THREE REALMS OF THE UNCONSCIOUS
AND THEIR THERAPEUTIC TRANSFORMATION

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The new understandings that have been obtained through the clinical application of psychoanalytic self psychology have highlighted the need for a radical revision of the psychoanalytic theory of the unconscious (Shane and Shane, 1990). What follows is a progress report briefly summarizing an evolving theory of the unconscious that we believe is consistent with the basic principles of self psychology and its singular emphasis on the primacy of self-experience rather than instinctual drives. Our framework delineates three different realms of the unconscious. After describing our developing understanding of these different realms, we offer a formulation of the distinctive transformations that psychoanalytic treatment can bring about in each of the three domains.

In our first attempts (Atwood and Stolorow, 1980, 1984) to reconceptualize the unconscious, we distinguished two forms of unconsciousness that are important for psychoanalysis—the prereflective unconscious and the more familiar dynamic unconscious. Both differ from Freud's (1900, 1915) “preconscious” in that they can be made conscious only with great effort. The term “prereflective unconscious” refers to the shaping of experience by organizing principles that operate outside a person’s conscious awareness:

The organizing principles of a person’s subjective world, whether operating positively (giving rise to certain configurations in awareness), or negatively (preventing certain configurations from arising), are themselves unconscious. A person’s experiences are shaped by his psychological structures without this shaping becoming the focus of awareness and reflection. We have therefore characterized the struc-
ture of a subjective world as *prereflectively unconscious*. This form of unconsciousness is not the product of defensive activity, even though great effort is required to overcome it. In fact, the defenses themselves, when operating outside a person’s awareness, can be seen as merely a special instance of structuring activity that is prereflectively unconscious. (Atwood and Stolorow, 1984, p. 36)

In our view of psychological development, we pictured these prereflective structures of experience as crystallizing within the evolving interplay between the subjective worlds of child and caregivers. Prime examples are those organizing principles, traditionally covered by the term “superego,” that derive from the child’s perceptions of what is required to maintain ties that are vital to well-being.

In reconsidering the dynamic unconscious, we first attempted to formulate its essence in experience-near terms, stripped of metaphysical encumbrances:

Repression is understood as a process whereby particular configurations of self and object are prevented from crystallizing in awareness. . . . The “dynamic unconscious,” from this point of view, consists in that set of configurations that consciousness is not permitted to assume, because of their association with emotional conflict and subjective danger. Particular memories, fantasies, feelings, and other experiential contents are repressed because they threaten to actualize these configurations. (Atwood and Stolorow, 1984, p. 35)

Later (Stolorow, Brandchaft, and Atwood, 1987), we proposed that the psychological phenomena traditionally encompassed by the concept of the dynamic unconscious derive specifically from that realm of intersubjective transaction that Stern (1985) refers to as “interaffectivity”—the mutual regulation of affective experience within the developmental system. We wrote:

The specific intersubjective contexts in which conflict takes form are those in which central affect states of the child cannot be integrated because they fail to evoke the requisite attuned responsiveness from the caregiving surround. Such unintegrated affect states become the source of lifelong inner conflict, because they are experienced as threats both to the person’s established psychological organization and to the maintenance of vitally needed ties. Thus affect-dissociating defensive operations are called into play, which reappear in the analytic situation in the form of resistance. . . . It is in the defensive walling off of central affect states, rooted in early derailments of affect integration, that the origins of what has traditionally been called the “dynamic unconscious” can be found. (pp. 91–92)
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From this perspective, the dynamic unconscious is seen as consisting not of repressed instinctual drive derivatives, but of affect states that have been defensively walled off because they failed to evoke attuned responsiveness from the early surround. This defensive sequestering of central affective states, which attempts to protect against retraumatization, is the principal source of resistance in psychoanalytic treatment.

In our most recent work on the unconscious (Stolorow and Atwood, 1989), we pointed out that the shift from drives to affectivity as forming the basis for the dynamic unconscious is not merely a change in terminology. The regulation of affective experience, we emphasized, is not a product of isolated intrapsychic mechanisms; it is a property of the child-caregiver system of reciprocal mutual influence (Sander, 1985; Stern, 1985; Beebe and Lachmann, 1988; Demos, 1988). If we understand the dynamic unconscious as taking form within such a system, then it becomes apparent that the boundary between conscious and unconscious is always the product of a specific intersubjective context.

With its focus on the vicissitudes of unconscious mental processes, psychoanalysis has, until quite recently, had little to say about the ontogeny of consciousness. It is our view that the child’s conscious experience becomes progressively articulated through the validating responsiveness of the early surround. The child’s affective experience, for example, becomes increasingly differentiated through the attuned responsiveness of caregivers to his emotional states and needs (Socarides and Stolorow, 1984/1985).

