Intersubjective Systems

An important development in the contemporary move from Cartesian isolated-mind thinking in psychoanalysis toward a post-Cartesian contextualism that recognizes the constitutive role of relatedness in the making of all experience has been the theoretical and clinical focus on the concept of intersubjectivity. Recent psychoanalytic discourse on intersubjectivity, however, has been clouded and befuddled by the intermixing and confounding of different uses of the term intersubjective that have distinctly different meanings at different levels of abstraction and generality (Stolorow, Orange, & Atwood, 2001a). Developmentalists such as Stern (1985) have used the term intersubjective relatedness to refer to the developmental capacity to recognize another person as a separate subject. In a similar vein, Benjamin (1995), drawing on Hegel's (1807) idea that self-consciousness is achieved through the reflection of one's consciousness in the consciousness of another, has defined intersubjectivity as mutual recognition. Ogden (1994), by contrast, seems to have equated intersubjectivity with what for me is only one of its dimensions, a domain of shared experience that is prerreflective and largely bodily, what I prefer to call unconscious nonverbal affective communication. For my collaborators and me, intersubjectivity has a meaning that is much more general and inclusive, referring to the relational contexts in which all experience, at whatever developmental level—linguistic or prelinguistic, shared or solitary—takes form (Stolorow & Atwood, 1992). For us, an intersubjective field—any system constituted by interacting experiential worlds—is neither a mode of experiencing nor a sharing of experience. It is the contextual precondition for having any experience at all (Orange, Atwood, & Stolorow, 1997). Our intersubjective perspective is a phenomenological field theory or dynamic systems theory that seeks to illuminate interweaving worlds of experience. Experiential worlds and intersubjective fields are seen as equiprimordial, mutually constituting one another in circular fashion.

The central metaphor of our intersubjective perspective is the larger relational system or field in which psychological phenomena crystallize and in which experience is continually and mutually shaped. Our vocabulary is one of interacting subjectivities, reciprocal mutual influence, colliding organizing principles, conjunctions and disjunctions, attunements and malattunements—a lexicon attempting to capture the endlessly shifting, constitutive intersubjective context of emotional experiencing, both in the psychoanalytic situation and in the course of psychological development. From this perspective, the observer and his or her language are grasped as intrinsic to the observed, and the impact of the analyst and his or her organizing activity on the unfolding of the therapeutic relationship itself becomes a focus of analytic investigation and reflection.

Intersubjective systems theory seeks to comprehend psychological phenomena not as products of isolated intrapsychic mechanisms, but as forming at the interface of reciprocally interacting worlds of experience. Psychological phenomena, we have repeatedly emphasized, “cannot be understood apart from the intersubjective contexts in which they take form” (Atwood & Stolorow, 1984, p. 64). Intrapsychic determinism thus gives way to an unremitting intersubjective contextualism. It is not the isolated individual
mind, we have argued, but the larger system created by the mutual interplay between the subjective worlds of patient and analyst, or of child and caregiver, that constitutes the proper domain of psychoanalytic inquiry. Indeed, as we have shown, the concept of an individual mind or psyche is itself a psychological product crystallizing from within intersubjective fields and serving specific psychological purposes (Stolorow & Atwood, 1992).

**Impasse**

Our effort to contextualize therapeutic impasses contributed significantly to the early development of our intersubjective systems theory. Our first use of the phrase *intersubjective perspective* appeared in an article written twenty six years ago (Stolorow, Atwood, & Ross, 1978), which Aron (1996) has credited with having introduced the concept of intersubjectivity into American psychoanalytic discourse. In that early article, we explored the impact on the therapeutic process of correspondences and disparities between the subjective worlds of patient and therapist:

The interplay between transference and countertransference in psychoanalytic treatment can be conceptualized as an intersubjective process in which two basic situations repeatedly arise: representational conjunction and representational disjunction. The first of these is illustrated by instances in which the representational configurations and affective meanings structuring the patient's experiences give rise to expressions which are assimilated into closely similar central configurations in the psychological life of the analyst. Disjunction, by contrast, occurs when empathy is replaced by misunderstanding and the analyst assimilates the material expressed by the patient into representational configurations and imagery which significantly distort its actual subjective meaning. Repetitive occurrences of representational conjunction and disjunction are inevitable accompaniments of the analytic process and reflect the interaction of differently organized subjective worlds. (p. 250)

