

## THE PERSONAL AND HISTORICAL NATURE OF PSYCHOANALYTIC INTERDISCIPLINARY WORK

PETER N. MADURO, J.D., PSY.D., PSY.D.

This article is framed by the question of whether or not different academic disciplines' or individual persons' scientific paradigms—meta-assumptions about what is true and real—must be commensurable in order for interdisciplinary, or personal therapeutic, dialogue to be constructive. In respect of personal scientific paradigms, the author contends it is crucial to appreciate the historical nature of any psychoanalyst's meta-assumptions about self, other, and world when considering this issue of commensurability. The author shows how his own traumatic father loss as a child, and others' responses to his emotional reaction, gave rise to his personal values of relationality, affectivity, and courageous knowing. He then illuminates the ways in which those historically rooted organizing values motivate him to evaluate his conversation partners' philosophical convictions and values, their compatibility with his own, and, by extension, the possibilities for expansive interdisciplinary integration.

Keywords: affect; courage; demon; heartbreak; historical; isolation; personal; relationality

“. . . The fragmentation of knowledge into its various sharp divisions and separated academic fields is a tragedy, leading to the neglect of creative opportunities arising out of the common ground they all share . . .” —Paraphrase of emotionally divided patient after regaining her sense of wholeness (Atwood and Stolorow, 2014, p. 143)

“You who are immaculate, you pure perceivers. . . . Behind a god's mask you hide from yourselves, in your 'purity.’” —Friedrich Nietzsche, 1976, p. 4

“The deeply personal, the psychoanalytic, and the philosophical form an indivisible unity in my work.” —Robert Stolorow (personal communication, October 2, 2015)

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Peter N. Maduro, J.D., Psy.D., Psy.D., is a clinical and forensic psychologist, and psychoanalyst, with private practices in Santa Monica and South Pasadena, California. Dr. Maduro is a Faculty Member and Training and Supervising Analyst at the Institute of Contemporary Psychoanalysis in Los Angeles.

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PANEL INTRODUCTION<sup>1</sup>

The title we have chosen for our panel, “Multidisciplinary Knowing: Commensurability and Incommensurability Among Theories and Persons,” illustrates how William J. Coburn and I wish to frame the perspectives we develop. The title also raises two important questions. First, what is meant by “commensurability” and “incommensurability”? We think of it this way: the body of knowledge about the human person and his/her world has become divided by different approaches to acquiring such knowledge. The “disciplines” that correspond to these divisions are constituted by their own unique histories, metaphysical and epistemological commitments, and associated organizing assumptions about what is true and good. These disciplines are in turn characterized by their interests in distinct phenomena and corresponding methods of inquiry into such phenomena. They may also possess their own symbolic systems, like a distinctive language game, for formulating data and understandings (Figure 1).

Borrowing from the natural science lexicon, on the Conference website we called such a matrix of disciplinary culture a “scientific paradigm.” It is in the course of interdisciplinary dialogue that disciplines’ respective scientific paradigms intersect one another and raise questions about the boundaries of valid, fruitful knowledge integrations. Arguably the possibility of valid integrations turns on the commensurability (compatibility of organizing assumptions, values, and language), or incommensurability (incompatibility of organizing assumptions, values, and language), of the discipline-specific scientific paradigms that intersect one another.

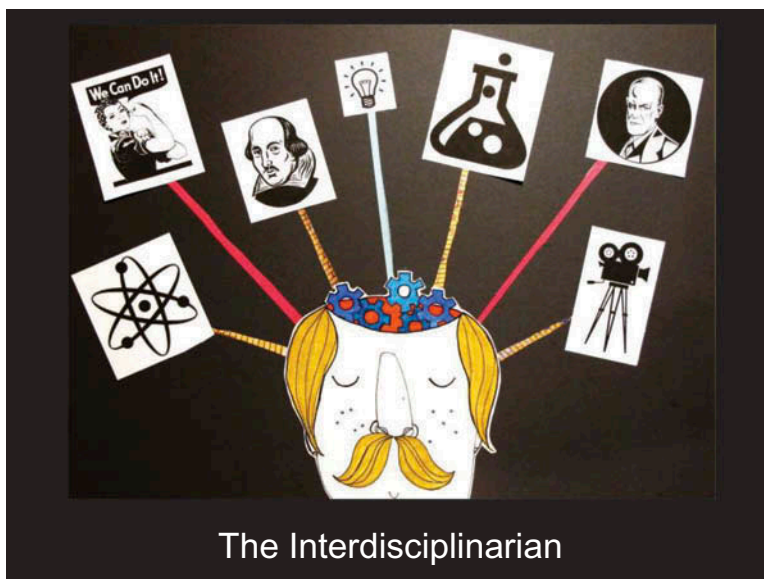


FIGURE 1. “The Interdisciplinary.” Nitzan Keynan, 2015.

<sup>1</sup>The two articles by Maduro and Coburn, which comprise this panel, are based on earlier papers that were presented at the 38th Annual Conference of the International Association of Psychoanalytic Self Psychology in Los Angeles in October, 2015.

