

What Is Character and How Does it Change?

By Robert Stolorow.

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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?[1]

I have long contended that such organizations of emotional experiencing always take form in contexts of human interrelatedness.[2][3] 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 malattunement 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 interpretation 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.

References:

- [1] Stolorow, R. D., Atwood, G. E., & Orange, D. M. *Worlds of Experience: Interweaving Philosophical and Clinical Dimensions in Psychoanalysis*. New York: Basic Books. 2002. [Link](#)
- [2] Stolorow, R. D. *Trauma and Human Existence: Autobiographical, Psychoanalytic, and Philosophical Reflections*. New York: Routledge. 2007. [Link](#)
- [3] Stolorow, R. D. (2011). *World, Affectivity, Trauma: Heidegger and Post-Cartesian Psychoanalysis*. New York: Routledge. 2011. [Link](#)

Andreas Aamodt's comment:

Dr. Stolorow seems to me in this wonderful and illuminating post to condense much of his, and his colleagues, very wise and useful perspectives on character, character change and psychological treatment.

I have tried and tested these perspectives and principles for years working with a Norwegian Affect Consciousness Therapy Model that is highly influenced by Dr. Stolorow's Intersubjective-Systems Theory. I have found the understanding presented in Stolorow's post to be extremely helpful in treating even people suffering from very severe, painful and longstanding psychiatric disorders such as difficult cases of the so-called borderline personality disorders, long standing psychotic states and schizophrenias.

When patients suffering from these very painful and disabling disorders feel emotional understood, by having their emotions validated and made sense of by use of Stolorow's perspectives, they are usually very relieved as much of their feelings of isolation, bewilderment, shame, self-loathing, fear, distress, anger etc. dissipates.

The validation of emotions in a friendly and caring therapeutic relationship can be of utmost help for all kinds of patients with severe and longstanding mental disorders. Sustained validation of emotional states will usually strengthen the patients' sense-of-self, and make it more coherent and positive.

If the underlying principles for organizing emotional experiences are identified and worked with in therapy, many of these patients can undergo deep character change that make them psychological strong and healthy. They might as well develop an often-uncommon understanding and wisdom on complex traumas and human existence.

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Stolorow's answer:

Thank you so much for this very validating comment!