—between the patient's and analyst's respective worlds of experience.[1] Eventually, we extended our intersubjective perspective

[1] Our use of the term *intersubjective* has never presupposed the attainment of symbolic thought, of a concept of oneself as a subject, of intersubjective relatedness in Stern's (1985) sense, or of mutual recognition as described by Benjamin (1995). Nor have we confined our usage to the realm of unconscious nonverbal affective communication, as Ogden (1994) seems to do. We use *intersubjective* very broadly, to refer to any psychological field formed by interacting worlds

to a wide array of clinical phenomena, including development and pathogenesis, transference and resistance, emotional conflict formation, dreams, enactments, neurotic symptoms, and psychotic states (Stolorow, Brandchaft, & Atwood, 1987).[2] In each instance, phenomena that had traditionally been the focus of psychoanalytic investigation were understood not as products of isolated intrapsychic mechanisms but as forming at the interface of interacting experiential worlds. The intersubjective context, we contended, plays a constitutive role in all forms of psychopathology, and clinical phenomena cannot be comprehended psychoanalytically apart from the intersubjective field in which they crystallize.

FROM DRIVE TO AFFECTIVITY: EMOTIONAL TRAUMA

It is a central tenet of intersubjective-systems theory that a shift in psychoanalytic thinking from the motivational primacy of drive to the motivational primacy of affectivity moves psychoanalysis toward a phenomenological contextualism and a central focus on dynamic intersubjective systems. Unlike drives, which are claimed to originate deep within the interior of a Cartesian isolated mind, affect—that is, subjective emotional experience—is something that from birth onward is co-constituted within ongoing relational systems. Emotional experience is inseparable from the intersubjective contexts of attunement and malattunement in which it is felt. Therefore, locating affect at its motivational center automatically entails a radical contextualization of virtually all aspects of human psychological life. This claim is nowhere more vividly exemplified than in the understanding of emotional trauma.

From an intersubjective-systems perspective, developmental trauma is viewed not as an instinctual flooding of an ill-equipped Cartesian container, as Freud (1926/1959) would have it but as an experience of unbearable affect. Furthermore, the intolerability of an affect state cannot be explained solely, or even primarily, on the basis of the quantity or intensity of the painful feelings evoked by an injurious event. Traumatic affect states can be grasped only in terms of the relational systems in which they are felt (Stolorow & Atwood, 1992, Chapter 4). Developmental trauma originates within a formative intersubjective context whose central feature is malattunement to painful affect—a breakdown of the child–caregiver interaffective system, leading to the child's loss of affect-integrating capacity and thereby to an unbearable, overwhelmed, disorganized state. Painful or frightening affect becomes traumatic when the attunement that the child needs to assist in its tolerance and integration is profoundly absent.

From the claim that trauma is constituted in an intersubjective context wherein severe emotional pain cannot find a relational home in which it can be held, it follows that injurious childhood experiences in and of themselves need not be traumatic (or at least not lastingly so) or pathogenic, provided that they occur within a responsive milieu. *Pain is not pathology*. It is the absence of adequate attunement to the child's painful emotional reactions that renders them unendurable

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of experience, at whatever developmental level those worlds may be organized. For us, *intersubjective* denotes neither a mode of experiencing nor a sharing of experience, but the contextual precondition for having any experience at all. In our vision, intersubjective fields and experiential worlds are equiprimordial, mutually constituting one another in circular fashion.

[2]See Atwood (2011) for a brilliant exposition of how consistent adherence to a phenomenological-contextualist perspective can contribute to the grasping of, and therapeutic approach to, psychotic states.

and thus a source of traumatic states and psychopathology. This conceptualization holds both for discrete, dramatic traumatic events and the more subtle "cumulative traumas" (Khan, 1963) that occur continually throughout childhood.

