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Critical and Theoretical Perspectives

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involved in the juvenile justice system. Her work in urban environments and abroad has led to scholarly research on the interface between culture, social justice, relational ethics, clinical practice, and postcolonial thought. Her first monograph, titled *Cultural and Critical Explorations in Community Psychology* (2017) published by Palgrave Macmillan, further considers the implications of psychological assessment, diagnosis, and historical trauma. As much as the book represents a cultural critique of more traditional clinical discourse, it also suggests that if we view clinical relationships from the perspective of a relational ethics, that includes discourse about cultural memory, freedom, power, and other events that break with the neoliberal expectation of "mutual reciprocity," then therapeutic work can also be a site of transformation and reversal that moves beyond fixed racial categories. She is a fellow of the Psychology and the Other Institute.

A Phenomenological-Contextualist Perspective in Psychoanalysis: A Conversation with Robert D. Stolorow (Interviewed by Peter N. Maduro, Private Practice)

In the interview that follows, Robert D. Stolorow, Ph.D., Ph.D., embodies the phenomenological-contextualist principles that undergird his and his collaborators' psychoanalytic framework. This framework, which they have named intersubjective-systems theory, is phenomenological, writes Stolorow elsewhere (2011, p. 19), "in that it investigates and illuminates worlds of emotional experience", and 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" (Stolorow 2011, p. 19). As is self-evident in those formulations, and laid bare to the reader in this interview, of paramount *substantive* importance in Stolorow's clinical theory—which he describes as a form of "applied philosophy"—are emotional life and the relational contexts that are constitutive in whether and how it is experienced. And of paramount *methodological* importance is empathically and introspectively informed

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in-depth inquiry into, and contextual understanding of, the individual person's distinctively organized subjective world. In addition, implicit in Dr. Stolorow's brand of in-depth inquiry is an attitude of respect for the personal and particular of any individual's unique experience as well as for its rich, constitutive contextuality.

Reflecting these values in spades, in the below interview Dr. Stolorow shares a historically-oriented, in-depth, and nuanced account of the development of the theoretical convictions at the core of his intersubjective-systems perspective. He elucidates in no uncertain terms how this development was significantly constituted by the personal, educational, and professional relationships with important others (many of them "nominally psychologists"), the scientific tensions within the academy (mainstream psychology versus Henry Murray's (1938/2007) "personology"), certain timing-factors (e.g., educated at Harvard University when clinical psychology was organized as an interdisciplinary program and instructed by icons in their fields), and other fortuitous or un-fortuitous circumstances (including personal trauma) that were its context. Moreover, his account conveys his attitude of profound respect and care for the particulars and contextual embeddedness of his own, and his theory's, historical truth.

In these ways, Dr. Stolorow's interview is reminiscent of an in-depth case study in a treatment context: it is an analogue to a respectfully careful inquiry into, and illumination of, the nuances of both a person's emotional phenomenology and the relational-contexts in which it takes form. His historical distillation of the central tenants of his intersubjective-systems theory is akin to an analytic illumination of the emotional convictions—saturated as they necessarily are in the lived-contexts from which they emerge—that together constitute a person's "character." In short, we see in this interview that just as emotional life takes form, goes on, and transforms in its constitutive relational contexts, so too has Dr. Stolorow's clinical sensibility and theory taken form and transformed in multi-faceted relational context.

Of special note, at least to this interviewer, is Dr. Stolorow's insistence on the context of personal trauma—and defense against trauma, in the form of "metaphysical illusion"—in theory-formation. As he and George Atwood reflect elsewhere (2016, p. 292), "[a]gain and again we have been led to the inseparability of theoretical thought and the life

in which it emerges." In the interview, Dr. Stolorow courageously stands behind this contextualist conviction by avowing the impact of trauma on his own theoretical-self, as well as by critically disclosing its possible impact in others' psychoanalytic theorizing.

Dr. Stolorow's erudition is co-extensive with his extensive professional accomplishments. He is a Founding Faculty Member and Training and Supervising Analyst at the Institute of Contemporary Psychoanalysis, West Los Angeles; a Founding Faculty Member at the Institute for the Psychoanalytic Study of Subjectivity, New York City; and a Clinical Professor of Psychiatry at the UCLA School of Medicine. He received his Ph.D. in Clinical Psychology from Harvard University in 1970 and his Certificate in Psychoanalysis and Psychotherapy from the Psychoanalytic Institute of the Postgraduate Center for Mental Health, New York City, in 1974. He also received a Ph.D. in Philosophy from the University of California at Riverside in 2007. He holds diplomas both in Clinical Psychology and in Psychoanalysis from the American Board of Professional Psychology (ABPP), and he is a Fellow in the Divisions of Psychoanalysis and Humanistic Psychology of the American Psychological Association. He received the Distinguished Scientific Award from the Division of Psychoanalysis in 1995, the Haskell Norman Prize for Excellence in Psychoanalysis from the San Francisco Center for Psychoanalysis in 2011, and the Hans W. Loewald Memorial Award from the International Forum for Psychoanalytic Education in 2012.

As the more detailed list of references below indicates, Dr. Stolorow is the author of *World, Affectivity, Trauma: Heidegger and Post-Cartesian Psychoanalysis* (2011) and *Trauma and Human Existence: Autobiographical, Psychoanalytic, and Philosophical Reflections* (2007), and coauthor of *Worlds of Experience: Interweaving Philosophical and Clinical Dimensions in Psychoanalysis* (2002), *Working Intersubjectively: Contextualism in Psychoanalytic Practice* (1997), *Contexts of Being: The Intersubjective Foundations of Psychological Life* (1992), *Psychoanalytic Treatment: An Intersubjective Approach* (1987), *Structures of Subjectivity: Explorations in Psychoanalytic Phenomenology and Contextualism* (2014[1984]), *Psychoanalysis of Developmental Arrests: Theory and Treatment* (1980), and *Faces in a Cloud: Intersubjectivity in*

Personality Theory (1993 [1979], 2nd. ed.). He is also coeditor of *The Intersubjective Perspective* (1994), and has authored or coauthored more than two hundred articles.

