A PHENOMENOLOGICAL-CONTEXTUAL, EXISTENTIAL, AND ETHICAL PERSPECTIVE ON EMOTIONAL TRAUMA

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After a brief overview of the author’s phenomenological-contextualist psychoanalytic perspective, the paper traces the evolution of the author’s conception of emotional trauma over the course of three decades, as it developed in concert with his efforts to grasp his own traumatized states and his studies of existential philosophy. The author illuminates two of trauma’s essential features: (1) its context-embeddedness—painful or frightening affect becomes traumatic when it cannot find a context of emotional understanding in which it can be held and integrated, and (2) its existential significance—emotional trauma shatters our illusions of safety and plunges us into an authentic Being-toward-death, wherein we must face up to our finitude and the finitude of all those we love. The paper also describes the impact of trauma on the phenomenology of time and the sense of alienation from others that accompanies traumatic temporality. The author contends that the proper therapeutic comportment toward trauma is a form of emotional dwelling. He concludes with a discussion of the implications of all these formulations for the development of an ethics of finitude.

PHENOMENOLOGICAL CONTEXTUALISM

Before I turn to trauma proper, I offer a very brief overview of the theoretical lens through which I have sought to grasp its essential features over the course of some three decades. Intersubjective-systems theory, the name of my collaborators’ and my (Stolorow, Atwood, & Orange, 2002) psychoanalytic perspective, is a phenomenological contextualism. It is phenomenological in that it investigates and illuminates worlds of emotional experience and the structures that organize them. It is contextual in that it holds that such structures take form, both developmentally and in the therapeutic situation, in constitutive relational or intersubjective
contexts. Recurring patterns of intersubjective transaction within the developmental system give rise to principles (thematic patterns, meaning-structures, cognitive-affective schemas) that unconsciously organize subsequent emotional and relational experiences. Such organizing principles are unconscious, not in the sense of being repressed, but in being *prereflective*; they ordinarily do not enter the domain of reflective self-awareness. These intersubjectively derived, prereflective organizing principles are the basic building blocks of personality development, and their totality constitutes one’s character. Psychoanalytic therapy is a dialogical method for bringing this prereflective organizing activity into reflective self-awareness, particularly as it shows up within the therapeutic relationship.

**TRAUMA’S CONTEXT-EMBEDDEDNESS**

Early contexts of emotional trauma are a particularly important source of prereflective organizing principles. Nowhere is the context dependence of emotional life more vividly exemplified than in the phenomenon of emotional trauma. The explication of trauma’s context dependence was foreshadowed in a sentence that my late wife Daphne (Dede) composed in our early joint article (Socarides & Stolorow, 1984/1985): “The tendency for [painful] affective experiences to create a disorganized (i.e., traumatic) self-state is seen to originate from . . . faulty [affect] attunement, with a lack of mutual sharing and acceptance of affect states” (p. 110). However, it was not until the aftermath of Dede’s death in February 1991, when I experienced firsthand what I later came to call the *unbearable embeddedness of being* (Stolorow & Atwood, 1992), that I turned my attention to trauma’s context-embeddedness. The result was my chapter on emotional trauma in *Contexts of Being* (Stolorow & Atwood, 1992), the book that George Atwood and I outlined the summer after Dede died.

I claimed in that chapter that emotional trauma is an experience of unendurable emotional pain and, further, that the unbearability of emotional suffering cannot be explained solely, or even primarily, on the basis of the intensity of the painful feelings evoked by an injurious event. Painful emotional states become unbearable when they cannot find a context of emotional under-
standing—what I came to call a relational home—in which they can be shared and held. Severe emotional pain that has to be experienced alone becomes lastingly traumatic and usually succumbs to some form of emotional numbing. In contrast, painful feelings that are held in a context of human understanding can gradually become more bearable.

