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[The Intersubjective Perspective](#)

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In our early psychobiographical studies of Freud, Jung, Reich, and Rank (**Stolorow and Atwood, 1979**), we found that psychoanalytic metapsychologies derive profoundly from the personal, subjective worlds of their creators. This finding, which has a powerfully relativizing impact on one's view of psychological theories, led us inexorably to the conclusion that what psychoanalysis needs is *a theory of subjectivity itself*-a unifying framework that can account not only for the phenomena that other theories address but also for the theories themselves.

Our own proposals for such a framework (**Stolorow and Atwood, 1992**), have undergone a significant process of development during the past two decades, culminating in what we have come to call *the theory of intersubjectivity*. 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 intrapsychic experience, 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.

Intersubjectivity theory is a field theory or systems theory in that it seeks to comprehend psychological phenomena not as products

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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 and 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 a nexus of intersubjective relatedness and serving specific psychological purposes (**Stolorow and Atwood, 1992**).

Psychological Development and Pathogenesis

Intersubjectivity theory is both experience-near and relational; its central constructs seek to conceptualize the organization of personal experience and its vicissitudes within an ongoing intersubjective system. It differs from other psychoanalytic theories in that it does not posit particular psychological contents (the Oedipus complex, the paranoid and depressive positions, separation-individuation conflicts, idealizing and mirroring longings, and so on) that are presumed to be universally salient in personality development and in pathogenesis. Instead, it is a process theory offering broad methodological and epistemological principles for investigating and comprehending the intersubjective contexts in which psychological phenomena arise. With regard to psychological development, for example, we have proposed that the “organization of the child's experience must be seen as a property of the *child-caregiver* system of mutual regulation” (Stolorow and Atwood, 1992, p. 23) and that it is the “recurring patterns of intersubjective transaction within the developmental system [that] result in the establishment of invariant principles that unconsciously organize the child's subsequent experiences” (p. 24). The concept of intersubjectively derived unconscious organizing principles-what we term the realm of “the prereflective unconscious” (**Stolorow and Atwood, 1992**)-is our alternative to the notion of unconscious instinctual fantasy. It is these unconscious

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ordering principles, forged within the crucible of the child-caregiver system, that form the basic building blocks of personality development and that constitute the quintessential focus of psychoanalytic investigation and interpretation. The essence of psychoanalytic cure lies in the establishment of new, alternative principles for organizing experience, so that the patient's experiential repertoire becomes enlarged, enriched, more flexible, and more complex (**Stolorow, 1994**).

Increasingly, we have found that those principles that unconsciously organize patients' experience of *affect* are of the greatest import clinically. From early recurring experiences of malattunement, patients have acquired the unconscious conviction that their unmet developmental yearnings and reactive feeling states are manifestations of a loathsome defect or of an inherent inner badness. Qualities or activities of the analyst that lend themselves to being interpreted according to such automatic meanings of affect, confirm the patient's fears and expectations in the transference that emerging feelings will be met with disgust, disdain, disinterest, alarm, hostility, withdrawal, exploitation, and so on, or will damage the analyst and destroy the therapeutic bond. The investigation and illumination of these invariant meanings as they take form within the intersubjective dialogue between patient and analyst can produce powerful therapeutic reactions in liberating the patient's affectivity and in strengthening the patient's capacities for affect tolerance, integration, and articulation. We regard such expansion and enrichment of the patient's affective life as central aims of an analytic process.

Any pathological constellation can be understood, from our perspective, only in terms of the unique intersubjective contexts in which it originated and is continuing to be maintained. "The intersubjective context," we have contended, "has a constitutive role in *all* forms of psychopathology" (Stolorow, Brandchaft, and Atwood, **1987**, p. 3), and "the exploration of the particular patterns of intersubjective transaction involved in developing and maintaining each of the various forms of psychopathology is...one of the most important areas for continuing clinical psychoanalytic research" (p. 4). The proposition that psychopathology always takes form within a constitutive intersubjective context calls into question the very concept of psychodiagnosis (**Atwood and Stolorow, 1993**). What is diagnosed, from an intersubjective perspective, is not the patient's

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psychological organization seen in isolation but the functioning of the entire therapeutic system. Similar considerations apply to the question of analyzability, which cannot be assessed on the basis of the patient's psychological structures alone but must be recognized as a property of the patient-analyst system—the goodness of fit between what a particular patient most needs to have understood and what a particular analyst is capable of understanding.

