World, Affectivity, Trauma

Heidegger and Post-Cartesian Psychoanalysis

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Post-Cartesian Psychoanalysis as Phenomenological Contextualism

Man is in the world and only in the world does he know himself.

– Maurice Merleau-Ponty

As I indicated in the introductory chapter, intersubjective-systems theory, the name of my collaborators’ and my (Stolorow, Atwood, & Orange, 2002) post-Cartesian psychoanalytic perspective, is a phenomenological contextualism. It is phenomenological in that it investigates and illuminates worlds of emotional experience. It is contextual in that it holds that such organizations of emotional experience take form, both developmentally and in the psychoanalytic situation, in constitutive intersubjective contexts.

Developmentally, recurring patterns of intersubjective transaction within the developmental system give rise to principles (thematic patterns, meaning-structures) 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. They show up in the psychoanalytic situation in the form of transference, which intersubjective-systems
theory conceptualizes as unconscious organizing activity. The patient’s transference experience is co-constituted by the patient’s prereflective organizing principles and whatever is coming from the analyst that is lending itself to being organized by them. A parallel statement can be made about the analyst’s transference. The psychological field formed by the interplay of the patient’s transference and the analyst’s transference is an example of what we call an *intersubjective system*. Psychoanalysis is a dialogical method for bringing this prereflective organizing activity into reflective self-awareness.

Freud’s psychoanalysis expanded the Cartesian mind, Descartes’s (1641) “thinking thing,” to include a vast unconscious realm. Nonetheless, the Freudian mind remained a Cartesian mind, a self-enclosed worldless subject or mental apparatus containing and working over mental contents and radically separated from its surround. Corresponding to its Cartesianism is traditional psychoanalysis’s objectivist epistemology. One isolated mind, the analyst, is claimed to make objective observations and interpretations of another isolated mind, the patient.

A phenomenological contextualism concerns emotional experience and its organization, not reified mind-entities, and it reunites the Cartesian isolated mind with its world, its context. Correspondingly, intersubjective-systems theory embraces a perspectivalist epistemology, insisting that analytic understanding is always from a perspective shaped by the organizing principles of the inquirer. Accordingly, there are no objective or neutral analysts, no immaculate perceptions (Nietzsche, 1892), no God’s-eye view (Putnam, 1990) of anyone or anything.

I hope it is already clear to the reader that our phenomenological emphasis does not in any way entail abandonment of the exploration of unconsciousness. Going back to the father of philosophical phenomenology, Edmund Husserl (1900/1913), phenomenological inquiry has never been restricted to mere description of conscious experiences. Phenomenological investigation has always been centrally concerned with the structures that prereflectively
organize conscious experience. Whereas philosophical phenomenologists are concerned with those structures that operate universally, a psychoanalytic phenomenologist seeks to illuminate those principles that unconsciously organize individual worlds of experience and, in particular, those that give meaning to emotional and relational experiences. Such principles include, importantly, those that dictate what emotional experiences must be prevented from coming into full being (i.e., those that must be dynamically repressed) because they are prohibited or too dangerous. Intersubjective-systems theory emphasizes that all such forms of unconsciousness are constituted in relational contexts. Indeed, as I will elaborate in what follows, from an intersubjective-systems perspective, all clinical phenomena with which psychoanalysis has been traditionally concerned are seen as taking form within systems of interacting, differently organized, mutually influencing emotional worlds. Phenomenology led us inexorably to contextualism.

HISTORICAL ORIGINS

The beginnings of our phenomenological-contextualist perspective hark back to a series of psychobiographical studies conducted in the early and mid-1970s by George Atwood and myself, of the personal, subjective origins of the theoretical systems of Freud, Jung, Reich, and Rank, studies that formed the basis of our first book, *Faces in a Cloud: Subjectivity in Personality Theory* (Stolorow & Atwood, 1979), which was completed in 1976. From these studies, we concluded that since psychological theories derive to a significant degree from the subjective concerns of their creators, what psychoanalysis and personality psychology needed was a theory of subjectivity itself—a unifying framework capable of accounting not only for the psychological phenomena that other theories address but also for the theories themselves.

