

The Intersubjective
Respective

Stolorow, Atwood,
Brandchaft

1

w

THE INTERSUBJECTIVE CONTEXT OF INTRAPSYCHIC EXPERIENCE

Robert D. Stolorow, Ph.D.

Analysis . . . must turn from the study of Freud to the study of man.
—H. Kohut

TO MY MIND, THE MOST IMPORTANT development in psychoanalysis over the past decade has been the growing recognition that intrapsychic phenomena must be understood in the context of the larger interactional systems in which they take form. Evidence of this trend can be found in the increasingly frequent appearance in the psychoanalytic literature of such terms as *self-selfobject relationship* (Kohut 1984), *two-person psychology* (Modell 1984), *relational matrix* (Mitchell 1988), *mutual influence structures* (Beebe and Lachmann 1988a, 1988b), and *intersubjective context* (Atwood and Stolorow 1984, Stolorow et al. 1987). This recognition of the broader context of intrapsychic experience holds critical implications for each of the three interrelated psychoanalytic domains envisioned by Freud: psychoanalysis as a theory of the mind, as a research method, and as a form of therapy.

PSYCHOANALYSIS AS A THEORY OF THE MIND

In psychoanalytic theory the ascension of "relational-model" theories of the mind has been aptly described by Mitchell (1988):

In this vision the basic unit of study is not the individual as a separate entity whose desires clash with an external reality, but an interactional field within which the individual arises and struggles to make contact and to articulate himself. *Desire* is experienced always in the context of relatedness, and it is that context which defines its meaning. Mind is composed of relational configurations. . . . Experience is understood as structured through interactions. . . . [pp. 3-4]

This same vision has been captured succinctly by both Loewald (1988) and Kohut (1984): "The origin of individual psychic life . . . is a transindividual field, represented by the mother/infant matrix, not an individual unconscious and instincts residing in an individual" (Loewald 1988, pp. 50-51). "Self-selfobject relationships form the essence of psychological life from birth to death . . ." (Kohut 1984, p. 47).

Nowhere can the growing appreciation of the intersubjective context of intrapsychic experience be seen more clearly than in psychoanalytic developmental psychology, which is being profoundly influenced by findings and concepts emerging from contemporary infancy research. Atwood and I (1984), in a chapter written in collaboration with Brandchaft, summarized the intersubjective perspective on psychological development:

Both psychological development and pathogenesis are . . . conceptualized in terms of the specific intersubjective contexts that shape the developmental process and that facilitate or obstruct the child's negotiation of critical developmental tasks and successful passage through developmental phases. The observational focus is the evolving psychological field constituted by the interplay between the differently organized subjectivities of child and caretakers. [p. 65]

An impressive body of research evidence has recently been amassed documenting that the developing organization of the child's experience must be seen as a property of the *child-caregiver system of mutual regulation* (see Beebe and Lachmann 1988a,b, Emde 1988a,b, Lichtenberg 1983, 1989, Sander 1985, 1987, Stern 1985, 1988). According to Sander (1985, 1987), it is the infant-caregiver system that regulates and organizes the infant's experience of inner states. The development of self-regulatory competence, therefore, is a *systems competence*. Stern (1985) has described in great detail the formation of various senses of self from the child's interactions with "self-regulating others." Beebe and Lachmann (1988a,b) have shown that recurrent patterns of mutual influence between mother and infant provide the basis for the development of self and object

representations. They argue that in the earliest representations what is represented is "an emergent dyadic phenomenon, structures of the interaction, which cannot be described on the basis of either partner alone" (1988a, p. 305). A similar view of the interactional basis of psychic structure formation is implicit in Lichtenberg's (1989) discussion of the schemas or "scripts" that underlie the experience of various motivational systems, and Emde's (1988a) description of personality structures developing from the internalization of "infant-caregiver relationship patterns." Each of these authors, in different language, is describing how recurring patterns of intersubjective transaction within the developmental system result in the establishment of invariant principles that unconsciously organize the child's subsequent experiences (Atwood and Stolorow 1984, Stolorow et al. 1987). It is these unconscious ordering principles, crystallized within the matrix of the child-caregiver system, that form the essential building blocks of personality development (Stolorow and Atwood 1989).