Drawing on the work of Balint (1969), Ferenczi (1933), Kohut (1971), Krystal (1988), and Winnicott (1975), I contended that developmental trauma, in particular, must not be viewed as an instinctual flooding of an ill-equipped mental apparatus, as Freud (1926) would have it. Rather, developmental trauma was grasped as originating within a formative intersubjective context whose central feature is malattunement to painful affect—a breakdown of the child–caregiver interaffective system, leading to the child’s loss of affect-integrating capacity and thereby to an unbearable, overwhelmed, disorganized state. Painful or frightening affect becomes traumatic when the attunement that the child needs to assist in his or her tolerance and integration is profoundly absent. Such claims hold, pari passu, for adult-onset trauma as well (e.g., see Carr, 2011). Finding a relational home for the pain of a traumatic loss may be particularly difficult. When Dede died, the person whom I would have longed to share in and hold my overwhelming grief was of course the very same person who was gone.

From the claim that developmental trauma is constituted in an intersubjective context wherein severe emotional pain cannot find a relational home in which it can be held, it follows that injurious childhood experiences in and of themselves need not be traumatic (or at least not lastingly so) or pathogenic, provided that they occur within a responsive milieu. Pain is not pathology. It is the absence of adequate attunement to the child’s painful emotional reactions that renders them unendurable and thus a source of traumatic states and psychopathology. This conceptualization holds both for discrete, dramatic traumatic events and the more subtle “cumulative traumas” (Khan, 1963) that occur continually throughout childhood.

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

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

**CLINICAL VIGNETTE**

The following clinical vignette (a fictionalized composite) illustrates many of the ideas developed in this section.

A young woman who had been repeatedly sexually abused by her father when she was a child began therapy with a female trainee whom I was supervising. Early in the treatment, whenever the patient began to remember and describe the sexual abuse, or to recount analogously invasive experiences in her current life, she would display emotional reactions that consisted of two distinctive parts, both of which seemed entirely bodily. One was a trembling in her arms and upper torso, which sometimes escalated into violent shaking. The other was an intense flushing of her face. On these occasions, my supervisee was quite alarmed by her patient’s shaking and was concerned to find some way to calm her.

I had a hunch that the shaking was a bodily manifestation of a traumatized state and that the flushing was a somatic form of the patient’s shame about exposing this state to her therapist, and I suggested to my supervisee that she focus her inquiries on the flushing rather than the shaking. As a result of this shift in focus, the patient began to speak about how she believed her therapist viewed her when she was trembling or shaking: Surely her analyst must be regarding her with disdain, seeing her as a damaged mess of a human being. As this belief was repeatedly disconfirmed by her therapist’s responding with attunement and understanding rather than contempt, both the flushing and the shaking diminished in intensity. The traumatized states actually underwent a process of transformation from being exclusively bodily states into ones in which the bodily sensations came to be united with words. Instead of only shaking, the patient began to speak about her terror of annihilation intrusion.

The one and only time the patient had attempted to speak to her mother about the sexual abuse, her mother shamed her se-
verely, declaring her to be a wicked little girl for making up such lies about her father. Thereafter, the patient did not tell any other human being about her trauma until she revealed it to her therapist, and both the flushing of her face and the restriction of her experience of terror to its nameless bodily component were heir to her mother’s shaming. Only with a shift in her perception of her therapist from one in which her therapist was potentially or secretly shaming to one in which she was accepting and understanding could the patient’s emotional experience of her traumatized states shift from an exclusively bodily form to an experience that could be felt and named as terror. Through such naming within the therapeutic context, the painful states gradually became more bearable.