In the last chapter of *Faces* we outlined a set of proposals for the creation of such a framework, which we called *psychoanalytic*
phenomenology. Influenced by the work of George Klein (1976), we envisioned this framework as a depth of the psychology of personal experience, purified of the mechanistic reifications of Freudian metapsychology. Our framework took the experiential world of the individual as its central theoretical construct. We assumed no impersonal psychical agencies or motivational prime movers in order to explain the experiential world. Instead, we assumed that this world evolves organically from the person’s encounter with the critical formative experiences that constitute his or her unique life history. Once established, it becomes discernible in the distinctive, recurrent patterns, themes, and invariant meanings that prereflectively organize the person’s experiences. Psychoanalytic phenomenology entailed a set of interpretive principles for investigating the nature, origins, purposes, and transformations of the configurations of self and other pervading a person’s experiential world. Importantly, our dedication to illuminating personal phenomenology had led us from mind to world and thus from mental contents to relational contexts, from the intrapsychic to the intersubjective.

FROM MIND TO WORLD: INTERSUBJECTIVITY

Although the concept of intersubjectivity was not introduced in the first edition of *Faces*, it was clearly implicit in the demonstrations of how the personal, subjective world of a personality theorist influences his or her understanding of other persons’ experiences. The first explicit use of the term *intersubjective* in our work appeared in an article (Stolorow, Atwood, & Ross, 1978), also completed in 1976, which Lewis Aron (1996) credited with having introduced the concept of intersubjectivity into American psychoanalytic discourse. There we conceptualized the interplay between transference and countertransference in psychoanalytic treatment as an intersubjective process reflecting the mutual interaction between the differently organized subjective worlds of patient and analyst, and we examined the impact on the therapeutic process of unrecognized correspondences and disparities—intersubjective
conjunctions and disjunctions—between the patient’s and analyst’s respective worlds of experience.*

Our contextualist perspective significantly deepened and expanded in consequence of Bernard Brandchaft’s and my investigation in 1980 of so-called borderline phenomena. We found that when a very vulnerable, archaically organized patient is treated according to the theoretical ideas and technical recommendations offered by Otto Kernberg (1975), that patient will quickly display all the characteristics Kernberg ascribed to borderline personality organization, and the pages of Kernberg’s books will come alive right before the clinician’s eyes. On the other hand, when such a patient is treated according to the theory and technical stance proposed by Heinz Kohut (1971), that patient will soon show the features Kohut attributed to narcissistic personality disorder, and Kohut’s books will come alive. In the chapter that resulted from our investigation (Brandchaft & Stolorow, 1984), we contended that borderline states take form in an intersubjective field, co-constituted by the patient’s psychological structures and the way these are understood and responded to by the therapist. Thus began a series of collaborative studies (see Stolorow, Brandchaft, & Atwood, 1987) in which Atwood, Brandchaft, and I extended our intersubjective perspective to a wide array of clinical phenomena including development and pathogenesis, transference and resistance, emotional conflict formation, dreams, enactments, neurotic symptoms, and psychotic states.† In each instance, phenomena

* Our use of the term intersubjective has never presupposed the attainment of symbolic thought, of a concept of oneself as a subject, of intersubjective relatedness in Stern’s (1985) sense, or of mutual recognition as described by Benjamin (1995). Nor have we confined our usage to the realm of unconscious nonverbal affective communication, as Ogden (1994) seems to do. We use intersubjective very broadly, to refer to any psychological field formed by interacting worlds of experience, at whatever developmental level those worlds may be organized. For us, intersubjective denotes neither a mode of experiencing nor a sharing of experience, but the contextual precondition for having any experience at all. In our vision, intersubjective fields and experiential worlds are equiprimordial, mutually constituting one another in circular fashion.

† See also Stolorow, Atwood, and Orange (2002, Chapter 8) for an explication of the phenomenology of psychotic states.
that had traditionally been the focus of psychoanalytic investigation were understood not as products of isolated intrapsychic mechanisms but as forming at the interface of interacting experiential worlds. The intersubjective context, we contended, plays a constitutive role in all forms of psychopathology, and clinical phenomena cannot be comprehended psychoanalytically apart from the intersubjective field in which they crystallize. In psychoanalytic treatment, the impact of the observer was grasped as intrinsic to the observed.