I wish to emphasize that the intersubjective view of psychological development should not be confused with a naive environmentalism. Rather, it embraces what Wallace (1985) felicitously terms "intersectional causation." At any moment the child's formative experiences are understood to emerge from the intersection of, and to be codetermined by, his psychological organization as it has evolved to that point and specific features of the caregiving surround.

Studies of the vicissitudes of the developmental system are giving rise to a radically altered psychoanalytic theory of motivation. It is no longer satisfactory to view motivation in terms of the workings of a mental apparatus processing instinctual drive energies. Instead, it has increasingly come to be recognized, as Lichtenberg (1989) aptly argues, that "motivations arise solely from *lived experience*" and that "the vitality of the motivational experience will depend . . . on the manner in which affect-laden exchanges unfold between infants and their caregivers" (p. 2). Most important, in my view, has been the shift from drive to affect as the central motivational construct for psychoanalysis (see Basch 1984, Demos and Kaplan 1986, Jones 1989). Affectivity, we now know, is not a product of isolated intrapsychic mechanisms; it is a property of the child-caregiver system of mutual regulation (Demos 1988, Rogawski 1987, Sander 1985). Stern (1985) has described in exquisite detail the regulation of affective experience within the infant-caregiver dyad through processes of intersubjective sharing and mutual affect attunement. The "affective core of the self" (Emde 1988a) derives from the person's history of intersubjective transactions. Early developmental trauma, from this perspective, is viewed not as an instinctual flooding of an ill-equipped mental apparatus. Rather, the tendency for affective experiences to create a disorganized or disintegrated self-state is seen to originate from early faulty affect attunements—breakdowns of the infant-caregiver system—leading to the loss of affect-regulatory capacity. (Socarides and Stolorow

1984/85). These are the rock-bottom dangers for which later states of anxiety sound the alarm.

The shift from drive to affect leads inevitably to an intersubjective view of intrapsychic conflict formation:

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. A defensive self-ideal is often established, which represents the self purified of the "offending" affect states that were perceived as intolerable to the early surround . . . and the inability to fully embody this affectively purified ideal then becomes a continual source of shame and self-loathing. *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, emphasis added]

From this perspective, the dynamic unconscious is seen to consist not of repressed, endogenously arising drive derivatives, but of affect states that have been evoked and faultily responded to within the child-caregiver system, and then defensively sequestered in an attempt to protect against retraumatization. The boundary between conscious and unconscious is thus revealed to be a fluid one, a product of the varying attunement of the surround to different regions of the child's experience (Stolorow and Atwood 1989). The idea of a shifting boundary forming within an intersubjective field contrasts sharply with the traditional notion of the repression barrier as a fixed intrapsychic structure permanently separating conscious and unconscious contents.

Defensive activities of all kinds are evoked by perceptions of the surround that lend themselves to the person's fears and anticipations of retraumatization. This was well described by Kohut (1984):

Defense motivation . . . will be understood in terms of activities undertaken in the service of psychological survival, that is, as the patient's attempt to save at least that sector of his nuclear self, however small and precariously established it may be, that he has

been able to construct and maintain despite serious insufficiencies in the development-enhancing matrix of the selfobjects of childhood. [p. 115]

In his studies of family relationships, Lansky (1985/86, 1987) has delineated a number of "transpersonal defenses" evoked by situations of intense narcissistic injury and vulnerability. These defenses (blaming, impulsive action, preoccupation, and overt shaming) serve to regulate the emotional distance among family members, thereby protecting against intolerable experiences of disorganization and shame. Lansky's studies demonstrate both the intersubjective contexts in which defensive activities arise and the function of such defenses in readjusting the intersubjective system so that a sense of safety can be restored.

To summarize, from the perspective of the "relational-model" concepts pervading psychoanalytic theorizing during the past decade, psychological phenomena, including even unconscious conflicts and defenses, are understood as properties of an intersubjective system and thus as taking form at the interface of interacting subjectivities. Inexorably, we are led to question the very concept of an isolated mind or psyche, a foundational assumption of traditional psychoanalysis. It is my view that the concept of an isolated, individual mind is a theoretical fiction or myth, which reifies the subjective experience of psychological distinctness (Stolorow and Atwood 1989). According to the theory of mind that I have been developing here, even the experience of distinctness requires a nexus of intersubjective relatedness that encourages and sustains the process of self-delineation throughout the life cycle (Stolorow et al. 1987). The experience of differentiated selfhood, in other words, is always embedded in a "living system" (Sander 1985).