THE PHENOMENOLOGY OF TRAUMA

I turn now to a phenomenological description of traumatized states, as I myself have experienced them. When the book *Contexts of Being* (Stolorow & Atwood, 1992) was first published, an initial batch of copies was sent “hot-off-the-press” to the display table at a conference where I was a panelist. I picked up a copy and looked around excitedly for my late wife, Dede, who would be so pleased and happy to see it. She was, of course, nowhere to be found, having died some twenty months earlier. I had awakened the morning of February 23, 1991, to find her lying dead across our bed, four weeks after her metastatic cancer had been diagnosed. Spinning around to show her my book and finding her gone instantly transported me back to that devastating moment in which I woke up and found her dead and my world was shattered, and I was once again consumed with horror and sorrow.¹

There was a dinner at that conference for all the panelists, many of whom were my old and good friends and close colleagues. Yet as I looked around the ballroom, they all seemed like strange and alien beings to me. Or more accurately, I seemed like a strange and alien being—not of this world. The others seemed so vitalized, engaged with one another in a lively manner. I, in contrast, felt deadened and broken, a shell of the man I had once been. An unbridgeable gulf seemed to open up, separating me forever from my friends and colleagues. They could never even begin to
fathom my experience, I thought to myself, because we now lived in altogether different worlds.

Over the course of six years following that painful occasion, I tried to understand and conceptualize the dreadful sense of estrangement and isolation that seems to me to be inherent to the experience of emotional trauma. I became aware that this sense of alienation and aloneness appears as a common theme in the trauma literature (e.g., Herman, 1992), and I was able to hear about it from many of my patients who had experienced severe traumatization. One such young man, who had suffered multiple losses of beloved family members during his childhood and adulthood, told me that the world was divided into two groups: the normals and the traumatized ones. There was no possibility, he said, for a normal ever to grasp the experience of a traumatized one.

In 1998 I found an explanation for this estrangement in what I called the *absolutisms of everyday life* and presented my account in a brief article (Stolorow, 1999):

> When a person says to a friend, “I’ll see you later,” or a parent says to a child at bedtime, “I’ll see you in the morning,” these are statements, like delusions, whose validity is not open for discussion. Such absolutisms are the basis for a kind of naive realism and optimism that allow one to function in the world, experienced as stable and predictable. It is in the essence of emotional trauma that it shatters these absolutisms, a catastrophic loss of innocence that permanently alters one’s sense of being-in-the-world. Massive deconstruction of the absolutisms of everyday life exposes the inescapable contingency of existence on a universe that is random and unpredictable and in which no safety or continuity of being can be assured. Trauma thereby exposes “the unbearable embeddedness of being” (Stolorow & Atwood, 1992, p. 22). As a result, the traumatized person cannot help but perceive aspects of existence that lie well outside the absolutized horizons of normal everydayness. It is in this sense that the worlds of traumatized persons are felt to be fundamentally incommensurable with those of others, the deep chasm in which an anguished sense of estrangement and solitude takes form. (p. 467)
Once George Atwood and I, in the mid-1970s, had embarked upon our project of rethinking psychoanalysis as a form of phenomenological inquiry, a focus on the mutually enriching interface of psychoanalysis and Continental phenomenology became inescapable, and I began studying phenomenological philosophy, sometimes voraciously. In 2000, I formed a leaderless philosophical study group in which we devoted a year to a close reading of Heidegger’s (1927) magnum opus, *Being and Time*. When I read the passages therein devoted to his existential analysis of *Angst*, I nearly fell off my chair! Both Heidegger’s phenomenological description and ontological account of *Angst* bore a remarkable resemblance to what I had written about the phenomenology and meaning of emotional trauma two years earlier. Thus, Heidegger’s existential philosophy—in particular, his existential analysis of *Angst*—provided me with extraordinary philosophical tools for grasping the existential significance of emotional trauma. It was this latter discovery that motivated me to begin doctoral studies in philosophy and to write a dissertation and two books (Stolorow 2007, 2011) on Heidegger, trauma, and what I came to call *post-Cartesian psychoanalysis*.