Traditional Freudian theory is pervaded by the Cartesian “myth of the isolated mind” (Stolorow & Atwood, 1992, Chapter 1). Descartes’s (1641) philosophy bifurcated the experiential world into inner and outer regions, severed both mind from body and cognition from affect, reified and absolutized the resulting divisions, and pictured the mind as an objective entity that takes its place among other objects, a “thinking thing” that has an inside with contents and that looks out on an external world from which it is essentially estranged. As I said earlier, the Freudian psyche is fundamentally a Cartesian mind in that it is a container of contents (instinctual energies, wishes, etc.), a thinking thing that, precisely because it is a thing, is ontologically decontextualized, fundamentally separated from its world.

Within philosophy, perhaps the most important challenge to Descartes’s metaphysical dualism was mounted by Heidegger (1927), whose analysis of human existence holds great promise in providing philosophical grounding for our phenomenological contextualism. As I elaborated in the previous chapter, Heidegger sought to re-find the unity of our Being, split asunder in the Cartesian bifurcations, by unveiling the constitutive structure of our existence as a primordial contextual whole—Being-in-the-world. In Heidegger’s vision, our Being and our world in their indissoluble unity “primordially and constantly” (see p. 14) contextualize one another. In light of this fundamental contextualization, Heidegger’s consideration of affectivity is especially noteworthy.
Heidegger’s term for the existential ground of affectivity (feelings and moods) is *Befindlichkeit*, a characteristically cumbersome noun he invented to capture a basic dimension of human existence. Literally, the word might be translated as “how-one-finds-one-self-ness.” As Gendlin (1988) has pointed out, Heidegger’s word for the structure of affectivity denotes both how one feels and the situation within which one is feeling, a felt sense of oneself in a situation, prior to a Cartesian split between inside and outside. *Befindlichkeit* is disclosive of our always already having been delivered over to the situatedness in which we find ourselves.

Heidegger’s claim that *Befindlichkeit* is equiprimordial with understanding (*Verstehen*) and discourse (*Rede*) as a mode of disclosing Being-in-the-world is a definitive answer to criticisms of his supposed neglect of the body in *Being and Time* (Aho, 2009). This is so because *Befindlichkeit* always shows up in lived experience in the form of a mood (*Stimmung*) and moods always include an experienced bodily component that is more or less integrated with language.

For Heidegger, *Befindlichkeit*—disclosive affectivity—is a mode of Being-in-the-world, profoundly embedded in constitutive context. Heidegger’s concept underscores the exquisite context-dependence and context-sensitivity of emotional experience—a context-embeddedness that takes on enormous importance in view of intersubjective-systems theory’s placing of affectivity at the motivational center of human psychological life.

**FROM DRIVE TO AFFECTIVITY**

It is a central tenet of intersubjective-systems theory that a shift in psychoanalytic thinking from the motivational primacy of drive to the motivational primacy of affectivity moves psychoanalysis toward a phenomenological contextualism and a central focus on dynamic intersubjective systems. Unlike drives, which are claimed to originate deep within the interior of a Cartesian isolated mind, affect—that is, subjective emotional experience—is something
that from birth onward is co-constituted within ongoing relational systems. Therefore, locating affect at its motivational center automatically entails a radical contextualization of virtually all aspects of human psychological life.

My own systematic focus on affectivity began with an early article written with my late wife, Daphne Socarides Stolorow (Socarides & Stolorow, 1984/1985), attempting to integrate our evolving intersubjective perspective with the framework of Kohutian self psychology. In our proposed expansion and refinement of Kohut’s (1971) selfobject concept, we suggested that “selfobject functions pertain fundamentally to the integration of affect” into the organization of self-experience, and that the need for selfobject ties “pertains most centrally to the need for [attuned] responsiveness to affect states in all stages of the life cycle” (p. 105). Kohut’s discussions of the longing for mirroring, for example, were seen as pointing to the role of appreciative attunement in the integration of expansive affect states, whereas his descriptions of the idealizing yearning were seen as indicating the importance of attuned emotional holding and containment in the integration of painful reactive affect states. Emotional experience was grasped in this early article as being inseparable from the intersubjective contexts of attunement and malattunement in which it was felt. Comprehending the motivational primacy of affectivity—*Befindlichkeit*—enables one to contextualize a wide range of psychological phenomena that have traditionally been central in psychoanalytic theory, including psychic conflict, trauma, transference and resistance, unconsciousness, and the therapeutic action of psychoanalytic interpretation.