PSYCHOANALYSIS AS A RESEARCH METHOD

Psychoanalysis, in its essence, is a hermeneutic and historical science whose principal research method is and seems assured of remaining the in-depth case study (Atwood and Stolorow 1984, Wallace 1985). Most psychoanalytic case studies are conducted in concert with an ongoing psychoanalytic treatment and thus take form within a patient-analyst system of *mutual* interaction (Wolf 1984), in which each participant is affecting and interpreting the other's experience (Hoffman 1983). The increasing appreciation of the intersubjective nature of psychoanalytic research has a profoundly *relativizing* impact on our conception of psychoanalytic understanding and knowledge.

One of the most important contributions of psychoanalytic self psy-

chology has been the heightened attention to the impact of the analyst-observer on the field that he observes. Kohut (1984) drew a parallel between the shift from traditional analysis to self psychology and the shift from Newtonian physics to the Planckian physics of atomic and subatomic particles, in which "the field that is observed, of necessity, includes the observer" (p. 41). Whereas, according to Kohut, traditional analysis "sees the analyst only as the observer and the analysand only as the field that the observer-analyst surveys," the self-psychological orientation "acknowledges and then examines the analyst's influence . . . as an *intrinsically significant human presence*" (p. 37, emphasis added). Schwaber (1983) regards this proposed change in the analyst's listening stance as Kohut's most creative contribution:

It is my view that the crucial dimension here was . . . that the understanding of the resistance had shifted from being viewed as a phenomenon arising from internal pressures within the patient, from which the analyst, as a blank screen, could stand apart and observe, to that in which *the specificity of the analyst's contribution was seen as intrinsic to its very nature.* [p. 381, emphasis added]

Like Kohut, Schwaber advocates a listening stance that recognizes "the impact of the analyst-observer as *intrinsic* to the field of observation" (1983, p. 386; see Meissner 1989 and Langs 1989 for further discussions of this issue).

Atwood and I (1984) have spelled out the implications of this ever-present impact of the observer on the observed for conceptualizing the conduct of a psychoanalytic case study:

The varied patterns of meaning that emerge in psychoanalytic research are brought to light within a specific psychological field located at the point of intersection of two subjectivities. Because the dimensions and boundaries of this field are intersubjective in nature, the interpretive conclusions of every case study must, in a very profound sense, be understood as *relative* to the intersubjective context of their origin. . . . An appreciation of this dependence of psychoanalytic insight on a particular intersubjective interaction helps us to understand why the results of a case study may vary as a function of the person conducting it. Such variation, an anathema to the natural sciences, occurs because of the diverse perspectives of different investigators on material displaying an inherent plurality of meanings. [p. 6]

Psychoanalytic understanding evolves from a process of dialogue between two personal universes (Leavy 1980). The understanding that crystallizes in the

course of a psychoanalytic case study is intersubjectively derived, codetermined by the organizing activities of both participants in the dialogue. Hence, it is essential that analysts continually strive to expand their reflective awareness of their own unconscious organizing principles, including especially those enshrined in their theories, so that the impact of those principles on the analytic process can be recognized and itself become a focus of analytic investigation. The domain of a psychoanalytic case study must, of necessity, include the entire intersubjective field created by the interplay between the subjective worlds of patient and analyst: "Patient and analyst together form an indissoluble psychological system, and it is this system that constitutes the empirical domain of psychoanalytic inquiry" (Atwood and Stolorow 1984, p. 64).

PSYCHOANALYSIS AS A FORM OF THERAPY

Gill (1984) has highlighted the importance for the theory of psychoanalytic technique of recognizing the interactional context of intrapsychic experience:

The increasing recognition that *all aspects of the analytic situation are contributed to by both parties*, in however varying proportions, must be taken into account in conceptualizing crucial psychoanalytic concepts like transference, free association, regression and the role of the experience of the relationship. [pp. 176-177, emphasis added]

This point is well illustrated in Gill's (1982, 1984) extensive discussions of the analysis of transference, in which he emphasized the necessity of acknowledging and investigating the analyst's contribution to the patient's transference experience:

The setting and the analyst's behaviour exert an influence . . . on the manifestations of the potential intrapsychically organized patterns of interpersonal interaction and in that sense *co-determine the transference.* [1984, p. 164, emphasis added]

In analysing the transference the analyst should first focus on his contribution to the patient's experience of the relationship in the patient's response both to interventions and to the features of the analytic setting. [1984, p. 167]

Both Gill (1982, 1984) and Schwaber (1986) have noted that attention to the analyst's contribution to the transference, which affirms the plausibility or perceptual validity of the patient's experience, can bring about a deepening of the analytic process in both its here-and-now and genetic-reconstructive dimensions.