Like Freud (1926), Heidegger made a sharp distinction between fear and anxiety. Whereas, according to Heidegger (1927), that in the face of which one fears is a definite “entity within-the-world” (p. 231), that in the face of which one is anxious is “completely indefinite” (p. 231) and turns out to be “Being-in-the-world as such” (p. 230). The indefiniteness of anxiety “tells us that entities within-the-world are not ‘relevant’ at all . . . [The world] collapses into itself [and] has the character of completely lacking significance” (p. 231). Heidegger made clear that it is the significance of the average everyday world, the world as constituted by the public interpretedness of the “they” (*das Man*), whose collapse is disclosed in anxiety. Furthermore, insofar as the “utter insignificance” (p. 231) of the everyday world is disclosed in anxiety, anxiety includes a feeling of uncanniness, in the sense of “not-being-at-home” (p. 233). In anxiety, the experience of “Being-at-home [in one’s tranquilized] everyday familiarity” (p. 233) with the publicly interpreted world collapses, and “Being-in enters into the existential ‘mode’ of . . . ‘uncanniness’” (p. 233).
In Heidegger’s (1927) ontological account of anxiety, the central features of its phenomenology—the collapse of everyday significance and the resulting feeling of uncanniness—are claimed to be grounded in what he called authentic (nonevasively owned) *Being-toward-death*. Existentially, death is not simply an event that has not yet occurred or that happens to others, as *das Man* would have it. Rather, it is a distinctive possibility that is constitutive of our existence—of our intelligibility to ourselves in our futurity and our finitude. It is “the possibility of the impossibility of any existence at all” (p. 307), which, because it is both certain and indefinite as to its when, always impends as a constant threat, robbing us of the tranquilizing illusions that characterize our absorption in the everyday world, nullifying its significance for us. The appearance of anxiety indicates that the fundamental defensive purpose (fleeing) of average everydayness has failed and that authentic *Being-toward-death* has broken through the evasions that conceal it. Torn from the sheltering illusions of *das Man*, we feel uncanny—no longer safely at home.

I have contended that emotional trauma produces an affective state whose features bear a close similarity to the central elements in Heidegger’s existential interpretation of anxiety and that it accomplishes this by plunging the traumatized person into a form of authentic *Being-toward-death* (Stolorow, 2007, 2011). Trauma shatters the illusions of everyday life that evade and cover up the finitude, contingency, and embeddedness of our existence and the indefiniteness of its certain extinction. Such shattering exposes what had been heretofore concealed, thereby plunging the traumatized person into a form of authentic *Being-toward-death* and into the anxiety—the loss of significance, the uncanniness—through which authentic *Being-toward-death* is disclosed. Trauma, like death, individualizes us, in a manner that invariably manifests in an excruciating sense of singularity and solitude.

The particular form of authentic *Being-toward-death* that crystallized in the wake of the trauma of Dede’s death I characterize as a *Being-toward-loss*. Loss of loved ones constantly impends for me as a certain, indefinite, and ever-present possibility, in terms of which I now always understand myself and my world. My own experience of traumatic loss and its aftermath was a source of motivation for my efforts to relationalize Heidegger’s conception of finitude by claiming that authentic *Being-toward-death* always
entails owning up, not only to one’s own finitude, but also to the finitude of all those we love. Hence, authentic Being-toward-death always includes Being-toward-loss as a central constituent. Just as, existentially, we are “always dying already” (Heidegger, 1927, p. 298), so too are we always already grieving. Death and loss are existentially equiprimordial. Existential anxiety anticipates both death and loss.

Support for my claim about the equiprimordiality of death and loss can be found in the work of Derrida, who contended that every friendship is structured from its beginning, a priori, by the possibility that one of the two friends will die first and that the surviving friend will be left to mourn: “To have a friend, to look at him, to follow him with your eyes, . . . is to know in a more intense way, already injured, . . . that one of the two of you will inevitably see the other die” (Derrida, 2001, p. 107). Finitude and the possibility of mourning are constitutive of every friendship.