Conflict Formation and the Dynamic Unconscious

The foregoing conceptualizations of development and pathogenesis are well illustrated by our formulation of the intersubjective origins of intrapsychic conflict:

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.

(Stolorow et al., **1987**, pp. 91-92)

From this perspective, the dynamic unconscious is seen to consist not of repressed instinctual drive derivatives, but of affect states that have been defensively walled off because they evoked massive malattunement from the early surround. This defensive sequestering of central affective states, which attempts to protect against retraumatization, is a principal source of resistance in psychoanalytic treatment. We wish to emphasize 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 is not a product of isolated intrapsychic mechanisms; it is a property of the child-caregiver system of reciprocal mutual influence (**Beebe, Jaffe, and Lachmann, 1992; Stolorow and Atwood, 1992**). If we understand the dynamic unconscious as taking form within such a system, then it becomes apparent that the

boundary between

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conscious and unconscious is always the product of a specific intersubjective context.¹ This idea of a fluid boundary forming within an intersubjective system 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 emotional experience.

Transference and Countertransference

Our intersubjective view of conflict formation has been incorporated into our conceptualization of two basic dimensions of transference (or two broad classes of unconscious organizing principles) (**Stolorow et al., 1987**). In one, which we term the *development*, or following **Kohut (1984)**, the *selfobject dimension*, the patient longs for the analyst to provide development enhancing experiences that were missing or insufficient during the formative years. In the other, called *the repetitive dimension*, which object relations theorists have attempted to capture metaphorically with such terms as "internal objects" and "internalized object relations," and which is a source of conflict and resistance, the patient expects and fears a repetition with the analyst of early experiences of developmental failure.

These two dimensions continually oscillate between the experiential foreground and background of the transference in concert with perceptions of the analyst's varying attunement to the patient's emotional states and needs (**Stolorow and Atwood, 1992**). For example, when the analyst is experienced as malattuned, foreshadowing a traumatic repetition of early developmental failure, the conflictual and resistive dimension is frequently brought into the foreground, while the patient's developmental yearnings are driven into hiding. On the other hand, when the analyst is able to analyze accurately the patient's experience of rupture of the therapeutic bond, demonstrating an understanding of the patient's reactive affect states and the principles that organize them, the developmental dimension becomes restored and strengthened, and the conflictual/resistive/repetitive dimension tends to recede, for the time being, into the background. Alternatively, at other times, the patient's experience of the analyst's understanding may *heighten* the conflictual and resistive aspect of the transference because it stirs the patient's walled-off

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longings and archaic hopes, along with dread of the retraumatization that the patient fears will follow from the exposure of these longings and hopes to the analyst. In still other circumstances, it is the repetitive dimension of the transference that is resisted because the patient fears that its articulation will jeopardize a precariously established and urgently needed selfobject tie to the analyst. For us, the essence of transference analysis lies in the investigative and interpretive tracking of these and other shifting figure-ground relationships among the various dimensions of the transference as they take form within the ongoing intersubjective system constituted by the patient's and analyst's interacting worlds

of experience.

The foregoing description of the shifting figure-ground relationships among dimensions of the transference applies not only to the patient's transference but also to the analyst's transference, usually termed countertransference. The larger system formed by the interplay between transference and countertransference is a prime example of what we call an intersubjective field or context. Transference and countertransference together form an intersubjective system of reciprocal mutual influence.

From the continual interplay between the patient's and analyst's psychological worlds two basic situations repeatedly arise: *intersubjective conjunction* and *intersubjective disjunction* (**Stolorow and Atwood, 1992**). The first of these is illustrated by instances in which the principles organizing the patient's experiences give rise to expressions that are assimilated into closely similar central configurations in the psychological life of the analyst. Disjunction, by contrast, occurs when the analyst assimilates the material expressed by the patient into configurations that significantly alter its meaning for the patient. Repetitive occurrences of intersubjective conjunction and disjunction are inevitable accompaniments of the therapeutic process and reflect the interactions of differently organized subjective worlds.

