

# Perspectives On the Human Condition: Philosophy, Civilization, and Character

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*Editor's Note:* In Hakomi we have been referencing Robert Stolorow's work on the intersubjectivity of therapy and transference, in terms of the organization of experience, for decades. We are happy to welcome him to the Hakomi Forum to share thoughts about humanness that integrate the philosophical, cultural, and therapeutic. "Philosophy as Therapy" was first published on March 7, 2014 in the Psychology Today blog. "Feeling, Relating, Existing" and "Empathic Civilization in an Age of Trauma" on November 22, 2011, and "What Is Character And How Does It Change?" was published on February 16, 2012. All are used with permission

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## Abstract

Stolorow reflects on the human condition, especially as it is subject to trauma when key, organizing illusions are shattered. He notes how character is organized in relation to developmental issues, how cultural events are also formative, how philosophically informed therapies can invite transformative awareness that claims one's relativity and embeddedness, and how the vulnerability of traumatized states can be held and lived through in the context of a relational home of mutual empathic understanding.

## Philosophy as Therapy Two Philosophers Seek to Free Us from Illusion

*There is nothing which requires such gentle handling  
as an illusion.*

—Søren Kierkegaard

The idea that philosophy as questioning dialogue has a therapeutic aim and impact goes back at least as far as the Socrates of Plato's early dialogues. It is in the *Apology* that Socrates spells out most explicitly the therapeutic aim of his philosophical method, the *elenchus*, as well as the unity of its investigative and therapeutic aims. The divine purpose, he claims, of his practice of philosophy, of his devotion to questioning, examining, and testing the men of Athens, is to persuade them to care "for the best possible state of [their] soul[s]"—to provide *psyches therapeia*.

An analogous therapeutic aim can be shown to underlie the philosophies of Martin Heidegger and Ludwig Wittgenstein and, in a certain sense, to unify them.

For both Heidegger and Wittgenstein, philosophy is a human activity exhibiting a unity of investigative and therapeutic aims. For both philosophers, the purpose of philosophical concepts as formal indicators (Heidegger) or as signposts or reminders (Wittgenstein), is to point us toward the path of transformation rather than to explain. For both, a first step on this path is the recognition of illusions spawned by conventional interpretedness (Heidegger) or scientific evasiveness (Wittgenstein). For both, such illusions are sedimented in linguistic practices, in the "idle talk" of *das Man* (Heidegger) or the "bewitchment of our intelligence by means of our language" (Wittgenstein). For both, philosophical investigation is a way of bringing what we already prereflectively understand

into the light of thematic explicitness. And what both philosophers bring into thematic explicitness are aspects of our context-embeddedness and of our finitude. Heidegger helps us understand and bear the anxiety that comes with authentic or owned Being-toward-death, and Wittgenstein helps us to bear the irresolvable complexity of an indeterminate multiplicity of language-games and perspectives, each serving particular human purposes, of which the scientific perspective is only one. Through our therapeutic encounters with the philosophies of Heidegger and Wittgenstein, we are able to recognize ourselves as ever more distinctively human.

## Reference

Sanchez, R. E. & Stolorow, R. D. (2013). *Psyches therapeia: Therapeutic dimensions in Heidegger and Wittgenstein. Comparative and Continental Philosophy*, 5:67-80.

### *Empathic Civilization in an Age of Trauma: Our Tranquilizing Illusions Seem to be Threatened from All Sides*

In my work over the last two decades attempting to grasp the nature of emotional trauma (<http://www.psychoanalysisarena.com/trauma-and-human-existence-9780881634679>; <http://www.routledgejournalofhealth.com/world-affectivity-trauma-9780415893442>), I have shown that its essence lies in the shattering of what I call the *absolutisms of everyday life*—the system of illusory beliefs that allow us to function in the world, experienced as stable, predictable, and safe. Such shattering is a massive loss of innocence exposing the inescapable contingency of our existence on a universe that is unstable and unpredictable and in which no safety or continuity of being can be assured. Emotional trauma brings us face to face with our existential vulnerability and with death and loss as possibilities that define our existence and that loom as constant threats.

I describe our era as an *Age of Trauma* because the tranquilizing illusions of our everyday world seem in our time to be severely threatened from all sides: by global diminution of natural resources, by global warming, by global nuclear proliferation, by global terrorism, and by global economic collapse. These are forms of collective trauma in that they threaten to obliterate the basic framework with which we as members of our particular society have made sense out of our existence.