DISSOCIATION, FINITUDE, AND TRAUMATIC TEMPORALITY

In the course of my investigations of the phenomenology and existential meaning of emotional trauma, I have conceptualized dissociation as the keeping apart of incommensurable emotional worlds, and I have rethought the phenomenon of dissociation in terms of the devastating impact of emotional trauma on our experience of temporality. A patient of mine (discussed in Stolorow, 2007) with a long, painful history of traumatic violations, shocks, and losses arrived at her session in a profoundly fragmented state. Shortly before, she had seen her psychopharmacologist for a twenty-minute interview. In an apparent attempt to update her files, this psychiatrist had required the patient to recount her entire history of traumatization, with no attention given to the emotional impact of this recounting. The patient explained to me that with the retelling of each traumatic episode, a piece of herself broke off and relocated at the time and place of the original trauma. By the time she reached my office, she said, she was completely dispersed along
the time dimension of her crushing life history. Upon hearing this, I spoke just three words: “Trauma destroys time.” The patient’s eyes grew wide; she smiled and said, “I just came together again.”

I use the term portkey, which I borrowed from the Harry Potter book series (Rowling, 2000), to capture the profound impact of emotional trauma on our experience of time. Harry was a severely traumatized little boy, nearly killed by his parents’ murderer and left in the care of a family that mistreated him cruelly. He arose from the ashes of devastating trauma as a wizard in possession of wondrous magical powers, and yet never free from the original trauma, always under threat by his parents’ murderer. As a wizard, he encountered portkeys—objects that transported him instantly to other places, obliterating the duration ordinarily required for travel from one location to another. Portkeys to trauma return one again and again to an experience of traumatization. As shown dramatically in the foregoing paragraph, the experience of such portkeys fractures, and can even obliterate, one’s sense of unitary selfhood, of being-in-time.

Trauma devastatingly disrupts the ordinary, average-everyday linearity and “ecstatical unity of temporality” (Heidegger, 1927, p. 416), the sense of “stretching-along” (p. 426) from the past to an open future. Experiences of emotional trauma become freeze-framed into an eternal present in which one remains forever trapped, or to which one is condemned to be perpetually returned through the portkeys supplied by life’s slings and arrows. In the region of trauma all duration or stretching along collapses, past becomes present, and future loses all meaning other than endless repetition. In this sense it is trauma, not, as Freud (1915) would have it, the unconscious, that is timeless.

Because trauma so profoundly modifies the universal or shared structure of temporality, the traumatized person quite literally lives in another kind of reality, an experiential world felt to be incommensurable with those of others. This felt incommensurability, in turn, contributes to the sense of alienation and estrangement from other human beings that typically haunts the traumatized person. Torn from the communal fabric of being-in-time, trauma remains insulated from human dialogue.
The endless recurrence of emotional trauma is ensured by the finitude of our existence and the finitude of all those with whom we are deeply connected. Authentic temporality, insofar as it owns up to human finitude, is traumatic temporality. “Trauma recovery” is an oxymoron—human finitude with its traumatizing impact is not an illness from which one can recover. “Recovery” is a misnomer for the constitution of an expanded emotional world that coexists alongside the absence of the one that has been shattered by trauma. The expanded world and the absent shattered world may be more or less integrated or dissociated, depending on the degree to which the unbearable emotional pain evoked by the traumatic shattering has become integrated or remains dissociated defensively, which depends in turn on the extent to which such pain found a relational home in which it could be held. This is the essential fracturing at the heart of traumatic temporality. Dissociation just is traumatic temporality.

THERAPEUTIC IMPLICATIONS: EMOTIONAL DWELLING

How can a therapeutic relationship be constituted wherein the therapist can serve as a relational home for unbearable emotional pain and existential vulnerability? Recently (Stolorow, 2014), I have been moving toward a more active, relationally engaged form of therapeutic comportment that I call emotional dwelling. In dwelling, one does not merely seek empathically to understand the other’s emotional pain from the other’s perspective. One does that, but much more. In dwelling, one leans into the other’s emotional pain and participates in it, perhaps with aid of one’s own analogous experiences of pain. I have found that this active, engaged, participatory comportment is especially important in the therapeutic approach to emotional trauma. The language that one uses to address another’s experience of emotional trauma meets the trauma head-on, articulating the unbearable and the unendurable, saying the unsayable, unmitigated by any efforts to soothe, comfort, encourage, or reassure—such efforts invariably being experienced by the other as a shunning or turning away from his or her traumatized state.