When the analyst is able to become reflectively aware of the principles organizing his or her experience of the therapeutic relationship, then the correspondence or disparity between the subjective worlds of patient and analyst can be used to promote empathic understanding and insight. In the absence of reflective self-awareness on the part of the analyst, such conjunctions and disjunctions can seriously impede the progress of an analysis. When the principles

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unconsciously organizing the experiences of patient and analyst in an impasse are successfully investigated and illuminated, however, we have found that such analysis can transform a therapeutic stalemate into a royal road to new analytic understandings for both patient and analyst (**Stolorow and Atwood, 1992**).

The therapeutic action of psychoanalytic interpretation is something that takes form within a specific intersubjective interaction, to which the psychological organizations of both analyst and patient make distinctive contributions. The analyst, with an awareness of his or her own personal organizing principles and their codetermining impact on the course of the therapeutic relationship, constructs, through sustained empathic inquiry, an interpretation of the meaning of the patient's experience that enables the patient to feel deeply understood. The patient, from within the depths of his or her own subjective world, weaves that experience of being understood into the tapestry of unique mobilized developmental yearnings, permitting a thwarted developmental process to become reinstated and new organizing principles to take root. Psychoanalytic interpretations thus derive their mutative power from the intersubjective matrix in which they crystallize (**Stolorow, 1994**).

Some Technical Implications

Psychoanalytic theories that postulate universal psychodynamic contents also tend to prescribe rigid rules of therapeutic technique or style that follow from the theoretical presuppositions. Freudian drive theory, for example, prescribes for the analyst a “rule of abstinence.” The more general and encompassing nature of intersubjectivity theory, by contrast, allows for much greater flexibility, so long as the analyst consistently investigates the impact of his or her own techniques, style, and theoretical assumptions on the patient's experience and on the course of the therapeutic process. This greater flexibility frees analysts to explore new modes of intervention and to discover hitherto unarticulated dimensions of personal experience.

The doctrine of intrapsychic determinism and corresponding focus on the isolated mind in psychoanalysis has historically been associated with an objectivist epistemology. Such a position envisions the mind in isolation, radically estranged from an external reality that it either accurately apprehends or distorts. Analysts embracing

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an objectivist epistemology presume to have privileged access to the essence of the patient's psychic reality and to the objective truths that the patient's psychic reality obscures. In contrast, the intersubjective viewpoint, emphasizing the constitutive interplay between worlds of experience, leads inevitably to an epistemological stance that is best characterized as “perspectivalist” (**Stolorow and Atwood, 1992; Orange, 1994**). Such a stance does not presume either that the analyst's subjective reality is more true than the patient's, or that the analyst can directly know the subjective reality of the patient; the analyst can only approximate the patient's psychic reality from within the particularized scope of the analyst's own perspective. A perspectivalist stance has a profound impact on the ambiance of the analytic situation, in that it is grounded in respect for the personal realities of both participants. Liberated from the need to justify and defend their experiences, both patient and analyst are freed to understand themselves, each other, and their ongoing relationship with increasing depth and richness.

Some Common Misunderstandings

In order to bring the assumptions underlying our theoretical framework more sharply into view, we close with a discussion of four common misunderstandings of the intersubjective perspective that we have encountered in dialogues with students and colleagues (**Stolorow, Atwood, and Brandchaft, 1994**).

1. *The misunderstanding based on the fear of structureless chaos.* The first misunderstanding involves a reading of our work as containing a claim that there is no psychic structure, pattern, or organization of personality that does not derive entirely from immediate, ongoing interactions with other people. Our vision of the individual person is thus seen as a portrait of an essentially formless void, radically vulnerable to and dependent on the shaping influence of events occurring in the interpersonal milieu. This misreading, exemplified by one critic's characterization of our book *Contexts of Being* (**Stolorow and Atwood, 1992**) as promoting a “myth of the structureless mind,” fails to take into account the organizing activity that the individual contributes to every intersubjective field in which he or she participates. Here intersubjectivity theory is being interpreted as destroying the basis for concepts of

character, psychic continuity, the

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achievement of regulatory capacities, and the development of complex psychological organizations. This misreading and criticism arise, we believe, because of a commitment on the part of such critics to what we have called the myth of the isolated mind (**Stolorow and Atwood, 1992**). Within the thinking of theorists of the isolated mind, the stability of character and of self-experience becomes reified as a property of a mind or psyche having internal structures that exist separately from the embeddedness of experience in constitutive intersubjective fields. It is as if the isolated-mind theorist cannot imagine a stable character or psychological organization unless it is pictured inside a spatialized mental apparatus or perhaps even inside the physical boundaries of the cranium. Intersubjectivity theory, which specifically dispenses with all such ideas, thus raises the specter for these theorists of falling into structureless chaos.