We noted that “interferences in the course of treatment may arise from either of these two intersubjective situations” (p. 250), most notably when they remain outside the domain of the therapist's reflective awareness. We described how persistent, unconscious intersubjective disjunctions in particular can contribute to the formation of vicious countertherapeutic spirals which serve to intensify rather than alleviate the patient's suffering and pathology. This seems to occur when the disparity between patient and analyst is such as to give rise to actions which magnify the misunderstanding and produce for each an ever more dramatic confrontation with some dreaded scene having salience in their respective subjective worlds. (p. 252)

In a subsequent work (Atwood & Stolorow, 1984), we made our claim more strongly: “Therapeutic impasses and disasters cannot be understood apart from the intersubjective context in which they arise. They are most often the product of prolonged, unrecognized… disjunctions and the chronic misunderstandings that result” (p. 52).

In the same book, we offered our more general view of psychoanalytic inquiry:

_Psychoanalysis seeks to illuminate phenomena that emerge within a specific psychological field constituted by the intersection of two subjectivities—that of the patient and that of the analyst…. [p] sychoanalysis is pictured here as a science of the intersubjective, focused on the interplay between the differently organized subjective worlds of the observer and the observed._ (p. 41)

A more recent consideration of therapeutic impasses appeared in an article (Stolorow, 1997) that attempted to place our understanding of intersubjective systems within the broader scientific framework of
dynamic systems theory. Impasses were grasped as “attractor states” of the therapeutic relational system:

*Intractable repetitive transferences and resistances in the analytic situation are recognized, from this perspective, as rigidly stable attractor states of the patient—analyst system in which the analyst's stance has become tightly coordinated with the patient's grim expectations and fears, thereby exposing the patient repeatedly to threats of retraumatization .... Such stable attractors can be altered only by severe perturbations, shifts in the analyst's understanding and interpretive stance powerful enough to destabilize the invariant organizing process of the therapeutic system.*

(p. 342)

**Affectivity**

A second crucial contributing factor in the early evolution of our intersubjective perspective was the shift from drive to affect as the central motivational principle for psychoanalysis. This shift from the primacy of drive to the primacy of affectivity moves psychoanalysis toward a phenomenological contextualism and a central focus on dynamic intersubjective systems. Unlike drives, which originate deep within the interior of a Cartesian isolated mind, affect—that is, subjective emotional experience—is something that from birth onward is regulated, or misregulated, within ongoing relational systems. Therefore, locating affect at its center automatically entails a radical contextualization of all aspects of human psychological life.

Our systematic focus on affectivity began with an early article written with Daphne Socarides Stolorow *(Socarides & Stolorow, 1984/85)* attempting to integrate our evolving intersubjective perspective with the framework of Kohutian self psychology. In our proposed expansion and refinement of Kohut's (1971) selfobject concept, we suggested that “selfobject functions pertain fundamentally to the integration of affect” into the organization of self-experience, and that the need for selfobject ties “pertains most centrally to the need for [attuned] responsiveness to affect states in all stages of the life cycle” (p. 105). Kohut's discussions of the longing for mirroring, for example, were seen as pointing to the role of appreciative attunement in the integration of expansive affect states, whereas his descriptions of the idealizing yearning were seen as indicating the importance of attuned emotional holding and containment in the integration of painful reactive affect states. In this early article, emotional experience was grasped as being inseparable from the intersubjective contexts of attunement and malattunement in which it was felt. This understanding led in later works to further formulations contextualizing psychological conflict, trauma, transference, resistance *(Stolorow, Brandchaft, & Atwood, 1987)*, and even the very boundary between consciousness and unconsciousness *(Stolorow & Atwood, 1992)*, the limiting horizons of emotional experiencing *(Stolorow, Orange, & Atwood, 2001b)*. Clearly, a clinical focus on affective experience within the intersubjective field of an analysis profoundly contextualizes every facet of the therapeutic process, including both therapeutic change and therapeutic impasse.

Impasses, in my experience, frequently devolve from a failure of affect tolerance, an inability of the analytic bond to withstand, hold, contain, and help integrate the powerful emotional states evoked in the course of the therapeutic dialogue. Whereas most of our published clinical examples of impasse illustrate how the investigation and illumination of unconscious intersubjective conjunctions and disjunctions can transform stalemates into sources of therapeutic progress, the following vignette shows how therapeutic failure can result from a breakdown of affect tolerance within the analytic system.