So the Panel is framed by questions like “is commensurability between the distinct scientific paradigm of psychoanalytic self-psychology (or any other model of contemporary relational psychoanalysis), on the one hand, and that of disciplines distinct from it—like research psychology, neuroscience, sociology, or perhaps philosophy and a priori ethics—a necessary pre-condition for valid interdisciplinary dialogue and integrations? Does incommensurability on the level of scientific paradigm always represent a radical constraint on valid interdisciplinary inquiry and integration, or can it be addressed? Do the differences or conflicts between incommensurable scientific paradigms within interdisciplinary conversation sometimes represent opportunities for fruitful critical reflection, paradigm evolution, or even paradigm revolution?”

The second immediate question raised by the Panel’s title is: “What do we mean by commensurability and incommensurability among theories and persons?” By “and persons,” we mean to shift the focus away from the philosophy of science to the clinical setting. Systems of therapeutic dialogue between the analyst’s and analysand’s differently organized emotional worlds—and their respective organizing convictions, values, and language—are offered as analogues to conversations between different disciplines, and their scientific paradigms. The intersubjective is offered as analogue to the interdisciplinary in order to wonder whether psychoanalytic knowledge respecting intersubjective conjunction, disjunction, impasse, and transformation in the treatment context can shed light on self psychology’s efforts to expand its horizons through integrative dialogue with foreign disciplines. For example, does clinical psychoanalytic expertise in respect of cultivating dialogue, or working through conflicts, within particular transference-countertransference systems inform challenging aspects of interdisciplinary conversation? We wish to raise all these issues today—as part of a frame for our more personal and clinical presentations—not so much answer them.

A final introductory note: when we speak of our “interdisciplinary conversations” at this Self Psychology Conference, and in our field at large, you will find that the conversation partner is on occasion a more conspicuously “foreign” discipline, like neuroscience or evolutionary biology, or even a radically distinct sector of psychology. However, on other occasions the conversation partner is a distinct perspective within, versus outside of, psychoanalysis, as when psychoanalytic self psychology converses with the so-called capital “R” Relational perspectives (see Mitchell and Aron, 1999; Fosshage, 2003) or “Psychoanalytic Complexity” (Coburn, 2014). As such, we are reminded of the long history of disjunctions between psychoanalytic paradigms, or what Greenberg and Mitchell (1983) called “models” (p. 20), that has existed and continues to exist today within our field—a phenomenon that, in my view, proves inevitable within a field like psychoanalysis that is so peculiarly personal in its nature.

### **EMOTIONAL TRAUMA AS CONTEXT OF PSYCHOANALYTIC INTERDISCIPLINARY WORK**

The thesis I’d like to present today, with the use of images and photographs, is that psychoanalytic interdisciplinary work is highly personal and historical in nature.



FIGURE 2. "Untitled (Why do the Dead go so Far Away)." Robert VanVranken, 2002.

More specifically, I contend any clinician's so-called scientific paradigm—his/her psychoanalytic organizing convictions, values, and language—is necessarily, if only in part, a highly distinctive, individually held product of his/her encounters to date with the finitude of our shared world, as well as his/her best effort to come to terms with these encounters. By extension, I contend any clinician's interests, aversions, and critical standards in respect of commensurability and incommensurability in interdisciplinary dialogue will reflect these most personal, historical encounters and responses (Figure 2).

To get at this thesis, I've decided to let you in on what happened when I posed the panel questions to myself with respect to Maduro-the-psychoanalyst and interdisciplinarian. That is, I hope to demonstrate my thesis through reflection into my interdisciplinary sensibility and what I found to be its embeddedness in my personal story. Admittedly, I have conducted this reflection in a sad mood—a mood deriving in part from vulnerabilities, losses, and tragedies we members of the self psychology community have encountered collectively—and, in my case, very personally—over the past year. Certainly, this mood has influenced the substance of my reflections. Nevertheless, it was striking to me that when I reflected upon my interdisciplinary interests and aversions my heart and intellect were drawn to considerations of my father's death, my witnessing it, and the fate of this emotionally fraught vision within my remaining family.

### A DEMON AND A TRAP DOOR

Cape Cod, Massachusetts. Summer of 1967. August 23rd to be more precise. I was 8 years old at the time. Except for my eldest brother, who was at a summer camp, my family had

walked down the street from our weathered summer house to visit our closest family-friends. They had a tennis court. My father, mother, and other older brother, and one of our friends, were playing a doubles game. The sky was overcast, and the air was warm, humid, and salty in ways distinctive to late summer on Cape Cod. Seated next to my grandmother outside the tennis court fencing, I watched my father lean over to pick up a ball and then fall to the ground. In a moment, he lay motionless at a particular spot just behind the base-line at the eastern end of the court.

This spot and moment marked the start of my fatherless future. As if from nowhere, existential finitude exploded into my developing consciousness, and broke my heart. My love of him, his developmental importance to me, and his love for his family, had no significance or impact at this spot and moment in the face of biological determinism.<sup>2</sup> Mother Nature did not care. . . . What? I had no idea.

In these ways, this was a scene of traumatic fatherloss and heartbreaking exposure to the vulnerabilities of love-bonds, but also one of monumental epistemological catastrophe. A mega-bomb had detonated at a spot and moment within my 8-year-old heart-and-imagination, generating a blast-wave that leveled flat all that I, then, “knew” to be true and possible in my world.<sup>3</sup> There in body and spirit one moment, my father was gone forever the next. . . . What?