At the close of the interview, Dr. Stolorow offers to pass the "baton" of critical psychoanalytic contextualism on to those of us influenced by his work. Perhaps readers of the below interview will join me in the hope that, whatever the rest of us do, Dr. Stolorow keeps running with the baton.

Peter N. Maduro (PM): Now in autobiographical accounts you've offered here and there, including recently in your and George Atwood's (1984) articles, "Legacies of a Golden Age: A Memoir of Collaboration," which also appears in the second edition of your third book, *Structures of Subjectivity*, and the 2016 article, "The Phenomenological Circle and the Unity of Life and Thought," you've credited many who were nominally psychologists with profound influence on you. Among them were Rollo May, Robert White, Henry Murray, Silvan Tompkins (whom I might add you describe as "one of the great theorists of 20th century psychology") and of course George Atwood.

Further, after exploring studies in philosophy at the undergraduate level, and a brief five-week stint in medical school with an eye toward doing "hard science research in psychopathology," you ultimately pursued a doctorate in clinical psychology at Harvard. Then in 1972, after receiving your PhD in psychology and initiating psychoanalytic training in New York, you joined Tompkins and Atwood on the faculty of Livingston College at Rutgers University. So at least nominally you were an academic psychologist.

I have reviewed this slice of your history in order to establish that you have a lot of psychology in your personal and professional history, and yet, when you were originally invited to participate in this project, you

said that you do not identify with the discipline of psychology. So I'd like to launch our conversation by asking you the following two questions. I'll state both of them up front.

First, why and in what ways do you not identify with the discipline of psychology? I was thinking that you might take an historical approach, as you've done in other settings, to your response to this question, and in so doing discuss the origins and development of your intersubjective-systems theory, the personal and intellectual contexts in which it emerged, as well as those frameworks for understanding psychological life from which it rebels and offers an alternative.

And the second question, at least for purposes of the balance of this interview, is this: how might one most accurately characterize the field of inquiry and therapy with which you do identify?

Robert Stolorow (RS): I think the key word in what you said when you described my association with other people who hold degrees in psychology was the word *nominally*, "nominally psychologists." But I'll get back to that in a moment.

As you indicated, the first studies that I undertook after finishing my undergraduate work, which was at Harvard, was to go to medical school. As an undergraduate I had a very strong background in the hard sciences, maybe difficult for you to believe, but I majored in mathematics for two and a half years, and then physics and then biochemistry and biology. And my idea was to go to medical school because I thought it served as the best background for doing what I wanted to do, which was hard-science research in severe psychopathology. That's what I wanted to do.

However, it didn't take long for me to realize that medical school was a terrible fit for me. The psychiatry courses in first year medical school were insubstantial compared to what I had already done in taking a couple of psychology courses as an undergraduate. Anything involving eye-hand coordination I was terrible at, such as anatomy lab. So, I like to say, many lives have been saved by my decision to drop out of medical school after five weeks; a decision that took the scalpel out of my hands.

I decided that a better background for what my ambition was at the time was to do a doctorate in clinical psychology. I got accepted to Harvard again, and that's where I decided to go.

Now, at the time when I was just beginning graduate school, I was still under the spell of the kool-aid of the scientist-practitioner model of clinical psychology. I had drunk that kool-aid completely. I was still wedded to the idea of really being a scientist. However, when I got to Harvard I was pleasantly surprised to find other elements in the training there that had very little to do with being a scientist, at least as I conceived of being a scientist.

For one thing, the clinical psychology program at Harvard was not located in a Psychology Department, thankfully. It was located in the Department of Social Relations, which was a department created by scholars from four disciplines—personality psychology, social psychology, sociology, and cultural anthropology.

PM: So the Psychology Department at Harvard at the time was structured as an interdisciplinary field?

RS: No, not exactly. The *clinical program* was not in a Psychology Department. There was a Psychology Department, but it was dominated by behaviorists. For example, B.F. Skinner, as I recall, was in it.

So, thankfully, the clinical psychology program was in this interdisciplinary department. And by the way, the founding scholars from the four disciplines were all interested in psychoanalysis, and they all had been analyzed. That was quite a group! So instead of having to study the experimental psychology of rats, for example, I got to take sociology from Talcott Parsons, cultural anthropology from John Whiting, and identity formation from Erik Erikson. It was an extremely rich background and a really very wonderful fit for my nascent contextualist sensibilities, which I'll get to later.

PM: From the sounds of it, indeed it was!

RS: Yeah. So that was one thing. The other thing was that the clinical psychology program at that time was the first, and sadly the last,

stronghold of a tradition in academic personality psychology known as *personology*. This was a perspective created by Henry Murray at the Harvard Psychological Clinic. Its basic premise was that knowledge of human personality was to be advanced by the systematic in-depth study of the single individual, the systematic in-depth case study.

Now as I'm sure you're aware, such a position is totally at odds with the philosophy of science that has dominated the academic discipline of psychology—back then and to this day. So the actual atmosphere that I was exposed to was very much contrary to the view of hard-science psychological research that I had when I entered the program.

What happened is that over the course of my first two years of studies there I became completely disillusioned with hard-science psychological research. From actually being exposed to it and being involved in it, I learned that the process of identifying variables, quantifying them, measuring them, doing statistical analysis of these quantified variables, and so on, strips virtually everything humanly meaningful from the study being conducted. I became completely disillusioned with that and I played with the idea of doing a second doctorate in philosophy concurrently with finishing my doctorate in clinical psychology.