**Clinical Vignette**

Kevin, a young cinematographer in his mid-twenties, came to see me for treatment months after leaving his former analyst of several years. On the basis of some of the former analyst's behavior (for
example, according to Kevin, calling him from a party in an inebriated state to see if Kevin was all right) and interpretations (which I recognized as interpretations of projective identification), Kevin had come to the conclusion that this analyst was having fantasies of sodomizing him. Remaining in this humiliating situation had become intolerable for Kevin, even though he felt the analyst had helped him in many ways.

Kevin's history was filled with unspeakable abuse and horror. From his accounts, it seemed to me that his mother was floridly psychotic, subjecting him as a child to systematic torture in the form of grotesque “experiments” and to violent beatings if he protested in any way. He had relived much of this history with the former analyst, in the form of frightening and violent dissociative episodes during the sessions, wherein the analyst and the mother of Kevin's childhood became indistinguishable. No such episodes occurred with me, although I sometimes feared that they might.

During what I initially thought was going to be a nodal point in the analysis with me, Kevin was describing his childhood longing for an “advocate.” His parents had divorced when he was an infant, after which he never saw his father. His stepfather largely stayed away from the home and, when he was there, remained on the periphery, disengaged and unapproachable. There was no one, Kevin said, to “bear witness” to the tortures to which his mother subjected him and to intervene protectively on his behalf, and he yearned for a father who would do this for him. I was deeply moved by this material—as a boy, I had wished that my own loving but very reserved mother had been strong enough to protect me from my father's rageful tonguelashings—and I recognized within myself a strong desire to be the advocate for whom Kevin yearned. I thought of a recent episode I had seen of the television series ER, in which a father brought the son he had severely beaten to the emergency room, and the pediatrician was so outraged by the abuse that he punched the father in the face. Unaware of the difficulty I was having staying with the painfulness of Kevin's unmet longing, I decided to disclose this association to him as a way of indirectly expressing my wish to be his advocate.

In the next session, Kevin told me of how he had assimilated my disclosure, revealing a deep disjunction in the meanings it had for him and for me. He said that it proved to him what he had known all along, that no one would want to have anything to do with the horrors of his childhood and that his longing for an advocate was doomed to rejection. He declared angrily that I had brought the ER pediatrician into the session to substitute for myself because I could not tolerate being close to his experiences of being tortured. Kevin then revealed that what he really wanted was for me to be his advocate in relation to his former analyst, whom he likened to his mother—to be the instrument of his vengeance and to report the analyst to the licensing board so that he would be barred from experimenting on other victims. What most irked Kevin, I learned, was that, although I seemed to grasp the nature of what he had experienced with this analyst, I refused to do anything about it. This refusal, rooted in part in my inability to have a “God's-eye view” (Putnam, 1990) of what “really” happened in his earlier treatment, had for Kevin confirmed a central, doomorganizing principle dominating the transference. It was the confirmation of this principle by my refusal, and its being pushed into the foreground by my disclosure about the ER doctor, that made a bad situation turn ugly. A likely possibility, which did not occur to me at the time and therefore was not investigated, was that Kevin's intensifying demand that I report the former analyst was a concretizing attempt to restore the hope, shattered by the meaning of my disclosure, that I could be the advocate/father for whom he yearned.

Kevin left the treatment abruptly, although several months later he sent me a letter thanking me for the understanding he had received from me. In retrospect, it seemed to me that perhaps he had left in order to preserve the therapeutic bond in the face of a crushing disjunction that seemed unresolvable. Kevin was convinced that my disclosure had signaled an intolerance of the horror evoked in him and in me by his memories of being tortured and abused, even though those memories and accompanying feelings of horror had been part of the relational system we were creating for many months. I eventually came to understand
that the affect I was having trouble tolerating was not this horror but the enormous grief that had been pulled into the forefront of our experiential worlds, grief over the absent protective parent that each of us had painfully missed during our childhood years—a conjunctive element within our system—longings for whom had been stirred in both of us by the therapeutic engagement. My attempting to be for Kevin what both he and I had missed only demonstrated my inability to tolerate the grief for which he so much needed to find a home in the bond with me, and so he had to leave it.

Notes
1 Later (Atwood & Stolorow, 1984) we dropped the language of representations, recognizing that it confusingly conflated imagistic content and its thematic structure.

References

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