Of course, the same blast-wave also ripped into my mother and brothers. Intact mother and siblings one moment, then missing an emotional organ or limb the next. Unified family one moment, then gravely wounded and fragmented the next. . . . What? In my as-yet unchallenged innocence, at age 8, I was not prepared to fathom that such things could happen to father, family, me—that love-bonds could suddenly disappear.<sup>4</sup> A scientific paradigm grounded in heartbreak and shattered expectations started taking form early for me.

Several years ago, I found a photograph of myself at college-age playing tennis on that same tennis court.<sup>5</sup> With a black Sharpie, I wrote a bold “X” at that coordinate in the photograph that represented the spot where my father fell to his death (Figure 3). At the base of the photo, I inscribed the caption “X marks the spot.” In respect of its relevance to this spot and time, here with you in this “conference space” (Vida and Molad, 2004, 2005), I might say that the “X” designates the precise place and time that, like it or not, I became pre-qualified as an existentialist—academically an amateur, yet with unassailable, raw, embodied expertise.

It was also at my “X,” however, that relational psychoanalysis entered my destiny. Even at age 8, I was becoming an interdisciplinarian: an existential relational

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<sup>2</sup>Specifically, the strength of my feelings for him was completely impactless as against his years of chain smoking and the consequential and determinative influence of nicotine on his vascular system.

<sup>3</sup>It obliterated what for me then were inviolable convictions, including that my world was as it appeared, and that my “Dad” was and would continue embracing and returning my love.

<sup>4</sup>Frankly, it remains to this day dubious whether I can fully comprehend such things other than intellectually—to genuinely feel them in depth.

<sup>5</sup>Incidentally, this was a young me whose face then and through much of my life was tearless, showing little overt sign of heartbreak and fear. (My mother, brothers, and I each had our own tricks in respect of such disguising).



FIGURE 3. "X Marks the Spot." Nancy Trowbridge and Peter Maduro, 1982.

psychoanalyst. You see, it was at this same spot and moment in which I learned about unthinkable loss that I encountered another truth that psychoanalysis has, through its clinical empiricism, come to know very deeply. This truth consists in the embeddedness of the human person and his/her emotional experience in relationships with other people.<sup>6</sup> Like a seed, this truth sprouted then and there in my 8-year-old soul in a two-fold way. Reflecting one dimension of this truth, I began to see the developmental importance to a person's emotional life—in my case then, one of heartbreak, horror, acute anxiety, and longing—that it be recognized, understood, and held; that it be loved in these particular ways by another person.

A second inverse dimension of this truth simultaneously sprouted in my understanding, namely, the developmental impact on a person's emotional life when it meets

<sup>6</sup>Arguably, relational psychoanalysis knows this truth even more directly through its clinical empiricism than contextual ontologies (see, e.g., Heidegger, 1927) can achieve in their transcendental methodologies.



FIGURE 4. “Women Turn Away.” Matt Tasley, 2015.

with an absence of others’ recognition, holding and love, or meets with the presence of others’ refused love, debasement, or aggressive invalidation.<sup>7</sup> More scientific paradigm was taking form in me, in this respect structured by “relationality.”

Unfortunately, my father’s death and its devastating impact on my mother occurred for her on top of a history of her own emotional trauma (Figure 4). As just a thematic taste, my maternal grandmother froze in a catatonic state for a month after her husband, my mother’s father, died in the early 1940s. Returning home after an extended psychiatric hospitalization, with ECT treatment, and so on, my grandmother prohibited from her presence any sign of emotional vulnerability in her two children, my mother, and uncle. In language drained of affect, she once told her daughter, my mother, who dared to cry at their supper table, “There shall be no tears.”

As if this prohibition against tears crystallized into a mandate for accommodation in her soul (see Brandchaft, 2007; Brandchaft, Doctors, and Sorter, 2010), my mother compliantly saw an equivalency between heartbreak, grief, and vulnerability, and

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<sup>7</sup>This two-fold relational truth sprouted into awareness when my father died because it was at this precise, unimaginable point that I became acutely in need of my mother’s recognition and holding—and others’ too. The needed maternal love might start with my mother seeing what just happened, and the reactive heartbreak, horror, and terror in me (and her, and my siblings) that reflected its reality and incisive impact on my heart and imagination. I don’t mean the ordinary love of parent that protects and holds a child in the parent’s heart. Rather, I refer to a love that is called for when that protection and holding is breached by a blast-wave of extreme, shocking existential finitude, the raw force and effect of which the child encounters directly.

the tears that embody them, on one hand, and mortifying personal defectiveness and destructiveness, on the other.<sup>8</sup> In the end, painful emotions became equated or fused with guilt and mortification. She became a good, benign, and emotionally stable girl by turning away from her own and loved-ones' grief and vulnerability, and the life-situations of traumatic loss from which they sprang, as if they were not there to be seen.

Cut back to 1967. Without then knowing it of course, what I encountered with my mother—the remaining pillar in my world—at our time of shared loss was a massive wall of intergenerational trauma: my grandmother's, my mother's, and now mine and my brothers'. It probably runs deeper into history. The wall was built with at least two generations of fatherloss, maternal trauma states, and aggressive, attachment-sustaining denial.<sup>9</sup>

It's very hard for me to say this, but my 8-year-old self—who lives on in me today—and the heartbreak, fears, and longings for recognition that he forever feels, have met with at least a dimension of maternal lovelessness: a dimension of an otherwise caring relationship with my mother in which there could be and was no love for what I saw and felt.