During the year in between graduating from college and starting graduate school at Harvard I took a course from Rollo May, as you mentioned, at the New School for Social Research in New York, a course in existential psychology, and got exposed to the ideas in phenomenology—Husserl, Heidegger, Ludwig Binswanger, and so on, and I was fascinated by these ideas in phenomenology and existential philosophy and psychology.

In my second year of graduate school, I contacted a former philosophy professor of mine, Henry Aiken, who had moved from Harvard to Brandeis, and presented him with the idea that I wanted to use philosophy to clean up the mess that was psychoanalytic theory—this was the influence of the Rollo May course—and to pursue a second degree in philosophy.

Aiken was very supportive of my idea, although it turned out that the faculty there at Brandeis would have had me come as a post-doc rather

than doing a second doctorate. But in the meantime, in my third year, I did a clinical internship at a place that was very psychoanalytically oriented and that offered terrific psychoanalytic supervision, the Massachusetts Mental Health Center, and I found that I really enjoyed psychoanalytic work. So instead of going to Brandeis for a post-doc in philosophy, I went to New York to pursue psychoanalytic training. However, my love of philosophy remained with me, even though pursuing it rigorously was going to have to await more than three decades after finishing my doctorate in psychology.

I used to say that I was married to psychoanalysis, but that philosophy was my mistress—until 2007, when I consummated my marriage to philosophy as well and became a bigamist. Maybe that's my identity, maybe that's what I identify with.

PM: Bigamy? Ha, yes, you're a bigamist married to both philosophy and psychoanalysis.

RS: Yeah, an interdisciplinary bigamist. Now to round out the story a little bit more, in 1972 in the second year of my analytical training, I decided that I wanted to pursue an academic career, and I learned of a position opening at Rutgers, as you mentioned, where George Atwood and Silvan Tomkins were on the faculty. It turned out that there was a group there, at Livingston College of Rutgers University, that was interested in resurrecting personology at Livingston College—resurrecting the in-depth case study. I remember that, after hearing a presentation I gave there as part of the application process, Silvan Tomkins called me up and said that if I came to Livingston College we would have a "critical mass," as he put it, for starting up a new doctoral program in personologically-oriented personality psychology.

There were actually several meetings devoted to that vision, but it never got off the ground, largely because of Silvan. Silvan was the only senior person in this group who had any clout, and he fell into a kind of a depressive mood that stood in the way of his active involvement in the project. So it kind of fell by the wayside.

However, there was one important result that came out of this project. Before going further with that I should mention that, although the people in this group were nominally psychologists, they didn't look like any psychologist in the mainstream of the discipline. They were all personology people, which was very much on the periphery of academic psychology and has remained so.

PM: Just to be clear, if, as some say, a domain of inquiry is significantly delineated and defined by its methodology, then would we say the discipline of "personology" was defined by the in-depth case study of the individual person and his or her life-world, as compared to the variables, quantifications, double-blind studies, and so forth, of conventional scientific empiricism?

RS: Exactly. So really the so-called scientist-practitioner model, in the sense of the prevailing notion of what hard science is supposed to look like, was nowhere to be found in personology. It was what nowadays is called *qualitative research*. So yes, this was a group of nominal psychologists, but not really in the mainstream of psychology. A bunch of outsiders, which was very attractive to me at the time because I was already very much disaffected with the mainstream of psychology.

PM: Incidentally, was there a more mainstream research psychology sphere within Rutgers's departmental structure, like there was at Harvard, which was separate from where you, Silvan Tomkins, and George Atwood were located?

RS: It was informally separated, not formally. Rutgers was a university that was made up of a number of separate colleges and this program that we were trying to establish was in Livingston College. The mainstream psychology people, at least in clinical psychology, were in Douglas College, if I'm remembering correctly.

In any case, the personology project failed largely because of Silvan's collapsed mood. But the one thing that came out of it, the one concrete thing, was a series of personological studies conducted by George Atwood and myself during the early and

mid-1970s, of the personal subjective origins of four psychoanalytic theories—Freud's, Jung's, Wilhelm Reich's and Otto Rank's—in which we used the Murray (1938/2007) methodology of the systematic in-depth case study to investigate each theorist's life and work. Looking at the parallels and unities in the thematic structures of the works, on the one hand, and the lives, on the other hand, we found in each case that the theories were significantly shaped by the personal experiential world of the theorist.

In 1976 we gathered these studies together into a book called *Faces in a Cloud: Subjectivity in Personality Theory*. By the way, George and I referred to the first edition of this book as *the bleeder*, because it was so cheaply done that the dye from the book actually came off on your hands.

PM: I remember hearing about this. The book-cover was red, wasn't it?

RS: It was red, that's right. So we called the book *the bleeder*.

PM: Yes, two years ago I was handling and perusing one of these original hard-copies in your friend Shelley Doctors's office in New York City. She warned me then that it had bled red dye in her hands when she first read it years before!

RS: In the concluding chapter of the book we reasoned as follows: Since psychoanalytic theories can be shown to a significant degree to be expressions of the subjective world of the theorist, what psychoanalysis needed was a theory of subjectivity itself. That is, a theory broad enough, and inclusive enough, to encompass not only the phenomena that the various other theories addressed, but also the theories themselves as psychological products. We also proposed that what this theory should be is a theory of subjectivity itself. This was George's and my first step in our lifelong project of recasting psychoanalysis as a form of phenomenological inquiry, a form of inquiry concerned with investigating worlds of emotional experience, the structures that prereflectively organize them, and the intersubjective contexts in which these structures take form.

