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Provocative Enactments as Regulators of Underarousal and Its Associated Affects

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PROVOCATIVE ENACTMENTS AS REGULATORS OF UNDERAROUSAL AND ITS ASSOCIATED AFFECTS

by

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Abstract

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Steven Bashkoff

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This theoretical/clinical-case study explores the function of provocative enactments as a means to regulate underaroused states and the affects associated with underarousal. A great deal of psychoanalytic literature emphasizes the function of provocative enactments as destructive or as a way to devalue others or disconnect from them; this function certainly exists in one class of such enactments where the actor's goal is to destroy interpersonal ties or enhance self-esteem by kindling negative affect in the other person. However, this dissertation proposes that there exists another, distinct class of provocative enactments where their function serves to activate or reengage another person as a way for the actor to receive more stimulation and to dissipate the anxiety associated with experienced or anticipated underaroused states and the affects that accompany them; such affects can range from feelings of emptiness, deadness or boredom to a painful longing or deep sadness. This dissertation proposes that the distinction between the two classes of provocative enactments is clinically meaningful in the application of therapeutic interventions. This dissertation also attempts to describe the particular dyadic paradigms manifested in early development that would give rise to representational schema underlying this class of enactments; it is suggested that the elicitation of negative affect in the caretaker produced more effective dyadic regulation of underarousal than other interpersonal or self-regulating strategies.

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I would like to thank the members of my dissertation committee for their enduring patience and encouragement over the years. Like a lot of dissertations, this one is a product of the delicate tension between confidence and self-doubt, writer's block and bursts of generativity, and trueness of vision and a desire to join in collaboration. Lissa Weinstein, Diana Diamond and Elliot Jurist have been sustaining interlocutors for this project and have encouraged me to find and express my own voice on issues of importance to me. Not only have they given me a wealth of invaluable insights at every stage of the project but also the best initial advice, namely, to commit myself to a topic which really stirred my curiosity. Following that advice helped carry me to this point.

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I certainly must acknowledge my parents and my sister, who all were right there with me the whole way through. I cannot begin to describe how important they are to me and how they influenced me to tackle a knotty theoretical project that I had hoped would be an interesting blend of the creative and the logical.

I am also grateful to the patients I have worked with, whom I had only hoped to

serve, but who, as it turned out, gave me so much and led me to grow in ways that were surprising and ultimately very valuable to me.

Finally, I want to acknowledge you, gentle reader, who are going to attempt to read this document. Thank you for wanting to hear what I have to say.

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I. INTRODUCTION

This dissertation explores the possibility that provocative enactments may play a role in some individuals' ongoing attempts to regulate the affects associated with underarousal and loss, specifically, by seeking to modulate the underaroused state itself by eliciting stimulation from another. I will explore the possibility that provocative gestures may sometimes be offered with the expectation that they will enliven and engage the person provoked; in such cases, provokers hope to elicit stimulation from their targets as their preferred way to modulate their own underaroused states, repair breaches in the relationship, and dispel the affects associated with loss that the breaches have caused. This is a theoretical dissertation that incorporates a review of theoretical and research literature and features a clinical case study as a way to illustrate different functions that provocative enactments may serve. It also contains a theoretical exploration of a particular course of development of those representations upon which this set of provocative enactments might be based; an exploration of provocative enactments must necessarily focus on the transferences that underlie the specific scenarios that the patient seeks to enact, and further, on the origins of the representations and internal models that comprise these particular transferences.

I have used the term "provocative" several times thus far, so let me provide a brief definition, at least for the purposes of this dissertation. A provocative gesture can be said to have occurred when the patient conveys some information to the analyst with the conscious or unconscious belief that such information will (i) impart to the therapist an unpleasant or painful feeling, and (ii) cause the therapist to react as a result of that feeling. Such a feeling might be irritation, anger, guilt, longing, or sadness, and the

patient would expect it to arise out of the frustration of what the patient construes to be the therapist's needs. (I thus distinguish provocative gestures from seductive gestures, where the latter are intended to elicit pleasurable or positive feelings in the therapist by fulfilling what the patient construes to be the therapist's needs.) The provocative enactment is comprised of the patient's provocative gesture coupled with any response or non-response to the gesture by the therapist.

Why is a study of provocative enactments important? We must first ask why the clinician must understand transference phenomena generally. Transferences and the enactments that flow from them make up a significant portion of the raw data that the analyst assesses in formulating a diagnosis. Moreover, to foster a dialogue between patient and analyst about such phenomena furthers the therapeutic goal of "making the unconscious conscious" or, alternatively, making the unspeakable speakable. Most centrally, transferences and their enactment reflect the organized system of internal schemas that patients use to understand and negotiate their own emotional lives and their interpersonal worlds. To the extent that existing schemas impair the patient's social functioning or otherwise make the patient unhappy, the therapist would work to alter those schemas. This sort of change is accomplished by fostering the patient's ability to reflect on the nature and origin of transference phenomena, and by creating the opportunity for dyadic interactions that disconfirm existing expectancies and create new, less problematic ones.

Provocative enactments are part of a great many clinical relationships. They are also very common in everyday interactions and are considered to be socially normative or problematic, depending on the context. Laypeople are apt to explain the motive force

underlying a provocative gesture in one of two ways: either the actor is expressing anger and aggression, or the actor is "just trying to get attention". In fact, several schoolteachers with whom I discussed this topic were surprised that there could be any academic interest in, or controversy about, this latter motive. To them, it was common knowledge. They all could recount many experiences with children who would "act out" as the children's preferred way of gaining contact with the teacher, which behavior was invariably viewed as troublesome by the adult toward whom it was directed.

It would seem reasonable to many that childhood acting-out patterns can often persist into adulthood, and that such persistence can be explained by the continued efficacy of the behavior. Popular depictions of adult acting out often allude to the actor's underlying desire to communicate with someone and to elicit a response. For example, in the film *Fight Club,* Marla (Helena Bonham Carter's character) offhandedly remarked about her imminent drug overdose: "This isn't a 'for real' suicide thing. This is probably one of those 'cry for help' things." The person who wrote that line seemed to acknowledge that it had become a cliché in popular culture to depict suicidal behavior as an interpersonal gesture, a depiction almost worthy of satire. Nonetheless, Marla still believed in the utility of the remark: she was speaking to Edward Norton's character, Jack, a man who had suddenly broken contact with her. In that scene, Marla hoped to elicit some sort of response from Jack; it was clear that her comment was a gambit in trying to reestablish contact with him. Although Jack viewed her as "a predator posing as a housepet", Marla successfully attained her goal. One would expect that her belief in the efficacy of her behavior would thus be reinforced.

In both clinical and lay relationships, I observed that the ruptures I myself had initiated – empathic breaks as well as physical absences – typically would precede a provocative gesture from the other person. If subsequent discussion were ventured, it would frequently uncover some causal link, specifically, that the rupture had engendered a particular affective response arising out of the resulting sense of loss. But the question of motive or goal often remained less-than-fully explored: either (i) the sense of loss gave rise to shame and loss of self-esteem, so that the provocation was meant to hurt me as a way to assert power over me and/or destroy a connection, or (ii) the sense of loss gave rise to despair or longing, so that the provocation was meant to hurt me as a way to draw my attention, kindle my empathy, and stir me to activity and interaction. I had harbored a vague intuition that one or both of these motives were always at the root of a provocative gesture. And although the "connection-destructive" motive seemed antithetical to the "connection-reparative" motive, the potential remained for both motives to be active and to create a conflict of their own.

It had struck me that clinical responses to provocative gestures ought depend a great deal on which of the two motives were in ascendancy when the gestures were offered, so that the patient can differentially understand the triggers for such enactments, the wished-for outcomes, and the way the respective motives may impact the patient's functionality. I chose to write on this topic because I suspected that the distinction between the two motives was important, but that the distinction was not much acknowledged and explained in the psychoanalytic literature. And although I discovered an abundance of discussion in the literature about the "aggressive" motive, I could not find much that explicitly identified this second, connection-reparative motive such that

clinical approaches to it might be formulated. I also wondered about the developmental origins of the representations and expectancies characteristic of the connection-reparative motive, and the scenarios that provocative patients hope to actualize with the therapist. Did two distinct sets of representations exist, each constructed around one of the motive forces? For example, were there any particular dyadic patterns in early development that were precursors to one set of representations versus the other? What role did the experience of pain and negative affect play in the functioning of the dyad and in the formation of these representations? Most fundamentally, what particular bodily experiences were implicated as the foundation for the motive forces in the development of those representations? It occurred to me that the experimental literature relating to infant research and attachment theory might be a useful supplement to psychoanalytic theory in addressing these questions.