Further, if one understands, as the philosopher in me does, my heartbreak and fears as embodying my particular being-in-the-world, namely, Peter the fatherless boy for whom the unthinkable is now ever-presently possible, then my very being as Peter-in-fatherloss—as it expresses itself in my emotional life—met with this loveless non-acknowledgement. This is not only a psychological erasure but an existential one as well.

Moreover, to the then very real extent that my mother represented the remaining balance of my world at age 8, I was, by virtue of her turning away, without a world in which my being-toward-loss—and the variety of heartbreak and epistemic chaos in which I experienced it—could find a home. I was introduced to a space of loveless isolation. More scientific paradigm sets.

This very personal history, with its distinctive paternal and maternal features, has left many impressions.<sup>10</sup> However, there is one legacy of this history, one feature of

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<sup>8</sup>By virtue of such an emotional equation, these painful feelings may have also led her to an insanity-anxiety. Regarding this anxiety, I suspect she feared she too might become lost to a catatonic detachment, that is, fall into an abyss of madness (Atwood, 2011), if she felt them.

<sup>9</sup>Further, in my mother's case, it was concretized and reinforced with faith. She was already a Christian Scientist and believed that "matter," or the physical/biological dimension of human being-in-the-world, had neither divine intelligence nor truth. Her faith concretized in religious conviction her already-formed accommodative (Brandchaft, 2007; Brandchaft et al., 2010) commitment to not-acknowledge tearful feelings like heartbreak, and the quite "material" losses—like loss of husband and father—that transpired before her eyes, and mine.

<sup>10</sup>For example, by virtue of the above described early unmet need for love, I have forever longed for a romantic love with a woman that would blast into the depths of my soul in a manner that matched in impact the penetrating epistemic shock and heartbreak of my fatherloss. Lynne Jacobs (*in press*), in a different context, warns—wisely, I believe—that such longings, and the sad unmetness they invariably promise, must be mourned.





FIGURE 5. “Trap Door into Loveless Isolation.” Matt Tasley, 2015.

my scientific paradigm, that repeatedly makes itself known—like a demon—in certain relational contexts.<sup>11</sup>

By virtue of the more recent collective and personal losses I referenced early on today, my demon has paid me an extended visit this year. Therapeutically readied to keep my emotional eyes open, I have gotten a good look at it and its character, and I have given it a name. I call it “Peter’s Trap Door into a Loveless Space” (Figure 5). This trap door has four corners. Collectively, these corners reflect the structure of my history of unseen traumatic loss and epistemological catastrophe—a structure that is central to—I might say haunts—my psychoanalytic scientific paradigm. Here they are:

*First Corner* = There is a bond of love that is thought to be genuine and lasting;

<sup>11</sup>The legacy or demon itself might be called a traumatic memory. Yet it has more of an alive, present “me” in it than memory conveys. This demon lies in wait in the experiential background until awakened by circumstances in my current relational context. The circumstances that awaken the demon are what—borrowing from Rowling’s (2000, p. 70) “Harry Potter”—Stolorow (2007, p. 18) calls “portkeys.” Portkeys are the features of current lived-situations, relationships, or events that evoke demons that transport the person from lived-present into the frightening meanings and states encoded with his/her traumatic, relational past. When emotional trauma is re-activated by portkeys, Stolorow (2007) writes, the “unity of temporality—the sense of stretching along between past and future— . . . is devastatingly disturbed . . . past becomes present, and future loses all meaning other than endless repetition” (p. 20).

*Second Corner* = there is abrupt vulnerability in, or loss of, this love-bond;<sup>12</sup>

*Third Corner* = I react with feelings of heartbreak and epistemological terror;

*Fourth Corner* = I perceive indifference, dismissal, or utter blindness in the Other to my emotional reactions, and a cold loveless space takes form and surrounds me.

### COMING TO TERMS: MY TRIANGLE OF ILLUMINATION

As many of you know, beginning with their “Faces In A Cloud: Intersubjectivity in Personality Theory” (Stolorow and Atwood, 1979) and continuing through to the second edition of “Structures of Subjectivity: Explorations in Psychoanalytic Phenomenology and Contextualism,” released in 2014, Atwood and Stolorow undertook a number of psycho-biographies that demonstrate, among other things, the constitutively personal dimensions of metaphysical systems and psychoanalytic theories, including their own.<sup>13</sup> What they found in the empirical data of their inquiries, including their self-reflective inquiry into their own intersubjective-systems theory, was first extreme trauma, unique in each case to the lived-experience of the particular theorist, and second the theorist’s effort to master or come to terms with the haunting legacies of such trauma. They showed that the form, and sometimes genius, embodied in each of these thinker’s theoretical creations was responsive to the structures of their respective lived-traumas and the psychic darkness—sometimes madness—that threatened their personal survival.

Implicit today is my conviction that Atwood and Stolorow’s (1979, 2014) findings are pertinent not only to great philosophers and psychoanalytic theorists, but to all of us clinicians who do the work of psychotherapy. I suggest that my—like any psychotherapist’s—scientific paradigm is always already, if only partially, constituted by a unique amalgamation of both his/her distinctive lived-encounters with our shared finite world and his/her distinctive responses to them.