It is my view that, here in America, our Age of Trauma began with the terrorist attack of September 11, 2001. In horrifyingly demonstrating that even America can be as-

saulted on its native soil, the attack of 9/11 was a devastating collective trauma that shattered our customary illusions of safety, inviolability, and grandiose invincibility; illusions that had long been mainstays of the American historical identity. The economic meltdown and the fall of iconic companies and financial institutions inaugurated a second wave of collective trauma.

Several outcomes of trauma, whether individual or collective, are possible. If what I call a *relational home*—a context of human understanding—can be found in which traumatized states can be held and eventually integrated (and I will have more to say about this later), a traumatized person may actually move toward a more authentic way of existing, in which existential vulnerabilities are embraced rather than disowned. More commonly, in the absence of such a relational home, he or she may succumb to various forms of dissociative numbing. Alternatively, traumatized people may attempt to restore the lost illusions shattered by trauma through some form of what I call *resurrective ideology*: collective beliefs that seek to bring back to life the illusory absolutisms that have been nullified.

A good example of the way resurrective ideology works was how, after 9/11, Americans readily fell under the spell of the rhetoric of George W. Bush, who declared war on global terrorism and drew America into a grandiose, holy crusade that enabled Americans to feel delivered from trauma, chosen by God to rid the world of evil. Another example, in the wake of the economic crisis, was the attribution of messianic powers to President Obama, expectations of being saved that have led, as they inevitably do, to bitter feelings of disappointment. Resurrective ideology always ends up being destructive.

What is the alternative to resurrective ideology? Earlier I suggested that the healthy alternative is the forming of bonds of human understanding in which experiences of trauma can be held and lived through. What makes such empathic connections possible?

Jeremy Rifkin ([http://www.huffingtonpost.com/jeremy-rifkin/the-empathic-civilization\\_b\\_416589.html](http://www.huffingtonpost.com/jeremy-rifkin/the-empathic-civilization_b_416589.html)) looks to neuroscientists and social scientists for the answer. Neuroscientists are claiming that human brains possess special neurons—“mirror-neurons”—that allow one to feel another person’s emotional situation vicariously, as if it were one’s own. Accordingly, it is built into our genetic endowment to be an empathic species, and human evolution is characterized by expansion of our empathic capacities to ever-broadening domains. Indeed, in Rifkin’s utopian vision, communications technology is now extending the empathic capacities of human nervous systems so vastly as

to make possible a global empathic interconnectedness, a universal empathic connectivity that can avert a planetary collapse.

My own inclination has been to look not to neurobiology but to our existential structure: how we are necessarily understandable to ourselves as human beings. Because we and all those we love are finite, vulnerable beings, the possibilities of death and loss, and therefore of emotional trauma, always impend and are ever present. I have contended, however, that just as our finiteness and vulnerability to death and loss are fundamental to our existential constitution, so too is it constitutive of our existence that we meet each other as “siblings in the same darkness,” deeply connected with one another in virtue of our *common* finiteness. Thus, although the possibility of emotional trauma is ever present, so too is the possibility of forming bonds of deep emotional understanding within which devastating emotional pain can be held and cared for, rendered more tolerable, and, hopefully, eventually integrated. Our existential kinship-in-the-same-darkness is the condition for the possibility of the healing power of human understanding.

Whatever differences we may have, Rifkin and I both apprehend the critical importance of mutual empathic understanding in our current Age of Trauma. Imagine an “empathic civilization” in which the obligation to provide a relational home for the emotional pain that is inherent to the traumatizing impact of our finiteness has become a shared ethical principle. In such a society, human beings would be much more capable of living in their existential vulnerability, anxiety, and grief, rather than having to revert to destructive ideological evasions of them. In such a societal context, a new form of identity would become possible, based on owning rather than covering up our existential vulnerability. Vulnerability that finds a hospitable relational home could be seamlessly and constitutively integrated into whom we experience ourselves as being. A new form of human solidarity would also become possible rooted not in shared resurrective grandiosity but in shared recognition and respect for our common human finiteness. If we can help one another bear the darkness rather than evade it, perhaps one day we will be able to see the light.