These are very broad ranging questions, and my attempt to consider possible answers must necessarily leave some avenues of inquiry unexplored. For example, this dissertation describes a possible role of underaroused bodily states in the development of one subset of provocative scenarios. As part of this discussion, I will identify as crucial the distinction between the pain of underarousal and the pain of overarousal; I will speculate about the development of particular representations, which representations are derived from dyadic attempts to regulate underaroused states and the affects with which they would become associated. I do not explicate the developmental life of representations derived from attempts to regulate *over*aroused states and their own distinct set of concomitant affects. I can certainly envision a completely separate, companion disquisition on the affects that might arise out of overaroused bodily states,

the successful and not-so-successful dyadic attempts to regulate them, the way such patterned interactions cohere into particular representations, the manifestation of those representations as transference and enactments in adult life, and the clinical approaches to those manifestations that are deemed to be maladaptive. And although I suggest that dyadic experiences with underarousal give rise to sets of representations and behaviors that may overlap with those evident in borderline pathology, I will not attempt to suggest any direct associations or correlates, or even address this overlap at all. However, one cannot help but wonder about the nature of that overlap, if one were to find the speculations put forward in this dissertation to be worthy of consideration.

In keeping with the focus on provocative enactments and the regulation of arousal levels and affect states, the literature to be reviewed will be organized according to the following subtopics: (A) definitions of "arousal" and "affect", and theories about their origins; (B) theories about the development of representational systems; (C) views about transference and enactments generally; and (D) views about the nature of aggression and the manifestation of aggression in transference and enactments. Transference and enactments are clinical phenomena identified and defined by psychoanalytic theories, and a range of psychoanalytic and psychoanalytically-influenced schools of thought are surveyed as the relevant literature domains. They are clustered in roughly three groups: classical, object relations/self psychology, and analytically-informed infant research. Theorists in all three groups have formulated developmental and clinical theories of arousal and/or affect, representations and transference.

A clinical case presentation will follow the literature review. The patient to be presented offered an abundance of provocative gestures during the treatment, and because

these gestures seemed at times to arise out of a primarily connection-reparative motive and at times out of a connection-destructive one, the case provides useful comparative illustrations. The final section of the dissertation contains a more theoretical discussion of those provocative enactments that serve as regulators of underaroused states and their associated affects, including some thoughts about the way that the underlying representations might develop out of early dyadic experiences, and about potential clinical approaches to these sorts of transference patterns.

II. LITERATURE REVIEW

A. Arousal, Affect, and the Relationship Between Them

A change in a person's state of "arousal" can be described simply as a set of physiological changes, where such changes consist of responses to any set of stimuli, internal or external to the organism. By contrast, "affect" has been viewed both as an internal experience as well as external behavior. Many theories exist to help explicate the causes of the phenomenology as well as the outward expression of affect. Many theorists also discuss the intrapsychic and interpersonal impact of affect; they illustrate how, during infancy, individual and dyadic systems are formed that serve to regulate arousal and affect in ways that will be altered and reorganized over the course of early development. Though many theorists have concluded that a physical state or a physiological change (i.e., arousal) correlates with an affective experience, there are differing views regarding the causal relationship between the objective physical state and the subjective affective experience. Although arousal can be described in purely physiological terms, it is hard to say whether emotional experience is based more on physiological sensation or on some primeval psychological phenomena originating in the limbic system. Moreover, there are differing theories about the exact role of higher-level cognitive functions in the generation of emotion.

The relevant literature on arousal and affect will be surveyed in this section to support several points to be made in the second half of this dissertation. First, there is a relationship between arousal and affect; but specifically, changes in arousal level cause changes in affective experience. Second, it is adaptive for an organism to maintain a particular arousal state at certain times, and to change its arousal state at other times,

namely, when the arousal state is problematically too high or too low. It can be said that at any given time, there is an "optimum" range of arousal for that organism. It can also be said that the relationship of the actual arousal level to the optimal arousal level gives rise to the affect's associated qualities: positive versus negative (or pleasure versus unpleasure), intense versus mild, etc. The valence of an affect connotes a motive component of the affect: the organism "desires" to maintain the positive affect and eliminate the negative affect, and thus the organism is motivated to effect the maintenance or elimination of a given affect. Finally, since arousal level is altered by both endogenous and exogenous stimulation, the quantity of such stimulation has a direct bearing upon the individual's affective experience, and it can be said that the organism is motivated to control or impact that stimulation in pursuit of the maintenance or the elimination of the particular affect.

1. Definitions of arousal and affect

a. Arousal

From the time an organism is conceived until it is weaned, a mother and her offspring share a direct, physiological intimacy. The physiology not of only humans but of all mammals is characterized by a large number of systems devoted to keeping the offspring alive and physiologically regulated and within homeostatic limits, despite potentially wide environmental variations. For example, in the intra-uterine environment, fetal levels of temperature, oxygen, water, electrolytes and nutrients must all be regulated via direct connection to the mother's body. The fetus shares the maternal blood supply and body temperature. The mother also provides proprioceptive and audio sensory stimulation to the fetus (see Michel & Moore, 1995). At birth, this direct biological

connection is broken. The newborn must then begin to rely upon its own respiratory, circulatory and excretory systems to maintain its physiological equilibrium. As long as the child remains alive, such self-equilibrating physiological systems must function continually and effectively.

The human organism shows signs of some self-regulatory capacity pre- as well as post-natally. Nonetheless, no mammal is capable of independent function at birth, but rather must maintain regulatory connections with its mother. To this end, newborns possess the "inborn" capacity to produce behaviors that enable them, in effect, to seek out and respond to environmental stimulation. Such ongoing ties between the infant and its environment provide a foundation for the development of bi-directional systems that organize parent-child interactions. To survive and develop in a healthy way, a newborn must breathe, eat, sleep, and be kept clean, and it must otherwise receive some quantity of sensory stimulation through interaction with its environment. The infant's environment must provide the opportunity for all these needs to be met, and indeed the environment must be able to be shaped by the infant's developing requirements. In other words, the environment must somehow provide for the infant's needs in a contingent way. Given that the infant's needs are quite variable, when should the environment change to meet a particular need, and in what way? The infant's level of arousal and the associated infant behaviors play an important role in the way the infant can alter its environment.

Arousal has been defined as a multidimensional activating process that can be manifested at a central nervous system, autonomic, endocrine, and even cellular level of analysis (Derryberry & Rothbart, 1988). For example, an infant's arousal level can be

measured by examining a series of physiological indices (EEG, heart rate, respiration) or observable behaviors (orienting responses, sucking speed, head-turning, other motoric activity). The physiological manifestations are governed by the autonomic nervous system (ANS). Generally speaking, one component of the ANS, the sympathetic nervous system, is associated with bodily preparation for activity and energy consumption. Stimulation of the sympathetic system produces increased heartbeat, raised blood pressure, release of glucose into the bloodstream and increased bloodflow to muscles used in physical activity. Such changes can be said to reflect increased arousal. Activation of the second component of the ANS, the parasympathetic nervous system, has the effect of conserving energy. Stimulation of the parasympathetic system produces lowered heart rate, lowered blood pressure and diversion of bloodflow from skeletal muscles to the digestive system (Barron, 1995). These changes can be said to reflect reduced arousal. Eysenck (1967) emphasized that it was important to also include cortical and limbic arousal in a general measure of arousal.

Clearly, there is a useful and adaptive relationship between some behaviors produced by arousal changes and the resulting regulation of the infant's physiologic requirements. There is certainly evidence that an imbalance of physiologic needs causes biochemical changes in the infant that leads to elevated heart rate and respiration, and changes in EEG. For example, a reduction in the infant's blood glucose level will lead to an increase in insulin secretion and an associated increase in blood adrenaline and cortisol levels (e.g., Marchini et al., 1998). Such biochemical changes will lead to an autonomic nervous system reaction: an elevation in heart rate and respiration. Eventually these changes will produce behaviors in the infant sufficient to cue arousal regulating

behaviors on the part of the caretaker – in this example, feeding. Arousal changes can also lead to self-regulatory responses, e.g., rising arousal can lead to gaze aversion, which can reduce environmental stimulation, while falling arousal can lead to environmental search for stimulus. The biological substrates of the link between lack of nutrition and subsequent arousal are well documented. The biological underpinnings of some other arousal-producing stimuli are less clear. For example, it is less clear why novel sensory stimuli increase physiological arousal, why the magnitude of the stimulus seems to be proportional to the magnitude of the arousal produced, and why repeated exposures to the same stimulus produce less and less arousal over time. Nonetheless, we can assume that some neural connection exists between the sensory organ and the brain, that some rudimentary signal processing takes place in the brain, and that the resulting brain activity leads to a particular endocrine response.