Lachmann and I (Stolorow and Lachmann 1984/85) also discussed the analyst's contribution to the transference. We defined transference as referring "to all the ways in which the patient's experience of the analytic relationship is shaped by his own psychological structures—by the distinctive, archaically rooted configurations of self and object that unconsciously organize his subjective universe" (p. 26). So defined, transference is an instance of *unconscious organizing activity*—the patient assimilates the analytic relationship into the thematic structures of his personal subjective world. This concept of transference as organizing activity explicitly invites attention to both the activities of the analyst and the recurrent meanings that these acquire for the patient.

The contribution of the patient's transference to the production of the analyst's countertransference has long held a place within psychoanalytic clinical theory. According to the viewpoint being developed here, countertransference (broadly conceptualized as a manifestation of the analyst's psychological structures and organizing activity) also has a decisive impact in codetermining the transference (detailed clinical illustrations of this point can be found in Atwood et al. 1989 and Thomson 1989). Transference and countertransference together form an intersubjective system of reciprocal mutual influence (Stolorow et al. 1987).

In agreement with Gill (1982), my collaborators and I (Stolorow et al. 1987) have argued that analysis of resistance is coextensive with the analysis of transference. In resistance, the patient's experience of the analytic relationship is organized by expectations or fears that his emerging affective states and needs will meet with the same traumatogenic responses from the analyst that they received from the original caregivers. Resistance, we emphasized, is always evoked by some quality or activity of the analyst that for the patient heralds an impending recurrence of traumatic developmental failure. Thus, while the persistence of resistance reflects the continuing influence of preestablished organizing principles, the working through of resistance requires careful investigation of the specific intersubjective contexts in which the defensive reactions arise and recede.

A similar mode of investigation was employed in an effort to reconceptualize such clinical phenomena as negative therapeutic reactions (Atwood and Stolorow 1984, Brandchaft 1983), therapeutic impasses (Atwood et al. 1989), and the appearance, in analysis, of borderline and psychotic states (Stolorow et al. 1987). Formerly seen as products of isolated intrapsychic mechanisms,

negative therapeutic reactions and impasses were now comprehended as rooted in unrecognized conjunctions and disjunctions between the principles unconsciously organizing the experiences of patient and analyst. Similarly, borderline and even psychotic states were understood to result from disturbances in archaic selfobject transference bonds, to which both patient and therapist contribute. In each instance, the context of relatedness established between patient and analyst was revealed to play a *constitutive role* in forming and maintaining the particular pathological constellations that emerged in treatment, just as the early patterns of intersubjective transaction established between child and caregivers can be shown to play a constitutive role in the genesis of psychopathology.

A similar constitutive role is played by the analytic dyad in determining the *mutative* potential of psychoanalytic treatment. It is increasingly recognized, for example, that analyzability is a property not of the patient alone, but of the patient-analyst system—the goodness of fit between what the patient most needs to have understood and what the analyst is capable of understanding (see Emde 1988b, Kantrowitz 1986).

There has been long-standing debate within psychoanalysis over the role of cognitive insight versus affective attachment in the process of therapeutic change. During the past decade the pendulum seems to have swung in the direction of affective attachment, with a number of authors, each from his own theoretical viewpoint, emphasizing the mutative power of new relational experiences with the analyst: Kohut (1984), in terms of the disruption and repair of selfobject transference ties; Modell (1984), the holding functions of the analytic setting; Emde (1988b), the emotional availability of the analyst correcting for early deficits; and Gill (1982, 1984) and Weiss and Sampson (1986), the new interpersonal experiences with the analyst disconfirming transference expectations. It is my view that, once the psychoanalytic situation is recognized as an intersubjective system, the dichotomy between insight through interpretation and affective bonding with the analyst is revealed to be a false one. The therapeutic impact of the analyst's accurate transference interpretations, for example, lies not only in the insights they convey, but also in the extent to which they demonstrate the analyst's attunement to the patient's affective states and developmental longings (see also Ornstein and Ornstein 1980, Tolpin 1987). The analyst's transference interpretations, in other words, are not disembodied transmissions of insight *about* the analytic relationship; they are an inherent, inseparable component of that very bond. As Atwood and I (1984) stated, "Every transference interpretation that successfully illuminates for the patient his unconscious past simultaneously crystallizes an elusive present—the novelty of the therapist as an understanding presence" (p. 60). The patient's insights into the nature and origins of his unconscious organizing activity go hand in hand with the establishment of new modes of affective bonding with the analyst, and