In my case, I understand the spot and moment designated by my “X” to constitute not only the epicenter of a detonation entailing traumatic loss, mind-blowing surprise, and disintegration of unifying love-bonds into loveless isolation, but also—contemporaneously—the inception of a possibility of personal, psychoanalytic, and interdisciplinary growth and creativity. My lived paternal and maternal traumas, the demon and trap door they left me with, and my struggle to survive them, are the experiential locus and source for my psychoanalytic and interdisciplinary identity and creativity.

So what are the psychoanalytic commitments that have emerged from the spot and moment designated by my “X”? And how do they, coupled with the demon and trap door

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<sup>12</sup>There is always a moment and abruptness in which this vulnerability or loss seems to occur. In turn, and invariably, I become psychologically preoccupied with this pointed moment.

<sup>13</sup>These psycho-biographies suggest correlations between not only a theorist’s personal history and the substantive content of his/her theory, but also a theorist’s personal history and his/her motivation, method, and style of theorizing and writing (the process behind his/her substantive theory).

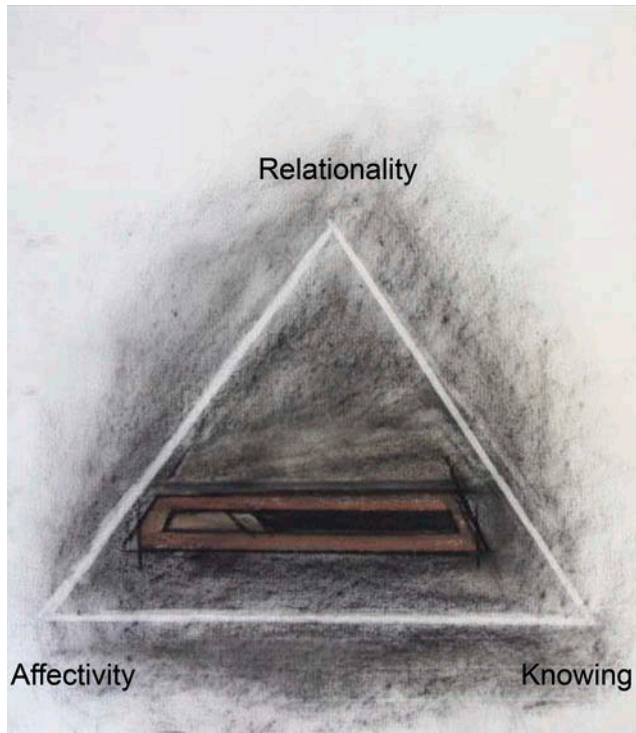


FIGURE 6. "Triangle of Growth Over Trap Door." Matt Tasley, 2015.

to which they are responses, guide my interests, aversions, and critical standards within my interdisciplinary activity?

My first interdisciplinary psychoanalytic commitment is to rigorous relationality (Figure 6). In my father's death, embodied love-bonds between father-son and father-family were lost. Him, her, them, interconnected-us: there one moment, lost and mangled the next. The first and second corners of my trap door were carved from all these love-bonds, and their respective disintegrations and injuries.

Further, by virtue of my mother's refusal to acknowledge our shared-loss and its impact, this "paternal" loss was followed by refused "maternal" connection over such shared loss.

The fourth corner of the trap door was, thus, carved with a cut in the maternal bond that imbued in my brothers and me "killer" (Stolorow, personal communication, March 2, 1998) meanings wherein natural reactive heartbreak, anxiety, and longing were equated with defectiveness and destructiveness, and thereby rendered traumatically unbearable. Stolorow describes such organizations of affect as "killer" for good reason: the meanings are poisonous, sometimes lethally so. In turn, by this carved out corner, maternal disconnection was perpetuated transgenerationally from parent to children.

This history of paternal and maternal traumatic loss of connection led me inexorably to my psychoanalytic relationality which, coupled with my demon and its trap door, constitute one of three central dimensions of my scientific paradigm.

This relationality of mine finds its closest theoretical home in the intersubjective-systems theory of Atwood, Brandchaft, Orange, and Stolorow (see, e.g., Stolorow and Atwood, 1992; Orange, Atwood, and Stolorow, 1997; Stolorow, Atwood, and Orange, 2002; Brandchaft, 2007; Atwood and Stolorow, 2014), wherein all emotional phenomena—including the most extreme states of personal disintegration and isolation—are understood in terms of the relational interconnections or contexts in which they take form. The intersubjective-systems framework embodies a form of theoretical empathy to the most degraded (Jacobs, *in press*), isolated person, bringing his/her emotional experience into the embrace of human understanding. Poisonous personal isolation is countered by the reach and touch of therapeutic understanding, thereby permitting a dimension of connection to the disconnected.

Commensurable with this rigorous relationality on the interdisciplinary front is, for example, the scientific paradigm of Daniel Stern (1985), Beebe and Lachmann (see, e.g., Beebe, Jaffe, and Lachmann, 1992), and others who study and illuminate the constitutive relationality of infant-caregiver systems. This commensurability on the substantive relational level may, however, arguably co-exist with incommensurability on the epistemological level in that their methods of third-party observation may conflict with convictions essential to some models of clinical psychoanalysis.

Arguably a science is defined both by its domain and method of inquiry, the latter of which in my clinical psychoanalysis is phenomenological in nature, largely drawing on empathy and introspection. For today, I leave you to ponder whether a substantively harmonious, yet methodologically incommensurable, approach to understanding human emotional life and behavior, like that of infant observation, and the data it produces, can be of valid utility to psychoanalysis. As just one resource to enrich your own musings, I refer you to the heated debates over such issues between Andre Green and Daniel Stern (see Sandler, Sandler, and Davies, 2000).