Experimental research indicates that the experience of understimulation impacts the brain and the body in a way that is distinct from overstimulation (see Schore, 2003). Repeated experiences of maternal deprivation and hypoarousal lead to significant elevations in the secretion of ACTH and glucocorticoids (e.g., cortisol) (Zhang et al., 2002), whereas experiences of hyperarousing stressors cause the elevation in the secretion of not only glucocorticoids, but of catecholamines (epinephrine, norepinephrine, dopamine) as well (Chaparro-Huerta et al., 2002; Guilarte, 1998; McDonald et al., 1988). Catecholamines impact the body in a very different way than do the glucocorticoids (see Yehuda, 1999). Increases in levels of epinephrine and norepinephrine have the same effects on target organs as direct stimulation by sympathetic nerves, i.e., the initiation of the "fight-or-flight" response (although the

effect is longer lasting): increased rate and force of contraction of the heart muscle, constriction of the blood vessels and increase in blood pressure, dilation of the bronchioles, and increased metabolic rate, including increased oxygen consumption and heat production. By contrast, a simple increase in the level of cortisol will primarily impact carbohydrate metabolism so as to increase concentrations of blood glucose, e.g., through increased gluconeogenesis (synthesis of glucose from amino acids and lipids), inhibition of glucose uptake in muscle and adipose tissue, stimulation of lipolysis (the breakdown of fat stored in fat cells), and suppression of the immune system. Glucocorticoids also increase appetite for food, locomotor activity and food-seeking behavior (McEwen, 2000, 1999). Thus, it is possible to argue that the physical feeling of underarousal may be detected even by an infant as a physical state that is distinct from overarousal.[1]

b. Affect

There is wide agreement among emotions researchers that emotions somehow involve changes in physiological arousal state, cognitive processes, and associated "typical" expressive behaviors (Izard, 1992; Zajonc & McIntosh, 1992). However, there has been longstanding controversy regarding the causal relationships of these three

[1] It has also been shown that chronically elevated levels of glucocorticoids will lead to cell death primarily in the hippocampal region of the brain (Ellenbroek & Riva, 2003; Lupien et al., 1998; van Oers et al., 1998), which changes have been associated with alterations in basal cortisol and stress reactivity in children (Gunnar & Vazquez, 2006): Essex et al. (2002) found that elevations in cortisol at age 4½ were predicted by high levels of stress during the child's infancy, where the most robust predictions were associated with infant stress caused by maternal depression symptoms; adolescent children of mothers who were depressed post-natally were shown to have higher morning cortisol levels and more variability in these levels (Halligan, Herbert, Goodyer, & Murray, 2004). By contrast, chronically elevated levels of catecholamines will lead to cell death in the other structures of the limbic system, e.g., the anterior cingulate and the amygdala, and the orbitofrontal cortex (see Schore, 2003).

components. According to the Cannon-Bard theory (Cannon, 1927), the perception of emotion-provoking events *simultaneously* induces a subjective experience of emotion and a set of physiological changes. By contrast, the James-Lange theory (James, 1890) suggests that perception of an external event produces internal physiological changes, and that it is the individual's perception of those changes that leads to the subjective experience of emotion. Although research indicates that different emotions are associated with particular patterns of autonomic activity (e.g., Ekman (1983); Levenson, 1992; Schwartz, Weinberger & Singer, 1981) and cerebral cortex activation (e.g., Davidson, 1992), the causal relationship between arousal and subjective emotional experience has yet to be proven.

Both Cannon-Bard and James-Lange theories imply that cognitive processes mediate the relationship among real-world events, physical sensations and subjective emotional experience. Schachter and Singer (1962) attempted to clarify the role of cognition in emotional experience by proposing their "cognitive arousal" or "two-factor" theory. They suggested that it is the perception of a given event that produces an increase in arousal. Once this change occurs, the individual then searches for cues, perhaps perceptual cues surrounding the event, in order to "label" the heightened arousal state, and it is this labeling that determines which emotion is experienced. The implication is that the individual assesses the real-time cues using an experience-based model of expectancies and outcomes. Schachter and Singer believed the quality of the subjective emotion to be purely a function of the labeling process.

Unfortunately, there are a number of problems with this line of research. For example, Schachter and Singer did not consider whether such labeling (i.e., the cognition)

might then in turn lead to further ANS or cortical changes, which changes add greater affective color to the previously undifferentiated arousal state. Also, the original "cognitive arousal" studies, as well as subsequent studies by critics of this theory, were all based on the assumption that all emotional experience was caused by an elevation in arousal – e.g., in many of the studies subjects were injected with epinephrine, exposed to different environmental stimuli, and then assessed for subjective emotional experience (e.g., Marshall & Zimbardo, 1979; Maslach, 1979). None of these researchers considered whether reduction in arousal might also be associated with affective experiences or whether particular affects might be associated with elevation of arousal and others with reduction in arousal.

These researchers also neglected to consider whether the quality of the affect might be in part determined by the magnitude of the change in arousal as compared to some baseline arousal state. Hebb (1955) and Eysenck (1967, 1981) argued that affective tone is related to level of activation of the cortical reticular system in a bell-shaped function, i.e., hedonic tone reaches its highest level at moderate levels of arousal and decreases as arousal becomes higher *or* lower in intensity. If this is true, then it can be inferred that there always exists in an individual a desired range of arousal that is conceptually distinct from the actual level of arousal, and a "hedonic" motive to bring actual arousal in line with the desired arousal range. In simplified terms, such motive would be manifested as the desire (i) to maintain arousal within particular bounds, neither too low nor too high, and (ii) the desire to shift out of a too-high or too-low arousal state.

Other research suggests that the absolute measure of the desired arousal baseline in a given individual will itself vary over time. This baseline level is undoubtedly

influenced by cyclical physiological changes, e.g., circadian, basic rest-activity, and hormonal cycles. Certainly, the great majority of a caretaker's efforts during the infant's first two months of life are spent regulating and stabilizing its cyclical arousal-state transitions: sleep-wake, day-night, and hunger-satiation (Greenspan, 1981; Sander, 1962, 1964). Emde (1979) suggested that a variety of these sorts of neurochemical processes modulate the reactivity of affective-motivational systems during infant development. Research shows that such neurochemical processes endure to some extent into adulthood. In addition, the quantitative attributes of the change in actual arousal level over time may help define the particular affective qualities of the positive or negative emotion. In other words, the perceived direction of the change in arousal influences the quality of the affect as does the rate of change of arousal level (see Stern's (1985) discussion of "vitality affects" below). For example, in a context where actual arousal already exceeds desired arousal (i.e., overarousal), rapidly rising arousal and gradually rising arousal may be experienced as two qualitatively different negative affects, and falling arousal may be experienced as positive. These same shifts in arousal may produce completely different affective experiences in a context where actual arousal is below desired arousal (i.e., underarousal).

Infant research suggests that at early stages in the organization of an infant's cognitive capacities, physiological responses are linked purely to the quantitative aspects of the stimuli. Only later in development, when the organization of the organism has advanced, will responses to the stimuli be based on the qualitative aspects of the stimuli (see Schneirla, 1959, 1965). Transitions to qualitatively based response systems cannot occur without the organism's prior experience of quantitatively based response systems

(Turkewitz, Gardner & Lewkowicz, 1984). For example, researchers have made convincing arguments that seeming cross-modal perception during the first three months (e.g., Meltzoff & Borton, 1979; Meltzoff & Moore, 1977) is actually the result of coincident arousal and habituation responses and that there exists no "innate" amodal representations of the stimuli present perinatally. In other words, a period of simple arousal experiences must necessarily precede their organization into categories of affective experiences, i.e., there exists no *a priori* representations of affects; according to Turkewitz et al., such an organizational shift would not take place prior to three months of age. Though infants may be born "hard-wired" with particular feature detectors and attentional preferences, such predispositions only impact the young infant by allowing it to monitor and react to the magnitude of its arousal.

By contrast, Stern (1985) accepted the idea that the infant at birth possesses the requisite mental structures to abstract patterns of stimuli cross-modally into amodal perceptions. Stern claimed that the infant has a clear albeit rudimentary sense of self from birth. Stern based the definition of this "emergent self" on the existence of organized mental structures that exist innately at birth. He derived this claim predominantly from his own interpretations of the cross-modal perception literature and from his observation that young infants must innately experience "vitality affects". Deriving these concepts from the work of Schneirla (1959, 1965) and Tomkins (1981), Stern asserted that distinct patterns of neural firings (density x time) give rise to these special affective experiences that capture the qualities of rates of change of stimuli (e.g. the feeling of a burst, a crescendo or a fade-out). Stern believed that stimuli that share similar envelopes of neural firing will evoke similar vitality affects. The infant's ability

to extract these amodal affects from the modal experience exists, according to Stern, innately at birth.