One consequence of developmental trauma, relationally conceived, is that affect states take on enduring, crushing meanings. From recurring experiences of malattunement, the child acquires the unconscious conviction that unmet developmental yearnings and reactive painful feeling states are manifestations of a loathsome defect or of an inherent inner badness. A defensive self-ideal is often established, representing a self-image purified of the offending affect states that were perceived to be unwelcome or damaging to caregivers. Living up to this affectively purified ideal becomes a central requirement for maintaining harmonious ties to others and for upholding self-esteem. Thereafter, the emergence of prohibited affect is experienced as a failure to embody the required ideal, an exposure of the underlying essential defectiveness or badness, and is accompanied by feelings of isolation, shame, and self-loathing. In the psychoanalytic situation, qualities or activities of the analyst that lend themselves to being interpreted according to such unconscious meanings of affect confirm the patient's expectations in the transference that emerging feeling states will be met with disgust, disdain, disinterest, alarm, hostility, withdrawal, exploitation, and the like, or will damage the analyst and destroy the therapeutic bond. Such transference expectations, unwittingly confirmed by the analyst, are a powerful source of resistance to the experience and articulation of affect. Intractable repetitive transferences and resistances can be grasped, from this perspective, as rigidly stable "attractor states" (Thelen & Smith, 1994) of the patient–analyst system, in which the meanings of the analyst's stance have become tightly coordinated with the patient's grim expectations and fears, thereby exposing the patient repeatedly to threats of retraumatization. The focus on affect and its meanings contextualizes both transference and resistance.

A second consequence of developmental trauma is a severe constriction and narrowing of the horizons of emotional experiencing (Stolorow, Atwood, & Orange, 2002, Chapter 3), so as to exclude whatever feels unacceptable, intolerable, or too dangerous in particular intersubjective contexts. When a child's emotional experiences are consistently not responded to or are actively rejected, the child perceives that aspects of his or her affective life are intolerable to the caregiver. These regions of the child's emotional world must then be sacrificed in order to safeguard the needed tie. Repression is grasped here as a kind of negative organizing principle, always embedded in ongoing intersubjective contexts, determining which configurations of affective experience are not to be allowed to come into full being. For example, when the act of linguistically articulating an affective experience is perceived to threaten an indispensable tie, repression can be achieved by preventing the continuation of the process of encoding that experience in language. In such instances, repression keeps affect nameless.

The focus on affect thus contextualizes the very boundary between conscious and unconscious. Unlike the Freudian repression barrier, viewed as a fixed intrapsychic structure within an isolated Cartesian container, the limiting horizons of emotional experiencing are conceptualized here as emergent properties of ongoing dynamic intersubjective systems. Forming and evolving within a nexus of living systems, the horizons of experiencing are grasped as fluid and ever-shifting, products both of the person's unique intersubjective history and of what is or is not allowed to be felt within the intersubjective fields that constitute his or her current living.

Like constricted and narrowed horizons of emotional experiencing, expanding horizons too can only be grasped in terms of the intersubjective contexts within which they take form. This

claim holds important implications for conceptualizing the therapeutic action of psychoanalytic interpretation.

I have long contended that a good (i.e., a mutative) interpretation is a relational process, a central constituent of which is the patient's experience of having his or her feelings understood. Furthermore, it is the specific transference meaning of the experience of being understood that supplies its mutative power, as the patient weaves that experience into the tapestry of developmental longings mobilized by the analytic engagement. Interpretation does not stand apart from the emotional relationship between patient and analyst; it is an inseparable and, to my mind, crucial dimension *of* that relationship. In the language of intersubjective-systems theory, interpretive expansion of the patient's capacity for reflective awareness of old, repetitive organizing principles occurs concomitantly with the affective impact and meanings of ongoing relational experiences with the analyst, and both are indissoluble components of a unitary therapeutic process that establishes the possibility of alternative principles for organizing experience, whereby the patient's emotional horizons can become widened, enriched, more flexible, and more complex. As the tight grip of old organizing principles becomes loosened, as emotional experiencing thereby expands and becomes increasingly nameable within a context of human understanding, and as what one feels becomes seamlessly woven into the fabric of whom one essentially is, there is an enhancement of one's very sense of being. That, to my mind, is the essence of therapeutic change.