The sentence that I just spoke would be a way of characterizing our psychoanalytic perspective. But is this psychology? No, it's not really psychology; it wouldn't really be recognized as psychology in any traditional sense by most people. I think what it would be seen as, and what it in fact *is*, is a form of applied philosophy. It's a form of phenomenology aimed not at the universal structures of experience, but at the particular structures of experience that develop in particular contexts in particular individuals. So that's how I would characterize it. I have concluded after a number of decades that psychoanalysis, in its essence, is applied philosophy.

PM: So your interdisciplinary bigamy produces a practice of applied philosophy? Is there any other adjective you might throw into that phrase "applied philosophy" that might accent how, instead of pure philosophy with its interest in the universal structures of human being and subjectivity, its focus is on the subjective structures that are the legacies of an individual person's experiences in the world? Is there any additional term that might zero in further on how applied philosophy aims to see and understand these lived particulars?

RS: I think the term that seems to best fit our perspective is *phenomenological contextualism*.

PM: Okay.

RS: Structures of experience in context.

PM: Right.

RS: So that was the beginning in 1976. Shall I continue with the historical unfolding?

PM: Yes, please. However, I'd like to build in one of my other questions for you at this point. Would you further address the ways your intersubjective framework was reactive to what you and George Atwood have from time to time called *metaphysical illusion*? I ask because in your aforementioned article, "The Phenomenological Circle...", I believe, you state that your effort to refashion psychoanalysis as a phenomenological contextualism "led you inexorably to a deconstructive critique of psychoanalytic metapsychology." So I'd love for you to comment on that as you proceed.

RS: Okay. Our dislike of these very abstract experience-distant formulations of various psychoanalytic metapsychologies was already present in the beginning and contributed to our wanting to refashion psychoanalysis as a form of phenomenological inquiry.

Going back to *Faces in a Cloud*, we found that the concepts that were most significantly shaped by the personal subjectivities of each theorist were the most abstract and experience-distant ones—the metapsychological concepts. In each case—and this was something that drove me crazy as a young analyst in training—you would have the co-presence of concepts that are far removed from clinical experience and utterly useless for learning how to do psychoanalytic work. Freudian drive theory, for example, coexisted confusedly with Freud's valuable clinical insights. George S. Klein in his book *Psychoanalytic Theory: An Exploration of Essentials*, also in 1976, proposed that Freud's theory actually amalgamated two theories—a metapsychology, which was an abstract experience-distant instance of the scientific materialism of the day, mixed with a clinical theory that was a hermeneutic theory of unconscious meaning.

So you've got these two frameworks coexisting that are really incompatible. And I remember so many times as a candidate in psychoanalysis thinking to myself, "Well, what the hell good is this for doing clinical work? And for understanding the experience of human beings?" So right from the beginning there was a kind of antipathy on our part toward these universalized absolutized experience-distant frameworks that have little to do with understanding emotional experience. But that antipathy became more and more systematic when I became more deeply immersed in philosophy and the critique of metaphysics.

That's getting ahead of myself because I want to stay in 1976 for a while.

PM: Okay, let's go back to that year and resume.

RS: There were several other important steps that we took in 1976. In addition to completing *Faces in a Cloud* and making our first initial proposals for a psychoanalytic phenomenology, I wrote an article in 1976 on the concept of psychic structure

in which I suggested that we eliminate the metapsychological concepts of psychic structure, like id, ego, and superego, and instead think of psychological structure in terms of the principles or themes, the meaning structures, that organize emotional experience. It was in that article that I introduced the concept of *prereflective organizing principles* as the meaning of psychological structure that I was proposing. That conception became a very important idea in our evolving psychoanalytic phenomenology, including its importance for the concept of transference that I'll get to later.

A second thing that happened in 1976 was a meeting that George Atwood and I had at the Homestead Bar in New Brunswick, New Jersey, the hangout for Rutgers people, in which we were trying to put the finishing touches on an article on the phenomenology of the psychoanalytic situation. We were trying to think of a term that could capture—for the subtitle of a section on transference and countertransference—the impact on the analytic process of unconscious correspondences and discrepancies between the subjective worlds of patient and analyst. We thought of *interactional*, but that was too generic and nondescript. We thought of *interpersonal*, but we didn't like that because the interpersonalists at that time were much too focused on overt social behavior: who's doing what to whom.

Then one of us hit on the idea *intersubjective perspective*. We wanted a term that would capture the interplay of two subjective worlds, two worlds of subjective meaning. And one of us suggested *intersubjective*, and I don't remember which one of us—that's the one that stuck, because it seemed to capture perfectly the domain of inquiry that we were interested in and that we wanted to focus on. So that was when we introduced the term *intersubjective perspective*.

PM: So that formulation was born in 1976?

RS: That's 1976. These articles were published in 1978. *Faces in a Cloud*, even though we finished it in 1976, wasn't published until 1979. *Intersubjective perspective* was the term that stuck. Lew

Aron, a prominent relational theorist, credited that article with introducing the concept of the intersubjective perspective into American psychoanalytic discourse. So there in 1976 we already had the broad outlines of a phenomenological contextualism. We had the idea of rethinking psychoanalysis as a form of phenomenological inquiry. We had the concept of prereflective organizing principles. We had the contextual aspect captured by the term *intersubjective perspective*. So that was 1976, a good year for us!

PM: I am seeing better how your intersubjective perspective, or "phenomenological contextualism", took form progressively from very early on. One root clearly springs from your affinity for Murray's "personology" while at Harvard, and your related antipathy for the methods of mainstream psychology that you found stripped everything personal out of the study of personal experience.