Let me give an example of emotional dwelling and the sort of language it employs from my own personal life. In the immediate
aftermath of my late wife Dede’s death, my soul brother, George Atwood, was the only person among my friends and family members who was capable of dwelling with me in the magnitude of my emotional devastation. He said, in his inimitable way, “You are a destroyed human being. You are on a train to nowhere.” George lost his mother when he was eight years old, and I think his dwelling in and integrating his own experience of traumatic loss enabled him to be an understanding home for mine. He knew that offering me encouraging platitudes would be a form of emotional distancing that would just create a wall between us.

If we are to be an understanding relational home for a traumatized person, we must tolerate, even draw upon, our own existential vulnerabilities so that we can dwell unflinchingly with his or her unbearable and recurring emotional pain. When we dwell with others’ unendurable pain, their shattered emotional worlds are enabled to shine with a kind of sacredness that calls forth an understanding and caring engagement within which traumatized states can be gradually transformed into bearable and nameable painful feelings.

**CONCLUDING REMARKS: TOWARD AN ETHICS OF FINITUDE**

What is it in our existential structure that makes the offering and the finding of a relational home for emotional trauma possible? I (Stolorow, 2007, 2011) have contended that just as finitude and vulnerability to death and loss are fundamental to our existential constitution, so too is it constitutive of our existence that we meet each other as “brothers and sisters in the same dark night” (Vogel, 1994, p. 97), deeply connected with one another in virtue of our common finitude. Thus, although the possibility of emotional trauma is ever present, so too is the possibility of forming bonds of deep emotional attunement within which devastating emotional pain can be held, rendered more tolerable, and, hopefully, eventually integrated. Our existential kinship-in-the-same-darkness is the condition for the possibility both of the profound contextuality of emotional trauma and of the mutative power of human understanding.

I suggest, as does Vogel (1994), that owning up to our existential kinship-in-finitude has significant ethical implications insofar
as it motivates us, or even obligates us, to care about and for our brothers’ and sisters’ existential vulnerability and emotional pain. Imagine a society in which the obligation to provide a relational home for the emotional pain that is inherent to the traumatizing impact of our finitude has become a shared ethical principle. In such a society, human beings would be much more capable of living in their existential vulnerability, anxiety, and grief, rather than having to revert to the defensive, destructive evasions of them so lamentably characteristic of human history. In such a societal context, a new form of identity would become possible, based on owning rather than covering up our existential vulnerability. Vulnerability that finds a hospitable relational home could be seamlessly and constitutively integrated into whom we experience ourselves as being. A new form of human solidarity would also become possible, rooted not in shared grandiose and destructive ideological illusion, but in shared recognition and respect for our common human finitude. If we can help one another bear the darkness rather than evade it, perhaps one day we will be able to see the light—as finite human beings, finitely bonded to one another.

NOTES

1. Borrowing a term from the Harry Potter book series (Rowling, 2000), I call such experiences *portkeys* to trauma (Stolorow, 2007, 2011), as discussed later in this paper.

2. An account of the historical evolution of this four-decades long collaborative project can be found in chapter 6 of *Structures of Subjectivity: Explorations in Psychoanalytic Phenomenology and Contextualism*, 2nd edition (Atwood & Stolorow, 2014).

3. Compare to the description of my traumatized state in the second paragraph of the preceding section, “The Phenomenology of Trauma.”

4. By *temporality* I mean the lived experience of time.

5. My wife, Dr. Julia Schwartz, first brought this imagery of portkeys to my attention as a metaphor that captures the impact of trauma on the experience of temporality.

6. See the first paragraph of the section “The Phenomenology of Trauma” for a vivid personal example of such a portkey.

7. In authentic existing, such a relational home is also itself recognized as finite.
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