both contribute to the patient's growing capacity to integrate conflictual, formerly dissociated experiential contents (Stolorow et al. 1987). Interpretations, I am suggesting, derive their mutative power from the intersubjective matrix in which they take form.

REFERENCES

- Atwood, G., and Stolorow, R. (1984). *Structures of Subjectivity: Explorations in Psychoanalytic Phenomenology*. Hillsdale, NJ: Analytic Press.
- Atwood, G., Stolorow, R., and Trop, J. (1989). Impasses in psychoanalytic therapy: a royal road. *Contemporary Psychoanalysis* 25:554-573.
- Basch, M. (1984). Selfobjects and selfobject transference: theoretical implications. In *Kohut's Legacy*, ed. P. Stepansky, and A. Goldberg, pp. 21-41. Hillsdale, NJ: Analytic Press.
- Beebe, B., and Lachmann, F. (1988a). The contribution of mother-infant mutual influence to the origins of self- and object representations. *Psychoanalytic Psychology* 5:305-337.
- _____. (1988b). Mother-infant mutual influence and precursors of psychic structure. In *Frontiers in Self Psychology*, ed. A. Goldberg, pp. 3-25. Hillsdale, NJ: Analytic Press.
- Brandchaft, B. (1983). The negativism of the negative therapeutic reaction and the psychology of the self. In *The Future of Psychoanalysis*, ed. A. Goldberg, pp. 327-359. Madison, CT: International Universities Press.
- Demos, E. V. (1988). Affect and the development of the self: a new frontier. In *Frontiers in Self Psychology*, ed. A. Goldberg, pp. 27-53. Hillsdale, NJ: Analytic Press.
- Demos, E. V., and Kaplan, S. (1986). Motivation and affect reconsidered. *Psychoanalysis and Contemporary Thought* 9:147-221.
- Emde, R. (1988a). Development terminable and interminable: I. Innate and motivational factors from infancy. *International Journal of Psychoanalysis* 69:23-42.
- _____. (1988b). Development terminable and interminable: II. Recent psychoanalytic theory and therapeutic considerations. *International Journal of Psychoanalysis* 69:283-296.
- Gill, M. (1982). *Analysis of Transference*, vol. 1. Madison, CT: International Universities Press.
- _____. (1984). Psychoanalysis and psychotherapy: a revision. *International Review of Psychoanalysis* 11:161-179.
- Hoffman, I. (1983). The patient as interpreter of the analyst's experience. *Contemporary Psychoanalysis* 19:389-422.
- Jones, J. (1989). *Affects as Process*. Unpublished.
- Kantrowitz, J. (1986). The role of the patient-analyst "match" in the outcome of psychoanalysis. *Annual of Psychoanalysis*, 14:273-297.
- Kohut, H. (1982). Introspection, empathy, and the semicircle of mental health. *International Journal of Psychoanalysis* 63:395-407.
- _____. (1984). *How Does Analysis Cure?*, ed. A. Goldberg. Chicago: University of Chicago Press.
- Langs, R. (1989). Models, theory, and research strategies: toward the evolution of new paradigms. *Psychoanalytic Inquiry*, 9:305-331.
- Lansky, M. (1985/86). Preoccupation as a mode of pathologic distance regulation. *International Journal of Psychoanalytic Psychotherapy* 11:409-425.
- _____. (1987). Shame in the family relationships of borderline patients. In *The Borderline Patient*, vol. 2, ed. J. Grotstein, M. Solomon, and J. Lang, pp. 187-199. Hillsdale, NJ: Analytic Press.
- Leavy, S. (1980). *The Psychoanalytic Dialogue*. New Haven: Yale University Press.
- Lichtenberg, J. (1983). *Psychoanalysis and Infant Research*. Hillsdale, NJ: Analytic Press.
- _____. (1989). *Psychoanalysis and Motivation*. Hillsdale, NJ: Analytic Press.
- Loewald, H. (1988). Psychoanalysis in search of nature: thoughts on metapsychology, "metaphysics," projection. *Annual of Psychoanalysis*, 16:49-54.
- Meissner, W. (1989). A note on psychoanalytic facts. *Psychoanalytic Inquiry* 9:193-219.
- Mitchell, S. (1988). *Relational Concepts in Psychoanalysis*. Cambridge: Harvard University Press.
- Modell, A. (1984). *Psychoanalysis in a New Context*. Madison, CT: International Universities Press.
- Ornstein, P. and Ornstein, A. (1980). Formulating interpretations in clinical psychoanalysis. *International Journal of Psychoanalysis* 61:203-211.
- Rogawski, A. (1987). A systems theoretical approach to the understanding of emotions. *Journal of the American Academy of Psychoanalysis* 15:133-151.
- Sander, L. (1985). Toward a logic of organization in psycho-biological development. In *Biologic Response Styles*, ed. H. Klar, and L. Siever, pp. 20-36. Washington, DC: American Psychiatric Association Monograph.
- _____. (1987). Awareness of inner experience: a systems perspective on self-regulatory process in early development. *Child Abuse and Neglect* 11:339-346.
- Schwaber, E. (1983). Psychoanalytic listening and psychic reality. *International Review of Psychoanalysis* 10:379-392.
- _____. (1986). Reconstruction and perceptual experience: further thoughts on psychoanalytic listening. *Journal of the American Psychoanalytic Association* 34:911-932.
- Socarides, D., and Stolorow, R. (1984/85). Affects and selfobjects. *Annual of Psychoanalysis* 12/13:105-119.
- Stern, D. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
- _____. (1988). The dialectic between the "interpersonal" and the "intrapsychic." *Psychoanalytic Inquiry* 8:505-512.
- Stolorow, R., and Atwood, G. (1989). The unconscious and unconscious fantasy: an intersubjective-developmental perspective. *Psychoanalytic Inquiry* 9:364-374.
- Stolorow, R., Brandchaft, B., and Atwood, G. (1987). *Psychoanalytic Treatment: An Intersubjective Approach*. Hillsdale, NJ: Analytic Press.
- Stolorow, R., and Lachmann, F. (1984/85). Transference: the future of an illusion. *Annual of Psychoanalysis* 12/13:19-37.
- Thomson, P. (1989). *Countertransference in an intersubjective perspective: an experiment*.