Empirical data (whether gathered through methods of case study or infant/caregiver observation) demonstrate unequivocally that the differently organized emotional worlds of “self” and “other,” “child” and “caregiver,” “patient” and “analyst” become most intelligible when understood as mutually and reciprocally influencing and constitutive features of a unitary intersubjective system—that is, as ever-relationally interconnected. Relational attitudes rooted in such data pull, on the clinical level, for staying close to the patient’s and one’s own actual lived experiencing, and their intersection *in vivo* in the intersubjective field, since such experiential phenomena reliably reveal the organizing convictions at the center of the patient’s, and one’s own, emotional worlds. The same attitudes coextensively pull, on the theoretical level, for recognizing and holding lightly one’s pre-empirical universals (especially ones rooted in the metaphysics of radical separatenesses), because they can otherwise prereflectively predetermine how and what one sees and knows, thereby inhibiting the perspectivalism essential to genuine empirical investigation into the patient’s invariably personal emotional world.

Rigorous relationality thus propels the therapist to stay close and connected to his/her patient’s experiential world, and the home-world of their co-constituted

transference system. Music to my heartbroken ears! Moreover, it protects against universalized perspectives that distance the clinician from the uniqueness of his/her patient's experiencing and its life-contexts. Connections galore! My shattered world (Stolorow et al., 2002) comes together!<sup>14</sup> Disciplines, or psychoanalytic models, commensurable with this paradigm are ones that propel therapeutic attitudes, understandings, and activities in this same relational direction.

Also substantively commensurable is a form of existential thought, loosely grounded in Heidegger (1927) as interpreted and expanded by Stolorow (see, e.g., 2007, 2011), in which the being of the human person is intelligible only as embedded in its world, including its world of others. This existential contextualism provides substantive ontological support to my relational psychoanalysis and its a posteriori, empirical method. The existential psychoanalyst in me shores up much doubt about enduring relational connections through this interdisciplinary friendship.<sup>15</sup>

The therapeutic embodiments of rigorous relationality all involve efforts to make contact with the other, and are exemplified in the relational connections implicit in Kohutian selfobject experiences (see, e.g., Kohut, 1984), Robert Stolorow's "dwelling with" his patients (see, e.g., Stolorow, 2014), Donna Orange's multifaceted engagement with her patients through committed, humble, welcoming dialogue (see, e.g., Orange, 2009), Lynne Jacobs' empathic attention to her patients' immediate embodied feeling states (personal experience), and George Atwood's tireless determination to understand those patients whose emotional worlds are the most extremely attenuated from what makes sense to the ordinary clinician (see, e.g., Atwood, 2011). These efforts, attitudes, and sensibilities are sweet counterparts to my furious personal struggle to seal the trap door and foreclose repeated falls into a disconnected, loveless isolation.

Incommensurate with my rigorous relationality, as feature of my psychoanalytic paradigm, are other disciplines or psychoanalytic models that unnecessarily derelationalize or decontextualize the person and his/her subjective emotional experiencing (Maduro, 2008, 2013). In such decontextualizing theories I hear people filing away at corners, creating trap doors into which I, or people I care about, can disappear.<sup>16</sup>

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<sup>14</sup>Moreover, given the disintegration of family, can it be any surprise that I am interested in the embeddedness of self not just in the dyadic systems that characterize much of our clinical practices, but in larger human contexts, like those in focus in disciplines like history, sociology, and gender studies, in which we are all more broadly embedded as a human family? These disciplines are substantively, even if not methodologically, commensurable with my psychoanalytic paradigm since they speak to broad matrices of human interconnection.

<sup>15</sup>Philosophy does not study the ontic phenomena of the individual's lived-experience in particular relational contexts, but rather the a priori universals (e.g., the a priori relationality of human being-in-the-world) that would govern any understanding or manifestation of human being that might appear before us within our psychoanalytic practices.

<sup>16</sup>In the types of decontextualizing theories to which I object—whether rooted in philosophy, like Descartes' (1641), the natural sciences, or psychoanalysis—disconnection between self, other, and world is absolutized and insulated from recognition, dialogue, and challenge. In such processes, the theorist-clinician flees his/her own, and by extension his/her patients', emotional experiences of intersubjective-vulnerability (Orange, 2008; Maduro, *in press*), producing intellectual and emotional distance between him/her and those in need of relational understanding.

Decontextualizing phenomena within psychoanalysis or other disciplines are dangerous enough when they occur in theoretical discourse, where the likes of George Atwood (2011), Leslie Brothers (2002), William Coburn (2009, 2014), Philip Cushman (2011), James Fosshage (2003), Roger Frie (see Frie and Coburn, 2011), Irwin Hoffman (1997, 2009), Steve Mitchell (1988), Donna Orange (2009; Orange, Atwood, and Stolorow, 1997), Donnel Stern (1997), Mal Slavin (Slavin and Kriegman, 1992), Robert Stolorow (Stolorow and Atwood, 1992), Max Sucharov (2009), and other members of the relational protectorate can expose them publicly for all to see. But they are even more insidious when they occur in the private enclaves of personal and therapeutic relationships wherein the decontextualizing person owns some authority and can prevail upon his/her conversation partner to see him/herself, his/her emotional experience, or the world at large in “isolated mind” (Stolorow and Atwood, 1992; Stolorow, Atwood, and Orange, 2002) or otherwise de-worlded, disconnected terms. All these phenomena are incommensurable with my psychoanalysis, and make me anxious and mad.