In the early article on affects and selfobject functions (Socarides & Stolorow, 1984/1985), we alluded to the nature of the intersubjective contexts in which psychological conflict takes form: “An absence of steady, attuned responsiveness to the child’s affect states leads to…significant derailments of optimal affect integration and to a propensity to dissociate or disavow affective reactions” (p.106). Psychological conflict develops when central affect states of the
child cannot be integrated because they evoke massive or consistent malattunement from caregivers (Stolorow, Brandchaft, & Atwood, 1987, Chapter 6). Such unintegrated affect states become the source of lifelong emotional conflict and vulnerability to traumatic states because they are experienced as threats both to the person’s established psychological organization and to the maintenance of vitally needed ties. Defenses against affect thus become necessary.

From this perspective, developmental trauma is viewed not as an instinctual flooding of an ill-equipped Cartesian container, as Freud (1926) would have it, but as an experience of unbearable affect. Furthermore, the intolerability of an affect state cannot be explained solely, or even primarily, on the basis of the quantity or intensity of the painful feelings evoked by an injurious event. Traumatic affect states can be grasped only in terms of the relational systems in which they are felt (Stolorow & Atwood, 1992, Chapter 4). Developmental trauma originates 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 its tolerance, containment, and integration is profoundly absent.

From the perspective that 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. Whereas Khan (1963) conceptualized cumulative trauma
as the result of recurring “breaches in the mother’s role as a protective shield” (p. 46), we understand such ongoing trauma more in terms of the failure to respond adequately to the child’s painful affect once the “protective shield” has been breached. A parent’s narcissistic use of the child, for example, may preclude the recognition of, acceptance of, and attuned responsiveness to the child’s painful affect states.

One consequence of developmental trauma, relationally conceived, is that affect states take on enduring, crushing meanings. 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 the psychoanalytic situation, qualities or activities of the analyst that lend themselves to being interpreted according to such unconscious meanings of affect confirm the patient’s expectations in the transference that emerging feeling states will be met with disgust, disdain, disinterest, alarm, hostility, withdrawal, exploitation, and the like, or will damage the analyst and destroy the therapeutic bond. Such transference expectations, unwittingly confirmed by the analyst, 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 “attractor states” (Thelen & Smith, 1994) of the patient-analyst system, in which the meanings of the analyst’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.

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. My collaborators’ and my ideas about the horizons of experiencing have developed over the course of more than two decades from our attempts to delineate the intersubjective origins of differing forms of unconsciousness (see Stolorow & Atwood, 1992, Chapter 2). Our evolving theory rested on the assumption that the child’s emotional experience becomes progressively articulated through the validating attunement of the early surround. Two closely interrelated but conceptually distinguishable forms of unconsciousness were pictured as developing from situations of massive malattunement. 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 were not to be allowed to come into full being. In addition, we argued, other features of the child’s emotional experience may remain unconscious, not because they have been repressed but because in the absence of a validating intersubjective context, they simply were never able to become articulated. With both forms of unconsciousness, the horizons of experiencing were pictured as taking form in the medium of the differing responsiveness of the surround to different regions of the child’s affectivity. This conceptualization can be seen to apply to the psychoanalytic situation as well, wherein, as I noted in the preceding paragraph, the patient’s resistance can be shown to fluctuate in concert with
perceptions of the analyst’s varying receptivity and attunement to the patient’s emotional experience.

During the preverbal period of infancy, the articulation of the child’s affective experience is achieved through attunements communicated in the sensorimotor dialogue with caregivers. With the maturation of the child’s symbolic capacities, symbols (words, for example) gradually assume a place of importance alongside sensorimotor attunements as vehicles through which the child’s emotional experience is validated within the developmental system. Therefore, we argued, in that realm of experience in which consciousness increasingly becomes articulated in symbols, unconscious becomes coextensive with unsymbolized. When the act of symbolically (linguistically, for example) articulating an affective experience is perceived to threaten an indispensable tie, repression can now be achieved by preventing the continuation of the process of encoding that experience in symbols. Repression keeps affect nameless.