2. Classical psychoanalytic views of affect

Prior to his first articulation of drive theory in *Three Essays on the Theory of Sexuality* (1905), Freud's view of human motivation was comprised of his Constancy Principle (1892) and his theory of wishes (1900). The Constancy Principle in this early form assumed that there existed biologically-based, as well as environmental, sources of stimulation that act upon the human organism from birth onward; the psychic representations of the physiological effects of these stimuli on the organism comprise affective experience. According to the Constancy Principle, quiescence is the most pleasing, optimal state, whereas all movement from quiescence to excitation is unpleasant. To Freud, the modulation of arousal states (through his proposed homeostatic mechanisms) was an important function of the human psyche.

Freud also identified an unconscious, biologically-based force to counterbalance such affective experiences, which force existed as a psychic apparatus that works to keep stimulation as close to zero as possible. This unconscious force generated the impulse to produce whatever mental or real action is best suited for the reduction (or "discharge") of any given stimulation (e.g., 1900). More specifically, there exist memory traces of the past satisfying experiences of affective discharge. Upon stimulation of the organism, the unconscious will produce the impulse, or "wish", to reestablish this remembered satisfying discharge, which will result in an affective display, among other things. If left unimpeded, the unconscious will produce an uninhibited affective display when it detects a particular affective experience. While these phenomena take place in the domain of the

unconscious, some of the products of the generated wishes reach consciousness as fantasies, dreams and direct action (1900).

However, when the stimuli associated with such affective experiences cannot be discharged, pathology may result. External circumstances may block discharge, as may conflicting internal states of mind, such as moral or ethical values. In such cases, affect will get "pent-up" and unpleasure will increase. The stimulus may continue to act on the organism and the "discharger" will continue to generate impulses/wishes. Should such stimulus and discharge-blocking continue, "traumatic" psychic structures are formed (1895). In other words, chronically blocked "discharger" products do not reach consciousness in a normal way but rather are repressed, forming a distinct, separate psychic entity that resides mostly in the unconscious, but may still impact the organism out of the individual's awareness, and sometimes in problematic ways. In such cases, it is therapeutic to help patient recover memories associated with these repressed affective experiences, such that the patient can feel them again ("abreaction"), display the affect, and thereby achieve some measure of discharge (1893).

In this model, affects are the psychic representations of the effects of a broad variety of endogenous and exogenous stimulation. All stimulus leads to a countervailing urge. So a sexual stimulus will lead the "discharger" to create the impulse to act so as to discharge it. A fear-producing or anger-producing stimulus would likewise give rise to a discharging wish. In this theory, the affective experiences can be grouped categorically, but they themselves cannot be distinguished in terms of valence (i.e., pleasurability). Affects seem to have no positive or negative valence of their own; rather, the valence lies in whether the wish is expressed so as to dissipate the effect of the stimulus. It is the

resultant destimulation that produces pleasure. Lack of dissipation of the excitement produces unpleasure.[2]

In the above pre-1905 model, the motivating force behind all behavior were wishes that were varied and could correspond to any sort of stimuli, i.e., any sorts of need. Post-1905, the most important motivating stimulus was defined as fundamentally endogenous – an "endosomatic, continuously flowing source of stimulation" from focal somatic sources (1905, p. 168, see also 1915a); *only* such instincts, or "drives", could give rise to wishes/impulses, and were thus the fundamental determinant of motivation. Most important, Freud emphasized the primacy of one category of drives, the sexual drives that are the aggregation of endogenous sexual stimulation – libido – that emanated from an assortment of erotogenic somatic zones. While Freud acknowledged the existence off other various instincts, it was only the repression of libidinally produced wishes that gave rise to the psychic disturbances that Freud was describing at the time. Furthermore, only the external, physical stimulation of these zones could offset and discharge the endogenous stimulation, and thus the associated "discharger"-generated wish must address some means of effecting physical discharge (see also 1915: partial advance toward actualizing aim leads to partial satisfaction). The 1905 theory of drive thus entailed a somatic source (e.g., mouth), an impulse to discharge, or "aim" (e.g., impulse to suck), as well as a target for the expression of the impulse, or "object" (e.g., a breast or a thumb).

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[2] Reiterated in 1915a comment: "[I]nstincts are all qualitatively alike and owe their difference only to the amount of excitation they carry. [Distinctions among] the mental effects produced ... may be traced to the difference in their sources. (p. 567)".

In this 1905 view of human motivation, "accidental [i.e., external] influences had been replaced by constitutional factors, and 'defence' [i.e., the old version of repression] had been replaced by organic 'sexual repression'" (1906, p. 278). Freud felt that for every endogenous sexual stimulus, there developed an endogenous counterpart force that produced an innate aversion to the wish generated by the stimulus. The unpleasure produced by undissipated sexual stimulation itself evoked opposing "reacting impulses which, in order to suppress this unpleasure effectively, build up mental dams [of] disgust, shame and morality (1905, p. 178)." At this time, no other repressive forces were posited (other than component sexual drives which may conflict with one another, e.g., opposing anal instincts (1915)). Thus, the conflict between libido and organic sexual repression occurs in an entirely endogenous way.

In the post-1905 world of Freud's thinking, libido was primary in psychic life. If drive was the only stimulus with a significant impact on the psyche, affects were viewed essentially as derivatives of libido; in other words, where the stimulus of libido caused impulses/wishes that had to be repressed, this stimulus finds expression in the physical processes that the individual experienced as affect (1915b)). Thus, without repression, the only affective experiences would be those of mounting drive tension (unpleasure) and discharge of drive tension (pleasure). The effects of defensive forces add their given flavor to an affect over and above its pleasure/unpleasure quality. Moreover, since the relevant stimulus is entirely endogenous, the resultant affects cannot be described as having any social origins except insofar as the environment frustrates or facilitates

libidinal aims.[3] The quality of the affects themselves did not seem to interest Freud; his focus at that time was on libidinal energy and those forces that caused repression.

In 1910, Freud abandoned organic sexual repression (1906) as a libido-repressing force and definitively declared the ego to be a distinct drive with its own self-preservative aims. As described, the ego could compete with libido, and so served as a major repressive force. In this decade, Freud elaborated on the developmental life of the sexual and ego instincts. At different points in development, libido (and resulting discharge wishes) could be directed toward one's body parts (autoeroticism), toward others (object love) or toward the ego (primary narcissism) (1911a, 1914). At that time, ego-directed libido seemed to represent the theoretical equivalent of modern notions of self-esteem. Freud also considered the ego to be the reservoir from which object-libido is sent out from and returns into. In addition, Freud identified the "ego ideal", a representation of the perfected self used as a self-measure by the ego in the form of "conscience", the contents of which were defined by the external voices of parents, teachers and public opinion (1914). Such mechanisms of the ego (i.e., conscience) served as the primary inhibitor of drive impulses by the production of guilt and shame responses.

During this time, Freud seemed to be grappling with his conception of those internal forces that competed with libido. It is hard to tell whether Freud believed that affect flowed directly from these other (ego) forces, because he also claimed that these competing forces nonetheless drew their energy from libido. For example, the affects associated with caretaking in infancy were all considered to be autoerotic sexual satisfactions or frustrations, even though the caretaking itself served the purpose of self-

[3] At this stage of Freud's theories, the impact of social forces on the content and activity of the ego is unclear.

preservation (1913) and libido is thus "attached" to ego. Theoretical questions arose regarding the ego's energy; specifically, did it all come from libido or did it have its own energy, and how could the ego act both as an object of libidinal energy and a deployer of it in service of its own aims? Most important, could the operation of the ego be considered as "instinctual" a force as the operation of sexual drives? If so, it would be implicit that some affective experiences could flow solely from the autonomous activities of the ego. Yet, how could this be so if the ego were to be the repository of "the subject's cultural and ethical ideas [and] self-respect" (1913) that served to conflict with libidinal impulses and initiate repression?

This uncertainty seems evident in Mourning and Melancholia (1917), in which Freud focused directly on the origins of particular sad and angry affects. In that article, Freud argued that the feelings of melancholy arise because the loss of the object is re-experienced as loss of libido by the identificatory part of the ego. Similarly, angry, self-abusive feelings stem from an attack on this same part of the ego by the ego ideal. It is this attack, the ego ideal channels anal-sadistic libido previously associated with the object onto the ego. The resulting loss of ego-libido was the cause the depressive feelings we think of as a lowering of self-esteem. On the one hand, it can be said that these affects are all products of repressive libido channeling. On the other hand, with the ego so active – applying ideals, detecting loss, making identifications, actively channeling libido – it seems just as accurate to describe affect as a product of ego activity.