RS: That's right. The next big step in that direction, particularly in the contextual direction, came about as a result of my meeting Bernard Brandchaft at a conference in 1979—speeding ahead on the axis of time here. Bernie gave a wonderful paper at this conference on so-called negative therapeutic reactions, the phenomenon that supposedly occurs when the analyst's correct interpretations make patients worse rather than better.

Bernie, in a very courageous paper at the time, maintained with clinical examples from his own practice that these adverse reactions occurred when the analyst's interpretive stance retraumatized the patient. That's why it made them worse. I had actually written a little section for the last chapter of a book I was doing with Frank Lachmann on developmental arrests that made a similar point. So I went up to Bernie afterward and talked about that. He asked me to give a paper at a conference he was chairing the following year, 1980, at UCLA on borderline pathology. I was kind of sick of that topic by then and said that I would do it, but only if he would collaborate with me, which he agreed to do.

In discussing the paper we realized that we had made very similar clinical observations, I from the east coast, New York, and he from the west coast, Los Angeles. Two people, different parts of the country, different ages. Bernie was about 25 years or more older than I was and we had different backgrounds. Bernie was an M.D. who went through psychiatry and traditional psychoanalytic training and so on. But nonetheless we had arrived at very similar observations, which were: If you take a very vulnerable archaically organized patient and put that patient in treatment with someone who worked according to the theory and technical recommendations of Otto Kernberg, very soon that patient will show all of the characteristics that Kernberg ascribes to borderline personality. The intense aggression, the emotional chaos, and so on, and the pages of Kernberg's books will come alive right before your eyes.

On the other hand, if you take that same vulnerable archaically organized patient and treat the patient according to the theory and technical recommendations given by Heinz Kohut, pretty soon that patient will look like a severe narcissistic personality disorder, and the pages of Kohut's books will come alive. Until there's a significant disruption in the transference, and then the patient will start looking like one of Kernberg's borderline patients, and the pages of Kernberg's books will come alive. So what this amounted to was that the manifest psychopathology, the manifest clinical picture, was not a product of the patient's psychological structures alone. It was codetermined by the patient's psychological organization and how this was understood and responded to by the analyst.

Further, having arrived at that formulation, Bernie, George, and I realized that it was a formulation that applied in general to all forms of manifest psychopathology, from the psychoneurotic to the overtly psychotic. That in no instance could the pathology—the manifest pathology—be understood solely in terms of the isolated mind of the patient. It was always codetermined in an intersubjective field to which the analyst's understanding, or lack thereof, was making a major contribution. We applied a similar idea to phenomena like intractable resistances, for example. So the contextualization of the phenomena of clinical psychoanalysis just took off at that point.

- PM:** These articles were a real challenge to what you have called the "doctrine of the isolated mind" that undergirded traditional psychoanalytic frameworks.
- RS:** Absolutely. There's a radical contextualization of everything psychoanalytic.
- PM:** So could we say that your collaboration with Brandchaft, and everything that followed from it, entailed another major step in your contextualist reformulations and critiques of "isolated mind" psychoanalysis—a step that included fairly candid exposures of how certain then contemporary psychoanalytic frameworks—like Kernberg's and aspects of Kohut's—risked de-contextualizing psychological life in ways that would obscure clinical truth?
- RS:** That's right. This array of works contextualizing various clinical phenomenon took us into the mid-1980's and eventuated in the book *Psychoanalytic Treatment: An Intersubjective Approach* (1987).

There are two other early articles I would like to mention because they both played a very important role in the further development of the perspective. These were published in 1985, and both of them also became chapters in the book *Psychoanalytic Treatment: An Intersubjective Approach*. One was an article by me and Frank Lachmann on transference.

The chapter in the book has the title "Transference: The Organization of the Experience." In that chapter we criticized all the traditional concepts of transference—as displacement, projection, distortion, and so on. And instead proposed that transference in its essence consists in unconscious or prereflective organizing activity.

Now this idea was no accident because it links up transference with the concept of prereflective organizing principles, which I came to see as the basic building blocks of personality development. By the way, as an aside, what do we mean when we talk about a person's character or character structure? What we mean by that from a phenomenological perspective is the totality of prereflective organizing principles that shape a person's emotional experience. That's what we mean by character.

- PM:** As an aside I might just say I'm aware of an excellent blog essay of yours, entitled "What Is Character and How Does It Change?", that elaborates on this idea of character. For readers, your blog-home is at "Psychology Today On-Line" and it is called, "Feeling, Relating, Existing," right?
- RS:** Right, and a more extended version of that is going to appear in a philosophy book on character.
- PM:** Great.
- RS:** So the concept of transference as prereflective organizing activity unites with the view of psychological structure as prereflective organizing principles and with character as the totality of prereflective organizing principles that shape a person's experiences.

Now one advantage of thinking of transference as prereflective organizing activity is that it's inherently contextual, because you can't organize nothing. In order for something to be organized according to a prereflective organizing principle, there has to be *something* coming from the side of the analyst, for example, that is lending itself to being organized that way. So this conception of transference contextualizes it radically.

- PM:** And this is to say nothing of the fact that the organizing principles themselves are constitutively relational in so far as they are in part grounded in the patient's history of experiences with others.
- RS:** Exactly. So instead of seeing the patient's transference experiences as displacements or projections onto the analyst as a blank screen, which is an incredibly self-serving illusion—that any other human being can be a blank screen for another human being—instead of that you've got all kinds of complex intersubjective exchanges taking place between patient and analyst, with various things coming from the side of the analyst lending themselves to the particular organizing principles that the patient brings to the encounter.