My second interdisciplinary psychoanalytic commitment is to the primacy of emotional experiencing. The context in which my fatherloss had its particular meaning was one of love. And whatever else love may be, or however else it may manifest, it is centrally known—if one chooses to know it at all—in emotion. Affect is in the first corner of my trap door, namely, in my case, an emotional bond filled with love.

My fatherloss became an injury to my heartfelt love for father. His loss was known first and foremost emotionally in heartbreak—in my case, the particular feeling that son feels when his father dies before his eyes.

Additionally, terror was the affect in which I felt my epistemological catastrophe, namely, the blast-wave’s impact and pulverization of my developmentally sustaining “absolutisms of everyday life” (Stolorow, 2007, p. 16). What I knew, or thought I knew, was blown away, leaving me in a state of terrifying belief-system chaos.

And, finally, it was this distinctive heartbreak and terror, and the longing that these emotional reactions be seen and held, that went maternally refused and could not find, within our familial disintegration, a relational home in which it was seen as valid and worthy. It was reactive affective pain and longing that fatefully met with demon-breeding, trap-door carving, and invalidating refusal. The third and fourth corners of the trap door were, thus, also fraught with affectivity, my own and the traumatic affect that necessitated my mother’s denial and refusals.

This lived-history has led me inexorably to ascribing primary importance and respectability to affectivity, perhaps especially as revelatory of what is most distinctive and true about a person and his/her being-in-the-world. Accordingly, my scientific paradigm centrally privileges—both substantively and methodologically—each patient’s emotional experiencing. Moreover, given my intersecting rigorous relationality, I am encouraged to attend to my own emotional experiencing since it co-constitutes a transference dimension of the larger relational field that my patient and I aim to transform in the context of our affect-thick therapeutic connection.

On the interdisciplinary level, this feature of my scientific paradigm is substantively commensurable with, and I am thus again drawn to, existential philosophy wherein, per Stolorow (2011, p. 136, italics added), affectivity is the primordial avenue through which

the human kind of being—understood as inextricably embedded in its world—is disclosed to itself. Elkholly (2008, p. 4, italics added) writes that in Heidegger (1927), for example, it is “[t]hrough mood [that] humans gain access to their world, to themselves and to their relations with others in the world . . . .”

As such, in my interdisciplinary perspective, “mood” or affect is structured not only by the person’s particular lived-experience with others in the world (which organizations of relational experience are the typical, empirical focus of our psychoanalytic clinical work), but also by the a priori structures that organize all human experiencing. Affect proves to be the royal road to the person’s distinctive emotional experience of being-in-the-world.

Moreover, psychoanalytic phenomenology and therapy proves to give back to philosophy interdisciplinary fruits by facilitating the ownership of affect—perhaps particularly the emotional vulnerabilities in which such world-embedded-being is felt and known (Brothers, 2008; Orange, 2008; Stolorow, 2011; Maduro, *in press*)—and thereby rendering “authentic existing” (Heidegger, 1927) practical. In understanding and connecting around a person’s affectivity, one understands and connects at a personal, existential level where universals and particulars unify in the individual and his/her lifeworld.

Accordingly, incommensurable with my psychoanalysis, and its scientific paradigm of “affect-respect” (Maduro, 2011, 2013), are disciplines whose paradigms tend to invalidate or devalue the centrality of affectivity. For example, varieties of neuroscience and so-called research based psycho-pharmacology that encode arrogant positions of biological reductionism run the risk of eviscerating affectivity of its reality and human meaningfulness, especially within the thinking of those listeners who are vulnerable to the shame, or appeal, of such positions’ explanatory authority (see Hoffman, 2009). Such anti-affect reductionism, and its institutionalized rhetoric, do not to help me and my patients; and they may well hurt me and them. Those who aggressively hold such positions—and their often implicit contempt for affectivity, and psychoanalysis—sound like people who are turning away from my being, my patients’ beings, their own being, in favor of false safety.

My third and, for now, final interdisciplinary psychoanalytic commitment is to courageous knowing. In my fatherloss, I came to know something profound about human being-in-the-world, being-with-others, being-towards-loss, and the sorrows and anxieties that can characterize them. But I needed others to see and know what I saw and felt—especially the exquisite vulnerability that inheres in human love-bonds—in order for its painful and frightening meanings to be integrated into my person and emotional world. The fourth corner of my trap door was carved out of my mother’s trauma-rooted intolerance of grief and anxiety, and her consequent refusal to emotionally know her own, my, and my siblings’ emotional pain, and the lived-events to which they were a reaction.

In order for another person to look at, see and know existential vulnerability, such other must “non-evasively” (Stolorow, 2007) face, see, touch into, and “dwell” (Stolorow, 2014) in what Kundera (1984) has called the “unbearable lightness of being.” In this, the truth-seeker must bear the affectivity of relationality, in particular the affects that disclose the person’s mutual ties with other people, including anxiety, grief, and what,

borrowing from Donna Orange (2008), I (Maduro, *in press*) have called “intersubjective vulnerability.”