During the period of 1910-1920, Freud struggled in his attempts to account for all psychic motivation and affective experience as a function of the sexual drive and its

repression. Freud proposed the "reality principle" (1911b) to explain the ego's capacity to interact with and adapt to reality's frustrations, but the uncertainty remained: did those feelings of frustration come from the unpleasure of undissipated libido or was it the byproduct of some repressive ego activity? In 1920, Freud proposed the existence of another drive, the death instinct – which competed with and potentially conflict with libido – as a way to explain human motivation that seemed to lie beyond the scope of the pleasure principle. In his proposal of his structural model in The Ego and the Id (1923), he completely rejected his old characterization of the ego as a drive, instead distributing its functions among the libidinal drives, the destructive drives and the structure ego.

In 1924, Freud rejected his earlier conception that pleasure and unpleasure resided as points along a single axis of somatic activation or stimulation, and marginalized the constancy principle by saying it that it only applied to the death instinct. In "The Economic Problem of Masochism" (1924), Freud suggested that pleasure and unpleasure represent the effects of qualitatively distinct systems, perhaps distinct neurological systems. (The evolution of Freud's theories about sadism, masochism and aggression will be discussed more fully in Section D.)

During the 1920s, Freud also addressed the meaning and significance of an important affect – anxiety – in mental life. At the end of The Ego and the Id (1923), Freud unequivocally stated that "the ego is the actual seat of anxiety."[4] Only the ego had the perceptual and reasoning capacities to determine that a given percept is connected with danger. The ego would then withdraw ego-libido from the percept and/or the associated id processes and emit it as anxiety. Freud reiterated this idea in Inhibitions,

[4] He reiterated later that "anxiety is an affective state and as such can, of course, only be felt by the ego (1926, p. 71)."

Symptoms and Anxiety (1926), explicitly rejecting his earlier view that the cathectic energy of the repressed impulse is automatically turned into anxiety. Anxiety was not a simple byproduct of the repression process after all, nor of the underlying unpleasure that results from the "damming up" of drive stimulation. To the contrary, "it is always the ego's attitude of anxiety [toward the impulse] which is the primary thing and [is the force] which sets repression going" (p. 109). In fact, the specific quality of the anxiety experienced can never be created *de novo* in repression. Rather, "it is reproduced as an affective state in accordance with an already existing mnemic image. [To] enquire into the origin of that anxiety – and of affects in general – [takes us into] the borderland of physiology" (p. 93).

Freud regarded birth trauma as the prototype anxiety state. Accordingly, "the other affects are also reproductions of very early, perhaps even pre-individual, experiences of vital importance; I should be inclined to regard them as universal, typical and innate hysterical attacks" (p. 62). To Freud, the key to understanding anxiety laid in the fact that childhood manifestations of anxiety (including birth trauma) "can be reduced to a single condition – namely, that of missing someone who is loved and longed for" (p. 136). The infant at birth recognizes the mother as the object who "satisfies all its needs without delay" (p. 137). The real essence of the danger which the infant perceives lies in "non-satisfaction of a growing tension due to need ... in which the amounts of stimulation rise to an unpleasurable height without its being possible for them to be mastered psychically or discharged, [and] must be for the infant analogous to the situation of being born" (p. 137). When the infant develops the capacity to pair the presence of the caretaker with regulation of this potentially dangerous situation "the content of the danger

it fears is displaced from the economic situation onto the condition which determined that situation, viz., the loss of object. It is now the absence of mother that is the danger; as soon as that danger arises the infant gives the signal of anxiety [i.e., an affective display], before the dreaded economic situation has set in...." (p. 138). Here Freud distinguished the signal anxiety, triggered by the risk of danger, from the traumatic anxiety produced by the dangerous disregulation itself. He went on to describe four developmental stages of anxiety: (i) psychic helplessness, (ii) loss of object, (iii) castration anxiety, and (iv) moral (superego) anxiety. This 1923/1926 view of id and ego functioning did not undergo much further modification.

In the model just described, signal anxiety comes from the ego, because the ego must perform the necessary information processing to produce the signal, and it must then respond to it by raising defenses. However, Freud distinguished the arousal produced by signal anxiety from the traumatic overarousal characteristic of early infancy, but he never made clear whether the experience of overarousal had an affective quality prior to the development of the ego. Freud maintained that trauma occurs only after a breach in the stimulus barrier, i.e., overstimulation by exogenous forces. But when a 6-week-old becomes overaroused and starts to cry, can it be said to be experiencing affect?

In the 1940s and 1950s, significant elaborations of the last incarnation of Freud's model of id and ego functioning were made by Heinz Hartmann. His most noteworthy contribution was his argument that the ego functioned more autonomously from the id than Freud had described. Arguing that the ego has roots in the human constitution no less than the id, Hartmann suggested that the ego has its own energy source apart from the libido it neutralizes. He stressed even more than Freud the important role played by

the ego as the part of the psyche capable of adapting to real world demands, as well as the role of reality in the formation of the ego's aims, i.e., that such aims are significantly shaped by the individual's need to live in and succeed in the real world. Moreover, the impact of the real world on the ego takes place from birth or before, such that, at birth, the infant already possesses the ego apparatus – a set of cognitive tools and capacities – adapted to an "average expectable environment" (1939). Hartmann pointed to the infant's capacity to perceive, remember and control movements as evidence that the infant is born in a state of pre-adaptedness.

Returning to the question of the origin of pleasure, Hartmann claimed that reality experiences might have a primary influence on the individual's experience of pleasure (1939). Hartman later pointed out that the ego, beyond merely delaying discharge, has the capacity to determine whether a given stimulus is even to be characterized as pleasurable or not (1956), regardless of whether the stimulus is that of a sexual drive, an aggressive drive, or a "real world" danger. Thus, real world experience comes to bear on the stimulus-pleasure sequence. In this way, even more than Freud, Hartmann claimed a significant role for the ego not only in generating but in defining the quality of a given affective experience. He went so far as to propose stages of changing pleasure conditions over the course of ego development similar to the developmental progression of libidinal phases. Thus Hartman went farther than Freud in detaching the phenomenological quality of affective experience from drive vicissitudes.

Charles Brenner (1982) set forth a thorough and unambiguous definition of affect. He noted that the theoretical literature up to that point had very little to say about affects other than anxiety. Brenner restated the classical position that (i) pleasure and unpleasure

– associated with drive tension and drive satisfaction – are the antecedents of affect, and (ii) memories and other ideas become associated with the sensations of pleasure and unpleasure that are associated with drive derivatives. Affect is thus viewed as an amalgam of sensations and representations. The sensations might be distinct, or there might be a blend of pleasure and unpleasure as a result of competition among drives. According to Brenner, the ongoing development of affects also necessarily depends of the function of the developing ego and superego: "the ideational content of every affect involves memories, representations of objects, representations of one's own physical sensations... All such ideational elements are part of ego functioning (p. 43)."

Brenner affirmed Freud's (1926) view of anxiety as unpleasure plus the ego's apprehension of impending danger:

> thus if the danger is perceived as acute or imminent, we may speak of fear; if the unpleasure is intense, of panic. If the unpleasure is mild and the danger is perceived as slight, as uncertain or as distant, we may well speak of worry or uneasiness (p. 46).

Brenner remarked that the depressive affects, by contrast, are not associated with coming danger but rather with "a calamity that has already happened." For example, misery, sadness or discontent are all a function of the intensity of the associated unpleasure. He gave further examples:

> [i]f the emphasis is on ideas of longing for a lost object, of wishing it were back, we may speak of loneliness. If we have no hope for relief, we speak of despair. If the emphasis is on being scolded or being ridiculed, we speak of shame or humiliation, and so on (p. 47).

Brenner pointed out that in the mixture of pleasure and unpleasure (e.g., in stage fright, where there may be experienced both fear and anticipation), both sensations need not be conscious. Either one may be defended against and unconscious. The same may

be said of the affect's representational content. Because of the potential for unconscious elements of the affective experience, Brenner stated emphatically that psychoanalytic data is necessary in order to distinguish and classify affects. This is why he believed that it would be a mistake to depend solely on the individual's consciously-derived label if his affective experience were to be well understood.

In the analytic theories described thus far, pleasure and unpleasure are integral parts of the drive model, and thus it can be said that all drive theorists see the "affects" of pleasure and unpleasure as existing at birth as part of the psyche's experience of the drives themselves. However, there is one drive theorist, Otto Kernberg, who presented a different theory. According to Kernberg, drives are formed as by-products of the child's affective experiences. The theory of affects presented in his work is quite interwoven with his developmental model of the child's representational world. However, Kernberg considers affects to be the primary motivational system, in that they are at the center of the infant's gratifying or frustrating experiences (1993). In such discussions, Kernberg seems to use the term "affect" in the broadest possible way, i.e., simply to mean "feelings" or "feeling-state".