Now we found it very useful to distinguish two broad classes of organizing principles, or to put it another way, two broad dimensions

of transference. One we call the *developmental dimension*, in which the patient longs for the analyst to be a source of developmental experiences that were missed or lost or aborted during the formative years; the other we call the *repetitive dimension*, in which the patient anticipates, expects, fears, or actually experiences a repetition with the analyst of early developmental trauma—like the patients Bernie described in his paper on negative therapeutic reactions.

Each of these dimensions can be subdivided into multiple sub-dimensions, multiple developmental longings, multiple experiences of developmental trauma, and so on, leading to a multiplicity of organizing principles of both types. So both dimensions and their sub-dimensions are co-present in the therapeutic situation. But the therapeutic relationship tends to be dominated by one or another of them, depending on what's coming from the side of the therapist and how that is lending itself to one or another of these dimensions.

So you've got a picture of multiple dimensions of experience oscillating between the background and foreground of the patient's experience in response to the meanings of particular happenings within the intersubjective field. Now the same description also characterizes the analyst's transference, which is no different from the patient's—multiple dimensions of experience oscillating between the background and foreground of the analyst's experience in response to the meanings of particular goings-on in the intersubjective field.

So you've got an extremely complex picture here of two fluidly oscillating experiential worlds, each with multiple dimensions of experience oscillating between the background and foreground in response to the meanings for each participant of particular happenings in the intersubjective field, and each of these multidimensional fluidly oscillating experiential worlds mutually influencing one another. Such a complex picture is not appealing to those who are looking for solid bedrock to stand on. There is no bedrock to be found here; just phenomenological contextualism all the way down!

PM: I was just thinking how the notion of "therapist as blank screen" effectively suggests the therapist doesn't have any subjectivity that is part of the system. I could imagine a motivation within the

"blank screen" theorist to de-complexity the relational field simply in order to make it more understandable. Maybe it'd be a product of the theorist's "complexity dread" or some such affect. But anyway I digress.

RS: Actually, I think that's a very good point. It alludes to one of the things that creates an aversive reaction to our perspective in some people. George and I referred to the basis for that aversion as *a fear of structureless chaos*. The picture of the fluidly oscillating complexity of the intersubjective field can easily evoke that fear of structureless chaos.

PM: You're alluding to a fear and aversion in some therapists for theory that doesn't provide clear answers?

RS: Particularly those people who need to feel that they're standing on solid bedrock. The philosopher Richard Bernstein referred to that fear as *Cartesian anxiety*.

PM: Why did he call it Cartesian?

RS: Because it's the opposite of what Descartes was searching for—namely, clear and distinct ideas.

PM: Among the emotional demands of your phenomenological-contextualist perspective, you're pointing to the way understanding the therapeutic situation in such complex, relational terms can evoke uncertainty anxiety, and thus require our tolerance of it in order to do thorough clinical work. In this regard, another feeling that I see in my own work, and in my supervision of candidates, is a kind of incompetence anxiety. I think it derives from holding clarity and distinctness as a personal, professional ideal since it sets the stage for feeling failure when what we see isn't so clear and distinct. I know I can feel this when I expect myself to clearly understand the complex clinical exchanges in front of me. One consequence of this feeling of failure is that it undermines my tolerance of clinical complexity and ambiguity. It can be very painful, especially when I, or the supervisee I'm working with, is already in a mood of self-doubt for one reason or another. So that's another thought I have, namely, the problem of incompetence anxiety or pain, and how it might inhibit one's openness to the complexities of psychoanalytic treatment.

RS: A good point, definitely.

The other article I wanted to mention, published in 1985 and reappearing in the book, *Psychoanalytic Treatment*, is one that I wrote in collaboration with my late wife, Daphne (Dede) Socarides Stolorow. This is an article entitled "Affects and Selfobjects" (Socarides & Stolorow, 1984/1985). To make a very long story short, this arose out of an attempt to revise Kohut's concept of selfobject in a way that would divorce it from drive theory once and for all and resituate it in affect theory. Without going into too much detail, Kohut's concept of self-object referred to the need for certain forms of relationship in order to maintain or consolidate or restore the cohesion, continuity, and affective tone of one's sense of selfhood. That's how I would put it.

What Dede and I came up with was the idea that this phenomenon actually points to the centrality of affect and of integrating affect in consolidating the core of selfhood. That the core of the sense of selfhood is essentially integrated affect. And so we proposed that the essence of the selfobject concept was the need for attuned responsiveness to affect states in all phases of the life cycle; that the absence of such attuned responsiveness led to traumatic states, whereby affect could not be integrated and therefore was felt to be overwhelming and unbearable. Thus arises the need to defend against affect states.

So this was kind of a revolutionary idea. The article, as you might expect, was not particularly well-received by the orthodox Kohutians, because it didn't come from Kohut. I always wondered how Kohut might have responded to it had he been alive. But it actually proved very influential for clinicians throughout the world. People found it an extremely helpful way of thinking about so-called selfobject functions.

That led to a number of significant theoretical developments that were also of great clinical importance. For example, it led to a way of understanding so-called intrapsychic or psychological conflict—that such conflict comes about with regard to affect states that do not meet with attuned responsiveness from the surround, giving the child the sense that his or her emotional life is unwanted or damaging to caregivers. Therefore it has to be repressed or dissociated or otherwise defended against in order to protect the ties with caregivers. So it led to a reformulation of conflict along those lines. It also led to a reformulation of the so-called dynamic unconscious. The dynamic unconscious

within this framework pertained to those affect states that could not be allowed full articulation because they were inimical to a needed tie with a caregiver.

So instead of being an unconscious compartment or a subterranean zoo—you're supposed to chuckle at that one—in which forbidden drive derivatives were held captive, the concept of dynamic unconsciousness referred to affect states that were not to be allowed to come into full being because they would jeopardize a needed tie.