It follows from this conception of consciousness becoming articulated within an intersubjective system that two closely interrelated forms of unconsciousness may develop from situations in which the requisite validating responsiveness is absent (Stolorow and Atwood, 1989). When a child’s experiences are consistently ignored or actively rejected, the child perceives that aspects of his or her own experience are unwelcome or damaging to the caregiver. Whole sectors of the child’s experiential world must then be sacrificed (repressed) in order to safeguard the needed tie. This, we have suggested, is the origin of the dynamic unconscious. In addition, other features of the child’s experience may remain unconscious, not because they have been repressed, but because, in the absence of a validating intersubjective context, they were simply never able to become articulated.
In both instances, the boundary between conscious and unconscious is revealed to be a fluid and ever-shifting one, a product of the changing responsiveness of the surround to different regions of the child's experience. We believe that this conceptualization continues to apply beyond the period of childhood and is readily demonstrated in the psychoanalytic situation as well, wherein the patient's resistance can be seen to fluctuate in concert with perceptions of the analyst's varying receptivity and attunement to the patient's experience. The idea of a fluid boundary forming within an intersubjective system contrasts sharply with the traditional notion of the repression barrier as a fixed intrapsychic structure, "a sharp and final division" (Freud, 1915, p. 195) separating conscious and unconscious contents.

To summarize, we can distinguish three interrelated forms of unconsciousness: (1) the prereflective unconscious—the organizing principles that unconsciously shape and thematize a person's experiences; (2) the dynamic unconscious—experiences that were denied articulation because they were perceived to threaten needed ties; and (3) the unvalidated unconscious—experiences that could not be articulated because they never evoked the requisite validating responsiveness from the surround. All three forms of unconsciousness, we have emphasized, derive from specific, formative intersubjective contexts.

We believe that this experience-near conceptualization of the unconscious, its different realms and their origins, provides a definitive answer to those critics (e.g., Kernberg, 1982) who claim that an empathic-introspective psychology of the self can only remain a psychology of the conscious, and also to those theorists (e.g., Rubinstein, 1976) who argue that the existence of unconscious mental processes can be explained only by resorting to experience-distant concepts borrowed from neurobiology. We define the stance of sustained empathic inquiry as a method for investigating the principles unconsciously organizing experience. By emphasizing the analyst's investigative activity, this definition supplies an antidote to those countertransference-based misconstruals of analytic empathy that amalgamate it with a requirement literally and concretely to fulfill a patient's selfobject longings and archaic hopes.

It is our view that the mode of therapeutic action of psychoanalytic treatment differs in each of the three realms of unconsciousness that we have described. Psychoanalysis, above all else, is a method
for illuminating the prereflective unconscious, and it achieves this aim by investigating the ways in which the patient's experience of the analyst and his or her activities is unconsciously and recurrently patterned by the patient according to developmentally preformed meanings and invariant themes. Such analysis, from a position within the patient's subjective frame of reference, always keeping in view the codetermining impact of the analyst on the organization of the patient's experience, both facilitates the engagement and expansion of the patient's capacity for self-reflection and gradually establishes the analyst as an understanding presence to whom the patient's formerly invariant ordering principles must accommodate, inviting syntheses of alternative modes of experiencing self and other.

The dynamic unconscious becomes transformed primarily through analysis of resistance—that is, the investigation of the patient's expectations and fears in the transference that if his or her central affective states and developmental longings are exposed to the analyst, they will meet with the same traumatogenic, faulty responsiveness that they received from the original caregivers. Such analysis, always taking into account what the patient has perceived of the analyst that has lent itself to the patient's anticipations of retraumatization, establishes the analytic bond as a gradually expanding zone of safety within which previously sequestered regions of the patient's experience can be brought out of hiding and integrated.

Analytic attention to the realm of the unvalidated unconscious probably makes a contribution to all analyses, but is especially important in the treatment of patients who have suffered severe developmental deficits in the articulation of perceptual and affective experience. These are patients, often prone to fragmented, disorganized, or psychosomatic states, for whom broad areas of early experience failed to evoke validating attunement from caregivers and, consequently, whose perceptions remain ill-defined and precariously held, easily usurped by the judgments of others, and whose affects tend to be felt as diffuse bodily states rather than as cognitively elaborated feelings. In such cases, the analyst's investigation of and attunement to the patient's inner experiences, always from within the patient's perspective, serves to articulate and consolidate the patient's subjective reality, crystallizing the patient's experience, lifting it to higher levels of organization, and strengthening the patient's confidence in its validity. This, we contend, is a foundation stone of the sense of
self, a selfobject function so vital and basic that we designate its appearance in analysis by a specific term—the self-delineating selfobject transference.

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The Psychoanalytic Review
Vol. 79, No. 1, Spring 1992
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