As the basis of Kernberg's theory of affects, he posited the existence of a primordial affective memory (1976). Feeling-states and cognitions at first evolve together in the young infant because the memories are stored in an interwoven, undifferentiated state. This theory holds that the infant at some later point develops the capacity to distinguish and categorize pleasurable and unpleasurable experiences, as well as the qualities of self and object. The pleasure and unpleasure categories provide the basis for the libidinal and aggressive drives. Once these representational categories are

established, pleasure and unpleasure then serve a signal function for the drives, and increasingly complex drive derivatives will develop.

To Kernberg, drives will always be manifested by wishes in the context of particular object relations, and so all representations involving the drive derivatives have self- and-object representations associated with them (1976). Kernberg described the process of internalization as the creation in the child's psyche of these representational self-object-affect units. These units are comprised of "(i) the image of an object, (ii) the image of the self in interaction with the object, and (iii) the affective coloring of both the object-image and the self-image under the influence of the drive representative present at the time of the interaction" (p. 29). Kernberg attributed variations in the intensity of drives or affects either to constitutional vagaries and individual constitutional differences, or to the impact on the child of his particular environment. The positively valenced interactions (i.e., "libidinal instinctual gratification, as in loving mother-child contact" (p. 30)) all fuse together to form a representation of the "good object". Likewise, introjections taking place under the negative valence of aggressive drive derivatives all fuse together to form the "bad object". Kernberg adopted Hartmann's (1955) concept of neutralization of drive energies, asserting that in normal development positively and negatively valenced self-object-affect units will combine to form more realistic self- and object representations: "The synthesis of identification systems neutralizes aggression and possibly provides the most important single energy source for the higher level of repressive mechanisms to come" (1976, p. 45).

3. Attachment perspective on arousal and affect

While classical analytic theory regards affect as a manifestation of drive that is shaped by ego function, attachment theorists and infant researchers prefer to focus on the expressions of arousal and affect as signals that play a significant communicative role in the caretaker-infant system. The theories of John Bowlby serve as a useful segue between the two perspectives. Although his theories are not completely incompatible with classical analytic views of motivation and psychic functioning, Bowlby shifted the focus of inquiry from sexual and aggressive instincts to attachment instincts.

As Freud did, Bowlby included under the rubric of attachment instincts an assortment of phylogenetically-defined, innate component instincts. These component subsystems all predictably produced physical proximity to the organism's caretaker as their byproduct. Bowlby described sucking, clinging, following, crying and smiling as examples of instinct-produced behaviors that were considered attachment behaviors because they helped to bind the parent-infant dyad as the infant developed (1959). Other functionally equivalent behaviors are apparent at further stages of development, e.g., a 12-month-old's locomotion to mother, or a 18-month-old's visual and verbal bids for contact over a distance (Slade & Aber, 1992). Hence, the attachment system, a higher level system comprised of lower level, proximity-producing instincts, exists at birth to enable the child eventually to form a selective attachment relationship with one or a few caretaking adults.

Explicit in Bowlby's perspective is his view that proximity-producing instincts are selected for in evolution: the greater the parent-child proximity, the less these children are vulnerable to predation, and so the stronger the proximity instincts, the greater the

likelihood of survival. However, Bowlby also implied that greater proximity leads to more dyadic interactions. Such prolonged interactions may be necessary for the intergenerational transmission of information and mental constructs in cases where the infant could not create *sui generis* such constructs as adaptably. Thus, proximity also promotes adaptive learning. As children develop into adults, the goal of the attachment system shifts from proximity maintenance to the establishment of what Ainsworth (1969) later called a "feeling of security".

Implicit in Bowlby's views is the idea that affective displays functioned as important signals to the caretaker. Thus it can be said that such affective feelings arose as part and parcel of the attachment instincts: "causal factors that either activate or terminate [the attachment system] include hormonal levels, the organization and autonomous action of the central nervous system, environmental stimuli of particular sorts and proprioceptive stimuli arising within the organism (1973, p. 82)". Such a statement seems to implicate more the level of simple arousal than organized information processing (i.e., affect) as the controlling force of the intensity of the attachment impulses. In Bowlby's view, the attachment system operated as a "goal-corrected feedback system". When a child is far from mother and/or senses danger in the environment, the child feels in need of comfort and this feeling will activate the attachment system. When the child is proximate to mother and feels safe and secure, the felt need to signal mother to comfort or to provide safety is deactivated (Slade & Aber, 1992).

Bowlby also posited that many important psychic phenomena are best viewed as a function of attachment, and that the attachment system may be seen as the context in

which infants learn, as a general matter, to regulate their arousal and their emotions (see Sroufe, 1990). Attachment phenomena will have an impact on the child's psyche and this impact will give rise to affective behavior as a response: "when interaction between a couple runs smoothly, each party manifests intense pleasure in the other's company and especially in the other's expression of affection. Conversely, whenever interaction results in persistent conflict, each party is likely on occasion to exhibit intense anxiety or unhappiness, especially when the other is rejecting" (Bowlby, 1969, p. 242). For example, anxiety flows out of the experience of separation from the caregiver. Early on, Bowlby (1959) noted that repeated or prolonged separation experiences (actual or threatened abandonment or rejection by parents, or parents' illness, absence or death) would subsequently lead to heightened and chronic separation anxiety. Similarly, grief and mourning reactions are produced, both in children and adults, when attachment behaviors become activated but the attachment figure remains unavailable (Bowlby, 1960). In Bowlby's model, social forces obviously have a prominent, explicitly acknowledged impact on the child's affective life. This theory acknowledges the powerful role played by the caretaker's psyche in co-constructing the attachment system.

In 1973, Bowlby presented a more elaborated theory of motivational systems. Rejecting the Freudian constancy principle, Bowlby suggested that there exist two important motive forces that are kept in a state of dynamic tensions: (i) familiarity-preserving, stress-reducing impulses (which include attachment as well as novelty-rejecting impulses), and (ii) exploratory and information-seeking impulses (which include novelty-seeking impulses). Such a dichotomy is reminiscent of the impulses described in Mahler's developmental stages of symbiosis and separation-individuation (Mahler et al.,

1975). Included among the stress-reducing instincts are the component instincts of another motivational system, the fear system. The fear system also provides an adaptive advantage to children, in that avoidance responses triggered by "natural clues to danger" (darkness, loud noises, aloneness and sudden looming movements) provided an adaptive advantage. This theory clearly described the affects produced as part of the fear system as instinctual in origin, and these fearful affects serve as behavioral motivators.

The interplay between the stress-reducing system and the exploratory system is evident in the child's use of an attachment figure as "a secure base from which to explore" (1969). Infants are motivated to explore their environments, but when they perceive danger, the attachment system is activated and the exploratory system deactivated. Most infants achieve some balance between these two behavioral systems, responding flexibly to a given situation after assessing both the environment's characteristics and the caregiver's availability. Undoubtedly, the child's affective responses are part of these instinct systems, and such responses to the attachment figure as well as to the rest of the environment mediate the degree to which the attachment system is activated in any given situation. In contexts such as the Strange Situation (see below), the existence of *affect* on the part of the infant, as opposed to a mere arousal response, is apparent. The loss of the mother clearly disregulates a previously regulated child. It is not the changing sensory quality of his environment that causes the child's affective display, because the specific differential response to loss of mother is so obvious. When a one-year-old protests the loss of the mother, we can, with appropriate parsimony, assume that the child has some cognition associated with the loss of that specific person, and that it is this cognition that is arousing and triggers the attachment

behavior. To Bowlby, there are certain cues present in particular situations that are inherently fear-arousing in the child. Bowlby listed unfamiliarity, sudden change of stimulation, rapid approach, height and being alone as among such natural cues to danger (1973).

In one of the Bowlby quotes cited above, Bowlby characterized contrasting dyadic interactions as "smooth" or "conflicted". This remark highlights attachment theory's concern with the way the child's attachment instincts are reacted to, and molded by, the parent – specifically, how the parent might respond to the child's affective expressions, and how such parental responses impact the child's affective expressivity. Mary Ainsworth wanted to understand further the relationship between the mother's responsiveness to the child and the style of the dyad's attachment activity. Through her Strange Situation laboratory studies with one-year-olds and their mothers, Ainsworth was able to classify three distinct patterns of mother-infant attachment activity (Ainsworth, Blehar, Water & Wall, 1978):

1. Secure pattern - Parents of secure children have relatively little anxiety stirred up by their infants' attachment signals. Such parents are thus able to stay tuned into their infant's cues, and therefore they can read the cues accurately and respond sensitively (Cox et al., 1993, Isabella, 1993), contingently (Isabella et al., 1989), promptly (Del Carmen et al., 1993) and moderately (Belsky et al., 1984). Upon parent-infant reunion after separation, secure infants may signal the parent over a distance or allow themselves to be comforted by the parent; they can gain comfort and secure feelings from this contact and are soon able to reestablish their exploratory activities.