### *What Is Character and How Does It Change?*

Traditionally, in psychology, psychiatry, and psychoanalysis, the term “character” has been used to refer to constellations or configurations of behavioral traits. “Anal characters” are said to be compulsive and perfectionistic; “hysterical characters” are described as histrionic; “passive-aggressive

characters” show anger covertly by withholding; “narcissistic characters” are excessively self-centered; “borderline characters” form chaotic and primitive relationships; and so on. How might character be understood from a perspective, like mine, that takes organizations or worlds of emotional experiencing as its principal focus (Stolorow, Atwood, & Orange, 2002)? I have long contended that such organizations of emotional experiencing always take form in contexts of human interrelatedness (Stolorow, 2007; Stolorow, 2011).

Developmentally, recurring patterns of emotional interaction within the child-caregiver system give rise to principles (themes, meanings, cognitive-emotional schemas) that recurrently shape subsequent emotional experiences, especially experiences of significant relationships. Such organizing principles are unconscious, not in the sense of being repressed, but in being *pre-reflective*. Ordinarily, we just experience our experiences; we do not reflect on the principles or meanings that shape them. The totality of a person’s pre-reflective organizing principles constitutes his or her character.

From this perspective, there can be no character “types,” since every person’s array of organizing principles is unique and singular, a product of his or her unique life history. These organizing principles show up in virtually every significant aspect of a person’s life: in one’s recurring relationship patterns, vocational choices, interests, creative activity, fantasies, dreams and emotional disturbances. Psychoanalytic therapy is a dialogical method for bringing this pre-reflective organizing activity into reflective self-awareness so that, hopefully, it can be transformed.

Early situations of consistent or massive malattunement to a child’s emotional experiences (situations in which the child’s feelings are ignored, rejected, invalidated, devalued, shamed, punished, and so on) have particularly important consequences for the development of character as I have conceived it. One consequence of such malattunement is that emotional states take on enduring, crushing meanings. The child, for example, may acquire an 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 may be established, representing a self-image purified of the offending emotional states that were perceived to be unwelcome or damaging to caregivers. Living up to this emotionally purified ideal then becomes a central requirement for maintaining harmonious ties to others and for upholding self-esteem. Thereafter, the emergence of prohibited emotion 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. A person with such unconscious organizing principles will expect that his or her feelings will be met by others with disgust, disdain, disinterest, alarm, hostility, withdrawal, exploitation, and the like, or will damage others and destroy his or her relationships with them.

A second consequence of significant emotional maladjustment is a severe constriction and narrowing of the horizons of emotional experiencing so as to exclude whatever feels unacceptable, intolerable, or too dangerous in particular relationship contexts. When a child's emotional experiences are consistently not responded to or are actively rejected, the child perceives that aspects of his or her emotional life are intolerable to—and unwanted by—the caregiver. These regions of the child's emotional world must then be repressed or otherwise kept hidden in order to safeguard the needed tie. Large sectors of the child's emotional experiencing are sacrificed, and his or her emotional world may thereby become emptied and deadened. Such sacrificing may also take the form of aborting the process whereby emotional states are brought into language. When this is the case, emotions remain nameless, inchoate, and largely bodily, and psychosomatic problems may develop.

How does character—that is, the array of a person's pre-reflective organizing principles and the corresponding horizons of emotional experiencing—change as a result of a successful psychotherapeutic process? In regard to psychoanalytic therapy, there has been a longstanding debate over the role of cognitive insight vs. emotional 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 emotional domains. Such artificial fracturing of human experience is no longer tenable in a post-Cartesian philosophical world. Cognition and emotion, 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, of disembodied, unembedded, decontextualized *cogito*.

The dichotomy between insight through interpretation and emotional bonding with the therapist is revealed to be a false one, once it is recognized 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 therapist's attunement to the patient's emotional 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 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 therapeutic engagement. Interpretation does not stand apart from the emotional relationship between patient and therapist; it is an inseparable and, to my mind, crucial dimension of that relationship.

In a nutshell, interpretative expansion of the patient's capacity for reflective awareness of old, repetitive organizing principles occurs concomitantly with the emotional impact and meanings of ongoing relational experiences with the therapist, 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. As the tight grip of old organizing principles becomes loosened, as emotional experiencing thereby expands and becomes increasingly nameable within a context of human understanding, and as what one feels becomes seamlessly woven into the fabric of whom one essentially is, there is an enhancement of one's very sense of being. That, to my mind, is the essence of character change.

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