Presented at the 12th Annual Conference on the Psychology of the Self, San Francisco, October 12-15.

Tolpin, M. (1987). Discussion of "The analyst's stance," by M. Black. *Annual of Psychoanalysis* 15:159-164.

Wallace, E. (1985). *Historiography and Causation in Psychoanalysis*. Hillsdale, NJ: Analytic Press.

Weiss, J., and Sampson, H. (1986). *The Psychoanalytic Process*. New York: Guilford.

Wolf, E. (1984). The inevitability of interaction. *Psychoanalytic Inquiry* 4:413-428.

TOWARD A SCIENCE OF HUMAN EXPERIENCE

Robert D. Stolorow, Ph.D., and
George E. Atwood, Ph.D.

THIS CHAPTER PRESENTS AN OVERVIEW of our efforts to rethink the conceptual and methodological foundations of psychoanalysis. These efforts have been guided by three general considerations. First, we have felt that any new framework should be capable of preserving the contributions made by the classical analytic theorists and of translating these contributions into a common conceptual language. Second, it is our view that the theory of psychoanalysis should be formulated on an experience-near level of discourse, closely anchored in the phenomena of clinical observation. Third, it is our belief that an adequate theory of personality should illuminate the structure, significance, origins, and therapeutic transformations of personal subjective worlds in all their richness and diversity.

The intellectual heritage upon which we have drawn in fashioning our "psychoanalytic phenomenology"¹ is a very broad one, embracing the hermeneutic tradition in the philosophy of history, aspects of the existential-phenomenological movement, basic concepts of modern structuralism, and certain trends in contemporary Freudian thought that have in common the idea

1. *Psychoanalytic phenomenology* has been replaced by *intersubjectivity theory* as the term designating our framework.