2. Anxious-avoidant pattern - Parents of avoidant children seem to be made anxious by the infants' affective life, and especially by attachment-related affects and behaviors. Because their experience of their child's affects is too painful (Main, 1985), they show difficulty constructing a responsive relationship with genuine affective engagement, with freedom in play rather than parental control, and with effective comforting or soothing of their infant during times of stress. These parents actively reject their baby's attachment overtures (Ainsworth et al., 1971, 1978), and by age one, their children have learned not to display to their avoidant parent any of the affects associated with distress.

3. Anxious-resistant pattern - Parents of resistant children are unpredictably and insensitively responsive to the infants' bids for comfort. Though not actively rejecting, they are more disengaged and less responsive to infant crying. They also discourage infant autonomy, and are unresponsive or unavailable in free play (Ainsworth et al., 1971, 1978; Cassidy & Berlin, 1994). Affects conveyed by the infant have varying impacts on the resistant parent, spurring the parent to act (or perhaps overreact) on some occasions, but at other times overwhelming the parent into inactivity. Such parents may have medical illnesses, Axis I disorders, or character traits that make it difficult for them to devote their attention for any length of time toward their child's efforts to attach. Resistant infants adopt a strategy of *exaggerating* attachment behaviors because such a strategy the only way to elicit the comforting or protective parental responses that the child desires (Main & Hess, 1990). They persist in attachment behaviors (clinginess, preoccupation with parent) when their parent is present and show great difficulty engaging in exploratory activity and play. They also show comparatively greater distress

on separation: their crying and protests are more uncontrolled and angry, and they appear generally to be more disregulated than infants in the other categories. On reunion, the child does not seem to derive comfort from the reappearing parent and so cannot use the parent as a secure base and focus on exploration or play.

Simply stated, the three attachment patterns represent distinct strategies formed by the infant as a function of the caregiver's patterned reaction to the infant's early attachment behavior and affective expressions; in essence, the three strategies represent three different ways to balance the expression of attachment and exploration instincts. Secure infants can readily alternate between the two instincts. Avoidant infants have adopted a strategy that expresses exploration instincts and inhibits attachment impulses. Resistant infants overly rely on activation of attachment instincts to the extent that they become too fearful or affectively disregulated to implement exploration instincts.

4. Infant research perspective on arousal and affect

In recent years, attachment theory and attachment research have had a significant impact on the infant development research literature and have influenced the way researchers have thought about early emotional and social development. This section will explore the role of arousal and affect in the developmental theories of Daniel Stern and of Beatrice Beebe and Frank Lachmann, infant researchers who have been strongly influenced by psychoanalytic, relational and attachment theories.

As noted earlier, an infant must exist in some state of quantifiable physiological arousal at any given time. Five arousal states have been identified (listed from high arousal to low arousal): crying, alert wakefulness, quiescent wakefulness, REM sleep, and NREM sleep (Emde & Robinson, 1979; Wolff, 1966). Moreover, these states of

activation continuously shift in an ordered and cyclical way. The transitions between these states may represent moments of stress or of changing regulatory requirements on the part of the infant, and the caregiver's regulatory efforts are important in helping the infant cope with such transitions (Brazelton & Als, 1979). The infant's behavior reflects increasing organization of arousal control systems through the first year, "beginning with biologically primed activity, moving on to early instances of learned actions, then passing more rapidly from simple responsiveness to more complex discriminations and finally to behaviors conveying a sense of choice and intentionality" (Lichtenberg, 1983, p. 47, citing Brazelton & Als, 1979). Such control systems involve the infant's maturing ability to self-regulate as well as all the environmental stimuli that will impact the infant's physiological and psychological states. Lichtenberg's above description implicates the increasing organization of lower level regulatory systems into higher level ones so that these systems may fully address the infant's changing needs and cognitive capabilities.

a. Daniel Stern

As most infant researchers would acknowledge, the maintenance of a particular range of arousal levels is an important task for the infant; moreover, the mother has a key role in regulating the infant's arousal. Stern noted that for each infant at a given point in time there exists a range of excitation that the infant will experience as pleasurable (and as Stern and Beebe both put it, "optimal"). It is within such a well-regulated range that infants can maintain a state of "alert inactivity", i.e., they are not preoccupied with their internal arousal state and can thus turn their attention to, and learn about, external events. However, when the infant's level of arousal moves above the optimal range, the infant experiences this movement as unpleasant, and begins to show specific disregulated

behaviors. When the level of arousal moves below that range, the infant becomes uninterested and the experience stops being pleasurable (Lichtenberg, 1983).

Both the infant and the parent have the capacity to adjust the level of stimulus received by the infant such that the infant's arousal can stay within this pleasurable range. The caregiver can modify the baby's excitement level by adjusting the way it stimulates the baby – for example, by controlling the quantity and dynamic range of facial and vocal expressions, gestures, tactile and proprioceptive stimulation, etc. It is up to the caregiver to develop the skill of assessing the infant's current level of excitation and predicting the direction in which it might go. From the start, the infant has the capacity to regulate the stimulus input as well (see, e.g., Brazelton, Koslowski & Main, 1974; Fogel, 1982; Stern, 1977, 1974). The infant will stop feeding when it has been fed an amount sufficient to trigger certain physiologic changes. It can produce orienting behaviors toward a stimulating person or thing, and it can withdraw or turn away from it in favor of something else. Its bodily actions – physical exertions like postural tensing, arm-flapping or kicking, as well as oral self-comfort, self-clasping or rocking – can provide a certain amount of self-stimulation to raise arousal in the absence of other stimulation or lower arousal by competing with other stimulation. Finally, its facial expressions and body activity can serve as signals to the caretaker that the caretaker uses to gauge level of arousal (e.g., Beebe & Stern, 1977).

Dynamic systems theory provides a useful perspective on the dyad members' regulation of arousal (e.g., Beebe, Jaffe, Lachmann, Feldstein, Crown & Jasnow, 2000; Brazelton, Koslowski & Main, 1974; Tronick, Cohn & Shea, 1986): both the mother and infant potentially possess the tools for both self-regulation and mutual regulation. The

system itself is dynamic, in that the system can remain stable while flexibly handling the variety of self-regulatory and mutual-regulatory strategies of the members, given the predispositions of the members as well as the vagaries and exigencies of changing real-life circumstances. This systems view has been commonly held by infant researchers over the years, i.e., that the parent and child form a system in which "each partner is viewed as having separate competencies which affect the other's behavior and as initiating and reinforcing the behavior of the other" (Emde, 1980, p. 89).

According to Stern (1985), a newborn infant possesses the cognitive apparatus necessary to form a rudimentary sense of self and other. Environmental interactions in the postnatal period produce perceptions, sensory and motor reactions, memories and other cognitions, and postnatal infants are able to detect and remember features of their sensory experiences and to categorize the patterns it observes. Stern identifies "affect" as part of these infants' engagements with the real world; by the age of two months, the infant has felt many internal affective experiences, "joy, interest and distress, and perhaps surprise and anger (1985, p. 89)". Eventually the infant also comes to understand that others have their own agencies, physical boundaries, affective experiences and histories. By age seven-to-nine months, the infant clearly orients his attachment behavior toward the caretaker, generally expects the caretaker to be a source of regulating stimulation and anticipates the caregiver's contingent sensory stimulation, and is often readily engaged in ongoing, "chained" and even synchronized interactions. Such infants also desire to share their focus of attention, intentions, and affective states.