The focus on affect contextualizes the very boundary between conscious and unconscious. Unlike the Freudian repression barrier, viewed as a fixed intrapsychic structure within an isolated Cartesian container, the limiting horizons of emotional experiencing are conceptualized here as emergent properties of ongoing dynamic intersubjective systems. Forming and evolving within a nexus of living systems, the horizons of experiencing are grasped as fluid and ever-shifting, products both of the person’s unique intersubjective history and of what is or is not allowed to be felt within the intersubjective fields that constitute his or her current living. Befindlichkeit includes both feeling and the contexts in which it is or is not permitted to come into being.

Like constricted and narrowed horizons of emotional experiencing, expanding horizons too can only be grasped in terms of the intersubjective contexts within which they take form. This claim holds important implications for conceptualizing the therapeutic action of psychoanalytic interpretation.

There has been a long-standing debate in psychoanalysis over the role of cognitive insight versus affective attachment in
the process of therapeutic change. The terms of this debate are directly descended from Descartes’ philosophical dualism, which sectioned human experience into cognitive and affective domains. Such artificial fracturing of human subjectivity is no longer tenable in a post-Cartesian philosophical world. Cognition and affect, thinking and feeling, interpreting and relating—these are separable only in pathology, as can be seen in the case of Descartes himself, the profoundly isolated man who created a doctrine of the isolated mind (Gaukroger, 1995), of disembodied, unembedded, decontextualized cogito.

The dichotomy between insight through interpretation and affective bonding with the analyst is revealed to be a false one once we recognize that the therapeutic impact of analytic interpretations 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 life. I have long contended that a good (that is, a mutative) interpretation is a relational process, a central constituent of which is the patient’s experience of having his or her feelings understood. Furthermore, it is the specific transference meaning of the experience of being understood that supplies its mutative power, as the patient weaves that experience into the tapestry of developmental longings mobilized by the analytic engagement. Interpretation does not stand apart from the emotional relationship between patient and analyst; it is an inseparable and, to my mind, crucial dimension of that relationship. In the language of intersubjective-systems theory, interpretive expansion of the patient’s capacity for reflective awareness of old, repetitive organizing principles occurs concomitantly with the affective impact and meanings of ongoing relational experiences with the analyst, and both are indissoluble components of a unitary therapeutic process that establishes the possibility of alternative principles for organizing experience whereby the patient’s emotional horizons can become widened, enriched, more flexible, and more complex. For this developmental process to be sustained, the analytic bond must be able to withstand the painful and frightening affect states
that can accompany cycles of destabilization and reorganization. Clearly, a clinical focus on affective experience within the intersubjective field of an analysis contextualizes the process of therapeutic change in multiple ways.

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 an analysis with a female analyst-in-training 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 analyst, 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 analyst 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 analyst’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 annihilating intrusion.

The one and only time the patient had attempted to speak to her mother about the sexual abuse, her mother shamed her severely, 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 analyst, and both the flushing of her face and the restriction of her
experience of terror to its nameless bodily component were heirs to her mother’s shaming. Only with a shift in her perception of her analyst from one in which her analyst 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.

THE CONTEXTUALITY AND EXISTENTIALITY OF EMOTIONAL TRAUMA

In my experience, a consistently phenomenological approach has been especially fruitful in the effort to grasp emotional trauma. Over the course of the two decades during which I have been investigating and writing about trauma (Stolorow, 2007), two interweaving central themes have crystallized—trauma’s context-embeddedness and its existential significance. Having already discussed the first theme, trauma’s contextuality, I turn in the next chapter to the second, its existentiality.

The phenomenology of emotional trauma provides an important psychological bridge between post-Cartesian psychoanalysis and existential philosophy, illustrating my characterization of my collaborators’ and my reaching for existential philosophy from the clinical bottom up rather than proceeding from the philosophical top down. In this way, our method resembles that of Heidegger (1927), who used the ontical (psychological) phenomenon of existential anxiety as a starting point for investigating and illuminating authentic existing. Trauma as a psychological bridge runs in both directions. On the one hand, as we shall see, Heidegger’s existential philosophy provides invaluable philosophical grounding for an understanding of trauma’s existential significance. On the other hand, the experience of emotional trauma, like that of existential anxiety, is ontologically revelatory—it discloses a fundamental constituent of authentic existence.