Emotional trauma, as I alluded, pertains to what affect states feel like when they are not met with a needed attunement or responsiveness, or what I later came to call a *relational home*. They are experienced as overwhelming, disorganizing, disruptive, dangerous. This is a way of understanding trauma in terms of the vicissitudes of affect within an intersubjective context. In general we might say that the overall significance of this article, which was very significant in the development of our framework, was to show that emotional experience is inseparable from the intersubjective contexts of attunement and malattunement in which it is felt. Emotional experience is inseparable from its context.

The effect of this understanding is to contextualize everything. That is, the move from instinctual drive to affect as the motivational prime mover contextualizes everything. Because affect states, unlike drives, which are components of a Cartesian isolated mind, are something that from birth onward are integrated or not integrated within relational contexts. So if you put affect at the motivational center you end up contextualizing everything; both the phenomenological and the contextual components of phenomenological contextualism got a big boost from that article, "Affects and Selfobjects."

PM: Would you say that once you wrote "Affects and Selfobjects" in 1985, the major building blocks of your phenomenological contextualism were kind of put into place for further refinement and elaboration? Does that sound right?

RS: I think so, yeah, right. I think you can see that in terms of specific chapters and articles. First was the last chapter in *Faces in a Cloud*. Then there was the article on psychic structure. Then there was the joint article with George on the

phenomenology of the therapeutic situation. And then there was the article on borderline phenomena by Brandchaft and me. And then these two last articles, the one on transference as organizing activity with Lachmann and "Affects and Selfobjects" with Dede.

Right. I think the basic elements of the framework were in place with the publication of those two articles in 1985, especially "Affects and Selfobjects."

Further development of the framework took place as a result of my immersion in phenomenological philosophy, which became more intense as the years passed. Coinciding with this immersion was my own experience of a terrible trauma—the death of Dede in 1991. There was a conference in 1992 in which I relived the trauma of finding her dead.

George's and my newly published book, *Contexts of Being*, was released, and a batch of initial copies was delivered to the conference where I was a panelist. I picked up a copy of the book and whirled around to show it to Dede, because she would be so happy to see it. Of course she was nowhere to be found, because she had died 20 months before. That experience of whirling around to show her the book and finding her gone took me right back to the experience of waking up one morning and finding her dead, what I later came to call a *portkey to trauma*.

The features of my state when that happened were a sense of isolation and estrangement from everybody at the conference, a sense of meaninglessness, a sense of being alien and different from everybody else. I struggled over the course of several years trying to figure out what that state was about. And some of the readings I was doing were helping me with that. Reading Gadamer, for example, on trying to understand a world that is incommensurable with one's own.

PM: So you were reading Gadamer and perhaps other philosophers in the 90's?

RS: Yeah. And I felt that I was from a different world than the other people at this conference. That they could not possibly

understand my experience because we were from different worlds, different worlds of experience. What I came to understand was that this state that I was in was a product of having what I call the *absolutisms of everyday life* shattered. All the illusory presuppositions that give one the feeling that one is safe in the world are shattered by trauma. I concluded that it lay in the essence of trauma that it entailed a shattering of these reassuring illusory assumptions about oneself and the world. A shattering of all sense of safety and continuity.

PM: That sounds like it would place the experiences of anxiety and grief right at the center of much trauma.

RS: Oh yes, definitely. I wrote that in an article in 1998 and it was published in 1999. In 2000 I started a leaderless philosophical reading group that ran for two years. The first year was devoted to a careful reading of Heidegger's (1927/1967) *Being and Time*. When I came upon the sections in *Being and Time* in which Heidegger described his existential interpretation of anxiety, I nearly fell off my chair! The phenomenology that Heidegger described was almost identical to the phenomenology of the traumatized state that I had experienced at the conference in 1992 and that I had written about two years earlier.

I quickly realized that Heidegger's existential philosophy as presented in *Being and Time* provided invaluable philosophical tools for our psychoanalytic phenomenological contextualism. For one thing, Heidegger radically contextualized the Cartesian isolated mind. Descartes conceived of the mind as a self-contained thinking thing, ontologically separated from its context, its world. Heidegger argued very persuasively that our existence is always a being-in-the-world, in which our experience of ourselves is inseparable from our experience of the world, our context, our situation.

Heidegger's ontological contextualism provided a perfect philosophical grounding for our psychoanalytic contextualism with which we could replace the Cartesian isolated mind. But perhaps even more important for me at the time, Heidegger's analysis of anxiety and his discussion of world-collapse, uncanniness, and authentic being-toward-death provided

invaluable philosophical tools for understanding the existential significance of emotional trauma and for working with traumatized states.

So I decided at that point to go back to graduate school and work on a doctorate in philosophy. I wrote a number of articles, two books, and a doctoral dissertation on Heidegger and what George Atwood and I came to call *post-Cartesian psychoanalysis*—psychoanalysis with the Cartesian isolated mind expunged.

So at that point I married my mistress, philosophy, and became a philosopher, although I was never able to get an academic job as one. I began to think about a number of philosophical issues and implications of the developing framework of phenomenological contextualism.

For instance, I began to think, with George, about how to understand metaphysics and metaphysical systems. We came to recognize that psychoanalytic metapsychologies were actually forms of metaphysics, because they all formulated absolute realities and universals that were presumed to be true of everyone.

Our critique of these metapsychologies, or we might say our critique of these forms of metaphysics, understood them as forms of illusion. We were influenced by the work of Wilhelm Dilthey on this issue, who saw that these forms of illusion represented evasions of human finitude. Human limitedness and transience, context-dependence, existential vulnerability—all of these were evaded through the process of absolutizing and universalizing various ideas and transforming them into eternal everlasting entities.