This misunderstanding involves an interpretation of what we call a constitutive intersubjective field as an all-determining interpersonal milieu in which the individual is totally the product of interactions with others. Again, this interpretation ignores the contribution of that individual to each intersubjective transaction that occurs. Intersubjective fields are, by definition, codetermined and thus cocreated.

Let us consider in this connection the analytic dyad. According to the older, classical traditions in psychoanalysis, psychological structure and the processes and mechanisms of psychopathology are located inside the patient's mind. This isolating focus of the classical perspective fails to do justice to every individual's irreducible engagement with others and blinds psychoanalytic clinicians to the specific ways they are implicated in the phenomena they observe and seek to treat. The intersubjectively oriented analyst, by contrast, while committed to illuminating the unconscious organizing principles the patient brings to the analytic encounter, also understands that the psychopathological phenomena that are seen to unfold do so within an intersubjective field that includes the analyst as a codetermining influence.

A variant of the misunderstanding based on the fear of structureless chaos appears in a similarly mistaken conception of our view of the process of psychological development. Here our standpoint becomes confused with a naive environmentalism according to

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which the child's psychological growth is interpreted as entirely the product of the shaping influence of external interpersonal events. The intersubjective view of psychological development embraces what **Wallace (1985)** terms "intersectional causation." At any stage the child's formative experiences are understood to emerge from the intersection of, and to be codetermined by, his or her psychological organization as it has evolved to that point and specific features of the caregiving surround. In this model, the development of the child's psychological organization is always seen as an aspect of an evolving and maturing child-caregiver system.

2. *The misunderstanding based on the fear of surrendering one's personal reality.* The second misunderstanding concerns the epistemological stance of intersubjectivity theory and the problem of truth and reality. As we have said, a defining feature of our thinking lies in our not assigning any greater intrinsic validity to the analyst's world of reality than to the patient's. This is in contrast to an objectivist epistemology that posits an objective external world, a true world to which the analyst is presumed to have access. Corresponding to this latter stance, a goal of treatment inevitably materializes involving the bringing of the patient's experiences into alignment with that objective reality. Such a goal appears in the notion of correcting transference distortions.

The misreading we are discussing here is the interpretation of our refraining from granting absolute validity to the analyst's reality and not to the patient's as somehow containing an injunction to analysts not to have a theoretical framework to order clinical data. It appears that our critics on this point cannot envision holding to their theoretical ideas without conferring upon those ideas an absolute validity, or at least a greater measure of truth than is ascribed to the patient's ideas. The specter here is of losing a grip on any assumptions at all, of the dissolution of the analyst's personal reality, leaving the analyst adrift in a sea of uncertainty, perhaps in danger of being swept into the vortex of the patient's psychological world. A key distinction lost in this misunderstanding is that between holding an assumption or belief and elevating that assumption to the status of an ultimate, objective truth. Once such an elevation has taken place, the belief necessarily escapes the perimeter of what can be analytically reflected upon. Intersubjectivity theory contains a commitment to examining and analytically reflecting upon the impact of

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the analyst *and his or her theories*, as well as that of the patient's organizing principles, on the analytic process. This means that there can be no belief or idea that in principle escapes the field of potential analytic investigation, even including the ideas of intersubjectivity theory itself (see **Atwood and Stolorow, 1993**).

3. *The misunderstanding based on the fear of an annihilating ad hominem attack.* The third misunderstanding pertains to our tendency to explore the formative psychological background of various ideas we discuss and criticize. An objection is sometimes raised on our analysis of the myth of the isolated mind, because of our focus of this doctrine as a symbol of alienated self-experience (**Stolorow and Atwood, 1992**). We argued that the image of the isolated mind is a genuine myth in the sense of being a symbol of pervasive cultural experiences involving an alienation of the person from the physical world, from social life and engagement with others, and from the nature of subjectivity itself. We suggested further that this alienation exists for the purpose of disavowing a set of specific vulnerabilities that are in our time otherwise felt as unbearable. This discussion of alienation and the need to disavow vulnerability is not intended as an attack on theoretical viewpoints that embody the myth of the isolated mind; it is rather an attempt to explain why it is that an idea that has so manifestly hindered the development of psychoanalysis could nevertheless have maintained such a tenacious hold on thinkers in our field.