Fundamentally, this requires affect tolerance, which entails dimensions of courage. It requires courage for any of us to look squarely at our existential finitude, and to see and feel its implications, let alone its impact when it detonates in our life, or the lives of loved-ones. Note, however, that the capacity to bear painful affect is arguably the central casualty in many forms of developmental trauma. Stolorow (2007), for example, defines emotional “trauma as, in essence, the experience of unbearable affect” (p. 9). Thus, in the case of caregivers who have themselves been traumatized—and certainly my mother was one—courageous knowing requires tolerance of affect that may be not only inherently painful but also laced with the hard-to-bear shame, guilt, or invalidity-anxiety that reflects the caregiver’s own relational injuries. This is no small order.

For analysts who work in trauma, their own affectively intense transferences are certain to present themselves. But can they be tolerated, felt and thereby facilitate developmental expansion—in themselves or those for whom they care? Perhaps emotional courage is one of the great responsibilities before any caregiver—whether parent, lover, or therapist. I feel a duty—grounded not in primordial ethics (cf. Orange, 2009; Jacobs, *in press*) but rather in my own lived-encounters with finitude, including the finitude of my caregiver’s affect tolerance—to bear my trauma as best I can in order to see my patients’ truths, and thereby to be “with” them, with my eyes open to what they have lived and known, to what they are, and I am, living and feeling. Ethics aside, such courageous knowing, along with radical respect for affect and its relationality, seems to me essential to therapeutic action.

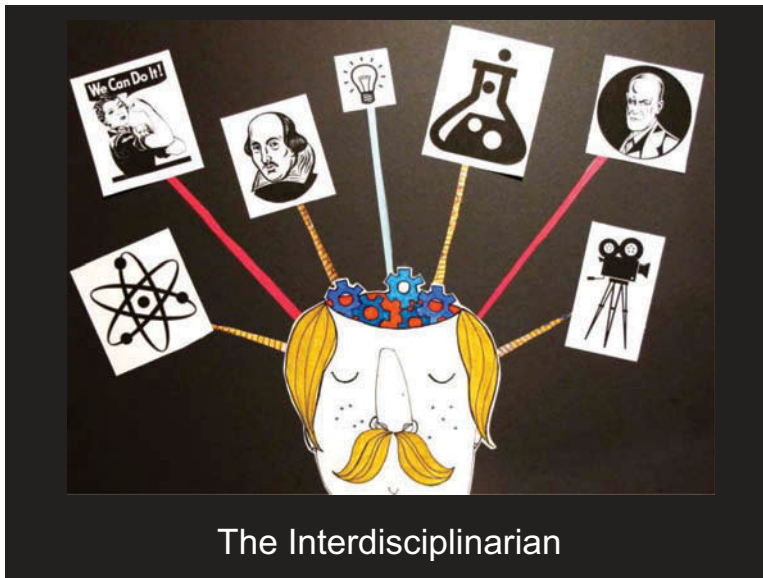
In this regard, my psychoanalytic paradigm is thus constituted by both my caregivers’ refusal to look and know, and my responsive commitment to truth-seeking, and tolerance of the affects requisite to it, in my therapeutic practice. Courageous Knowing as paradigm-feature is commensurable with any other discipline that genuinely pursues truth and is open to bearing the affectivity of seeing, debating, and furthering this project, especially as it applies to understanding our own and our patients’ existentially saturated emotional experiences.

Incommensurable are paradigms that privilege opposing values—like forms of power and safety found in not-knowing, perhaps especially safety from seeing previously incurred traumas and injuries—over non-evasive perception and knowing. It is in one’s retreats to comforting certainty and authority (Brothers, 2008), or other forms of defensively grandiose safety from pain and vulnerability, that I think one often abandons truth and in the process abandons not only aspects of oneself but of the people—the 8-year-old Peter being but one in a universe of “suffering strangers” (Orange, 2009)—whose personal truths developmentally, and perhaps desperately, need to be seen and known by others.

### CONCLUDING REMARKS

Despite all our advances in relationality, I find we analysts resist owning just how personally involved we are not only in our patients’ emotional experiencing (Mitchell, 1988;





**FIGURE 7.** “The Interdisciplinarian.” Nitzan Keynan, 2015.

Stolorow, 2007), our theory choices and formulations (Stolorow and Atwood, 1979), our academic and conference involvements (Vida and Molad, 2004, 2005), but also—for purposes of today—our interdisciplinary work (Figure 7).

In my view, it is important to the on-going integrity of our relational psychoanalysis that we identify what is important to us individually and collectively as we enjoy interdisciplinary expansiveness. Some measure of this integrity lies in our own hard-won self-knowledge in respect of those psychoanalytic values that are rooted in the most personal regions of our lived experience to date.

I intend this presentation as a multilogue, or unity of contention and expression, that embodies in its relational and affective structure, as well as in its aesthetic, that which it asserts in its language, namely, that my particular lived-encounters with our shared finite world, and my responses to them, constitutively, if partially, determine my psychoanalytic paradigm and related interdisciplinary interests and aversions. One hope is that it may serve as a mirror in which you may critically consider my thesis in respect of your own interdisciplinary activities.

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Peter N. Maduro, J.D., Psy.D., Psy.D.  
3201 Wilshire Blvd., Ste. 310  
Santa Monica, CA 90403  
310-251-5928  
[maduropsyd@gmail.com](mailto:maduropsyd@gmail.com)