Returning to the theme of emotional trauma, I have found a phenomenological-contextualist perspective to be invaluable in illuminating not only trauma's context-embeddedness but also its existential significance. The key that, for me, unlocked the existential meaning of emotional trauma was what I came to call *the absolutisms of everyday life*:

> When a person says to a friend, "I'll see you later" or a parent says to a child at bedtime, "I'll see you in the morning," these are statements whose validity is not open for discussion. Such absolutisms are the basis for a kind of naïve realism and optimism that allow one to function in the world, experienced as stable and predictable. It is in the essence of emotional trauma that it shatters these absolutisms, a catastrophic loss of innocence that permanently alters one's sense of being-in-the-world. Massive deconstruction of the absolutisms of everyday life exposes the inescapable contingency of existence on a universe that is random and unpredictable and in which no safety or continuity of being can be assured. Trauma thereby exposes "the unbearable embeddedness of Being" . . . . As a result, the traumatized person cannot help but perceive aspects of existence that lie well outside the absolutized horizons of normal everydayness. It is in this sense that the worlds of traumatized persons are fundamentally incommensurable with those of others, the deep chasm in which an anguished sense of estrangement and solitude takes form. (Stolorow, 2007, p. 16)

In shattering the tranquilizing absolutisms of everyday life, emotional trauma plunges us into a form of what Heidegger (1927/1962) calls authentic (owned) being-toward-death, wherein death and loss are apprehended as distinctive possibilities that are constitutive of our very existence, of our intelligibility to ourselves in our futurity and finitude—possibilities that are both certain and indefinite as to their "when" and that therefore always impend as constant threats. Stripped of its sheltering illusions, the everyday world loses its significance, and the traumatized person feels anxious and uncanny, no longer safely at home in the everyday world.

I have claimed that "trauma recovery" is an oxymoron—human finitude with its traumatizing impact is not an illness from which one can or should recover (Stolorow, 2011, Chapter 5).

"Recovery" is a misnomer for the constitution of an expanded emotional world that coexists alongside the absence of the one that has been shattered by trauma. The expanded world and the absent shattered world may be more or less integrated or dissociated, depending on the degree to which the unbearable emotional pain evoked by the traumatic shattering has become integrated or remains dissociated defensively, which depends in turn on the extent to which such pain found a relational home, a context of human understanding, in which it could be held.

What makes the finding of such an understanding context possible? An answer to this question can be found in a relational dimension of the experience of finitude itself. Just as finitude is fundamental to our existential constitution, so too is it constitutive of our existence that we meet each other as siblings in the same darkness, deeply connected with one another in virtue of our *common* finitude (Stolorow, 2007, 2011). Thus, although the possibility of emotional trauma is ever present, so too is the possibility of forming bonds of deep emotional understanding within which devastating emotional pain can be held, rendered more tolerable, and eventually integrated. Our existential kinship-in-the-same-darkness is the condition for the possibility both of the profound contextuality of emotional trauma and of the mutative power of human understanding.

The implication of the foregoing formulations is that the proper therapeutic comportment toward another's emotional trauma may be characterized as a kind of emotional *dwelling*.[3] We must not turn away from another's experience of trauma by offering false reassurances about time healing all wounds or empty platitudes about letting go and moving on. We offer such reassurances and platitudes when another's traumatized state confronts us with our own finitude and existential vulnerability, and so we turn evasively away. If we are to be an understanding relational home for a traumatized person, we must tolerate our own existential vulnerabilities so that we can dwell unflinchingly with his or her unbearable and recurring emotional pain. When we dwell with others' unendurable pain, their shattered emotional worlds are enabled to shine with a kind of sacredness that calls forth an understanding and caring engagement within which traumatized states can be gradually transformed into bearable painful feelings. Emotional pain and existential vulnerability that find a hospitable relational home can be seamlessly and constitutively integrated into whom one experiences oneself as being.

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[3]The therapeutic comportments and clinical attitudes entailed in a phenomenological-contextualist sensibility have also been explored by Coburn (in press), Maduro (2013), and Orange (2011).

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