An ad hominem argument is one that seeks to dispose of a proposition or idea by pointing at the individual who espouses it. It would be an example of such a fallacious argument if we were maintaining that doctrines incorporating the idea of the isolated mind ought to be rejected simply because of the personal alienation and evasions of anguish shown by those who promulgate them. Clearly the value of a psychological or philosophical system needs to be assessed in relation to issues and traditions larger than the personal characteristics and events in a thinker's life. The separation of the life out of which an idea originates and that idea itself is, however, not as clean as one might think in a discipline concerned with illuminating subjectivity; in fact, we view the total isolation of the personal context of origin from assessments of value and validity as still another manifestation of the alienation afflicting our field. We **(Stolorow and Atwood, 1979)** have addressed this issue as follows:

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It would be incorrect to view an explication of the personal realities embedded in psychological theories as giving no more than an account of the conditions of their genesis. Every [such] analysis delimits, in content as well as origin, the view being studied. It seeks not only to establish a relationship between the theorist and his works, but also to determine the particularization of scope of the theory, and hence to delimit its generality and validity. (pp. 22-23).

Faces in a Cloud: Intersubjectivity in Personality Theory (1993) discusses the ways in which theories of personality symbolically crystallize central dimensions of the personal subjective world of the theorist, and the critical importance of the study of such relationships to the further development of personality theory. The concept of intersubjectivity was clearly implicit in the studies described in this work in that they pictured various theories as, on the one hand, reflecting the empirical domain of human experience to which they were addressed (more or less adequately) and, on the other hand, as also reflecting the psychological organization of the theorist. This is a prime example of what is meant by the idea of intersubjectivity.

4. *The misunderstanding based on the fear of anarchy in the analytic relationship.* The fourth misunderstanding pertains to the implications of intersubjectivity theory for the conduct of psychoanalytic treatment. A cardinal feature of the intersubjective perspective is the view of the analytic relationship in terms of an interaction between the subjective worlds of analyst and patient. The parity we ascribe to the worlds of patient and analyst at the level of abstract conceptualization of the therapeutic dyad becomes, however, misinterpreted as implying symmetry in that relationship at the level of concrete clinical practice. Here the authority ordinarily assumed by the analyst collapses, as the patient is thought to acquire a voice equal to that of the analyst in setting the conditions of the treatment. The theoretical vision of interacting subjective worlds thus becomes transposed into a picture of the decisions affecting the patient's treatment being made on an egalitarian, democratic basis. The ultimate extreme of this overly concrete misinterpretation of intersubjectivity theory is the loss of the very distinction between patient and analyst. If the worlds of both participants are fully engaged in the analytic process, it is said, then what is left to tell us which of the two is the patient? If the life themes structuring the analyst's world need to be constantly borne in mind as they impact on

the therapeutic process,

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it is asked, whose analysis is it anyway? The disciplined practice of psychoanalytic treatment thereby threatens to dissolve into confusion and anarchy.

It seems to us that these misunderstandings arise because of an insufficiently abstract interpretation of the principles of intersubjectivity theory. The intersubjective perspective contains few concrete recommendations as to technique or style in the practice of psychoanalytic therapy; indeed, it is a perspective intended to be broad enough to accommodate a wide range of therapeutic styles and techniques, so long as the meanings and impact on the treatment process of these various approaches are made a focus of analytic investigation and reflection. The authority of the analyst is not comprised in any way by the adopting of an intersubjective standpoint, nor does this perspective necessarily introduce any confusion into the analytic dyad as to which participant is the patient. The asymmetry between analyst and patient seems to us to inhere in the very definition of a professional therapeutic relationship. The interacting meanings of this inherent asymmetry for the patient and the analyst may, of course, represent an important focus of analytic inquiry in the therapeutic dialogue.

Note

1 In addition to the prereflective and the dynamic unconscious, we have described a third intersubjectively derived form of unconsciousness-*the unvalidated unconscious*: experiences that could not be consciously articulated because they never evoked validating responsiveness from the surround (**Stolorow and Atwood, 1992**).

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