PM: So metaphysical illusions, including metapsychologies, are attempts to answer human contingency with absolutes and thereby counteract those affects, like the complexity anxiety we discussed earlier, that disclose the limitedness of the human person? What other regions of emotional life do they serve to counteract?

RS: Well, I think they serve to counteract every region of emotional life, because emotional life is itself always context-dependent. It is contingent and vulnerable. I don't know that I would want to specify a region. I think it's more like an evasion of these characteristics of emotional life as such.

PM: Right, so what's counteracted is inherent to all emotional life, namely, the "unbearable lightness" that runs through all subjective emotional experience?

RS: Right. Or as we put it in the book, *Contexts of Being, the unbearable embeddedness of being*. Thanks for reminding me of that.

PM: But, just to clarify, you're supposing that this embeddedness structures all experiencing, even if prereflectively, and can either come into experience voluntarily or per force of trauma, or be counteracted and evaded? Am I correct that you think of the embeddedness of human being and experiencing as disclosed in emotional experience, whether or not we own it?

RS: Yes, exactly, because I think emotional experience constitutes the heart of being itself.

Okay, so coming back to your original question about why I don't identify as a psychologist, that should be clear, right? In terms of the traditional accepted model of the clinical psychologist as a scientist-practitioner.

Instead I want to see our framework as a form of applied philosophy, applied phenomenology, or phenomenological inquiry, aimed at the particular rather than the universal. I think one of the side benefits of this perspective is that it encourages a critical attitude toward traditional psychology.

PM: Can you formulate that attitude?

RS: Well, you know, one of the slogans that prevails in the field of clinical psychology is *evidence-based treatment*. Never mind that this is something that is strongly influenced by the insurance industry. This is the banner that is waved over and over again in traditional psychology, evidence-based treatment, which means treatment methods that are based on traditional scientific research. What I described before as identifying variables, quantifying them, measuring them, doing statistical analyses, and so on.

This is the nature of the evidence that people are talking about, and there's little or no philosophical questioning of what the proper evidence is to guide the therapeutic approach to a suffering human soul. Is this the kind of evidence that's meaningful in helping us to come up with a therapeutic approach to human suffering? Or is there another kind of evidence that is much more germane, the kind of evidence that takes me back to my roots in personology—evidence that comes from the careful investigation of the experiential world of the individual and the contexts in which it has developed.

So the perspective that we've been developing I believe has very important implications for reflecting on the kind of evidence that we should be looking for and studying as a basis for so-called evidence-based treatment. I was going to say, how's that for a note to end on?

PM: Well, that sounds great. Two questions I want to ask before we end are these: what direction do you envision for your future thought, and what do you deem as valuable areas for future research for those people, like myself, who have been influenced by your intersubjective-systems perspective? I suppose you've already identified one such research area, namely, phenomenological-contextualist inquiry into the forms of "evidence" that help promote and evaluate clinical approaches to emotional suffering.

RS: Yeah, I think there's a lot of work to be done in that area. And it also happens to dovetail with a theme in Heidegger's later work, which in effect was a critique of what he called the *technological way of being*, of which scientism is an example. That is, the assumption that the methodology of the natural sciences, which I described before, you know identifying variables, and so on, is the only legitimate path to knowledge and truth. That's the assumption of scientism.

PM: Right.

RS: It's an assumption that deserves a lot of philosophical reflection and critique.

PM: Again, whether with respect to your own future work or that of those who might extend your intersubjective-systems perspective,

any further thoughts on what area of inquiry might have the most interest to you as a focus?

RS: Well, here's something that George and I have been discussing—a radical critique and deconstruction of the entire system of psychiatric diagnoses, which is basically a system for diagnosing sick Cartesian isolated minds. That whole framework needs to be deconstructed and replaced, we're thinking, by a phenomenological description of differing experiential worlds and their contexts of origin.

And what I would expect would come out of a study like that is that it would replace diagnostic entities with traumatizing contexts.

PM: I'm remembering something you said at a conference that really impacted me. You said, as I recall, "There are no diagnostic entities, only traumatizing contexts." Am I quoting you accurately?

RS: You are.

PM: Let me loop back to your bigamy and add something before we close. Am I evading the finitude of our conversation? Holding in mind that you have identified psychoanalysis as a form of "applied philosophy," it can also be said that philosophers necessarily organize their philosophical systems with their own particular life experiences. So the domain of psychoanalysis is always already in philosophy. Maybe philosophy and psychoanalysis are a unitary discipline in some sense, even if philosophical and psychoanalytic activities occur out of different levels of that unity?

RS: Yeah, I think that's right. Well, it's similar to the distinction between philosophical phenomenology and psychoanalytic phenomenology. The philosophical being aimed at the general and the psychoanalytic being aimed at the particular.

PM: Right. Just to reiterate, it seems to me that when you look closely at the general you can't really talk about it without reflecting on one's own personhood, and vice versa.

RS: Right, absolutely. So the philosophies of the general need to be contextualized by an investigation of a particular.

- PM: Right. That seems to me like it must be the case.
 RS: The experiential world of the philosopher and its context.
 PM: Among the things that have really influenced me in your work has been your recent demonstration of the mutually enriching relationship between philosophy and psychoanalysis.
 RS: Right, definitely.
 PM: So thanks very much.
 RS: Speaks in favor of bigamy, right?
 PM: Absolutely. Except I find the notion of disciplinary "bigamy" less favorable than something that sees these domains of inquiry as unified, as not really so divided. I'd like to find a way to capture such an idea in our language. I think that might be valuable.
 RS: Good point. I'll pass the baton to you.
 PM: Thank you for your time.
 RS: You're welcome, it was a pleasure.

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