Stern identifies "affective sharing" as a way in which one dyadic partner's affect is transmitted to the other. For example, an infant encountering highly stimulating toy

looks toward the mother, ostensibly "to see what [he] should feel, to get a second appraisal to help resolve their uncertainty (1985, p. 132)". If the mother smiles, the infant approaches the toy. If the mother shows a fearful expression, the infant retreats from the toy. This infant did not simply alter his arousal in a reflexive or conditioned response to the mother's facial expression. Rather, the infant perceived the mother's affective state as qualitatively relevant to his own and thus adopted the mother's affect. Stern interprets the infant's turn toward the mother not simply as attachment behavior but as a bid to the mother to help him decide what affect to feel.

b. Beebe and Lachmann

It has been observed that, from birth onward, an infant's behavior has the effect of stimulating his caretakers into engaging interactions. Such reciprocal exchanges take place even on a moment-to-moment basis. By age ten days, a mother can count on consistent eye-to-eye contact as the baby experiences such interactions with regularity. By four weeks, the baby will provide cues such that the mother will know when she can prolong the baby's attentiveness to playful interactions. Over time, the mother and baby extend the duration of such ongoing contacts until, by three months, they have become reciprocal conversational "games" (Stern, 1977). These sorts of face-to-face social exchanges between mother and infant have been analyzed extensively by infant researchers using time-series analysis to assess the facial or vocal synchrony in the dyad (e.g., Isabella, Belsky, & von Eye, 1989).

These studies all found robust evidence that bi-directional regulation indeed takes place, i.e., that both mother and infant take their expressive cues from one another, as reflected in the facial-visual changes of both the mother and the baby (Beebe, 1982;

Beebe & Stern, 1977; Cohn & Tronick, 1988; Stern, 1971). Moreover, each partner is shown to be extremely sensitive to the durations of the other's behavior, and each tracks and matches the behavior of the other on a moment-to-moment basis (Beebe, Jaffe, Feldstein, Mays & Alson, 1985; Jaffe, Beebe, Feldstein, Crown & Jasnow, 2001). The timing of the dyad's vocal interactions likewise reflects bi-directional regulation in this same closely monitored way (Beebe, Jaffe, Lachmann, Feldstein, Crown & Jasnow, 2000; Jaffe, Beebe, Feldstein, Crown & Jasnow, 2001). Young babies were thus shown to be capable of anticipatory processing of sensory information such that they can predict new stimuli as part of a series, i.e., the infants had the ability to automatically extract from such temporal sequences data about the nature of the serial pattern (Haith, Hazan & Goodman, 1988).

Beebe and Lachmann (2001) infer that the ways in which the dyad coordinates to synchronize the timing and the dynamic envelope of such behaviors "provides each a behavioral basis for knowing and entering into the partner's perception, temporal world, and feeling state" (p. 111) (see Beebe, Jaffe, Feldstein, Mays & Alson, 1985). In this view, the tendency for one dyadic partner to match the behavior of the other leads that partner to feel the same as the other. Ekman (1983) found that voluntary movement of facial muscles in imitation of affects produced the autonomic states associated with those affects. Beebe and Lachmann cite this study to support their belief that it is this very act of matching that generates the corresponding affective state. It must be noted, however, that in their book (2001) they use the term "affect" to include any feeling state. Indeed, in their definition of arousal and affect, they state that they use affect to mean the outward display associated with any given arousal state. In contrast to Stern, they do not

explicitly attribute to young infants affect states such as anger, sadness, or joy, much less assert that the infant can read, understand and replicate internally such affects when it observes them in the mother.

Beebe has used recent studies which microanalyze face-to-face mother-infant interactions to support a link she identified between the level of dyadic vocal turn-taking coordination and the infant's attachment classification. Researchers have shown that there exists a turn-taking pattern in mother-infant spoken interaction similar to that of adult interaction, where "switching-pauses" mark the boundaries of the turn exchange. Such pauses are "coordinated" when each partner pauses for a similar duration before the other speaks (see Beebe, Alson, Jaffe, Feldstein & Crown, 1988). Beebe used an infant's turn-taking coordination as a surrogate for the infant's level of comfort with mutual-regulation strategies generally. Given such an assumption, one might expect high vocal coordination by the infant to be a sign of a resistant pattern, i.e., the high focus on mutual regulation strategies indicates previous success with mutual regulation as compared with self-regulation. By the same token, low vocal coordination by the infant might be a sign of an avoidant pattern because the low focus on mutual regulation strategies indicates poor success with mutual regulation as compared with self-regulation strategies. Such hypotheses would mirror the assumptions underlying the attachment classifications themselves, i.e., that a preponderance of attachment (i.e., mutual regulation) strategies over exploratory (i.e., self-regulation) strategies define the resistant style, and the opposite balance defines the avoidant style.

It would reasonably follow that a midrange level of coordination would encourage both attachment and exploratory sets of behavior, i.e., equal facility with self-regulation

and mutual-regulation strategies. One could argue that a secure child would have comfort with the widest assortment of regulatory tools and would thus experience fewer highly disregulated episodes, as compared to infants that lean on attachment/mutual-regulation or exploratory/self-regulation (see also Warner, Malloy, Schneider, Knoth & Wilder, 1987). Beebe and Lachmann (2001) refer to a number of studies which bear out this "curvilinear prediction of attachment" (e.g., Belsky, Rovine & Taylor, 1984; Isabella & Belsky, 1991; Malatesta, Culver, Tesman & Shepard, 1989).

Beebe's data not only supports the idea that midrange levels of attunement are to be found in secure dyads, but that high infant monitoring and tracking of the mother implies the resistant infant's development of high instrumental social effectiveness at the expense of self-regulation. It is this skewing of regulation skills that accounts for the resistant child's vigilance and preoccupation with the mother's displays and behaviors (Jaffe, Beebe, Feldstein, Crown & Jasnow, 2001). By contrast, low monitoring and tracking of the mother is characteristic of a child whose mother did not allow herself to be regulated by the child, but whose mismatches, intrusions and efforts to control the infant have left the infant with little instrumental effectiveness. Thus, these avoidant infants have been found to tune-out mother's gestures, to initiate fewer of their own interactions, and to instead implement mostly self-regulation strategies (Tronick, 1989).

As a transition to the next chapter on representations, it would be useful to highlight a point made by Joseph Lichtenberg (1983) about the relationship between affects and representations, which point harkens back to Brenner's (1983) definition of affect as comprised of sensation and representation. Lichtenberg noted that inherent in certain affects is the concept of (i) self-as-agent (ii) reacting in a particular way (iii) to a

present, psychically meaningful object. Love, anger, cruelty, concern, gratitude and envy are good examples of such affects. In order for it to be said that the child experiences such affects, the child must be able to make and integrate the requisite representations of the self, the object and the meaningful, directed act. Lichtenberg contrasts two "cruel" behaviors in the following example:

> A nine-month-old boy crawls across the room, grabs a toy out of the grasp of another infant, and pushes the other child down in the process. This action may appear cruel, but it is not psychically so in its meaning. The infant's goal is the toy, his assertiveness probably lacks both a representation of the self as director of the effort and a representation of the other infant as a person to whom something "cruel" has occurred. [By contrast,] the symbolically oriented cruelty of the older toddler involves the self represented as agent, acting to relieve situationally triggered, pent-up frustration and anger through the perpetration of a cruel act (1983, p.65, citing Parens, 1979).

In essence, Lichtenberg argued that some infant behaviors *seem* to be behavioral antecedents of affective experiences. That they appear to be manifestations of affects themselves helps to draw the parents into emotionally connected relationships with their children. Nonetheless, the infant cannot be considered to have experienced the affect itself until it develops the capacity to represent psychically the intentions or desires directed from the self toward an object. There is still much debate about the nature and timing of the birth and integration of such representational capacities.

B. Representations

In the last section, the terms "arousal" and "affect" were discussed to explore their physiologic and psychic origins, and to present theoretical hypotheses regarding the role of arousal and affect in the infant's and the dyad's psycho-physiological regulatory system. In complex organisms, the regulation of arousal requires more than simple stimulus-response reflexes to effect a rich variety of interactions with the environment.

The more that stimulus-response-outcome data can be processed in a complex and organized way, the more likely the organism can meet its changing needs from a potentially changing environment. When such data can be stored over time, and when various abstractions and inferences about it can also be stored, then the organism can potentially form flexibly organized strategies to adapt to changing environmental conditions. As adaptive strategies are formed, data about the organism in interaction with environment must be represented in the "mind" of the organism. At such a point, the organism can be said to form mental models of reality as it experiences it.

This dissertation focuses on a particular class of enactments. When analytically-influenced theorists want to understand what it is that gets enacted – what internal models or schemas the patient seeks to actualize in the transference – many conclude that such schemas are formed out of some amalgam of the patient's past sensations, wishes, fantasies and experiences with important others. Such intrapsychic and interpersonal experiences are processed, abstracted and stored in the individual's memory as "representations". If provocative enactments are to be viewed as the patient's attempt to actualize a particular sort of internal model or schema, then the origin and the development of these internal models must be understood.

All views of the theorists reviewed in this section support the idea that early representations can impact the way individuals meets their intrapsychic needs in later life. These theorists all view representations as the means by which the individual stores not just affective experiences and strategies to regulate those affects but evaluations of the individual's own success and failures in fulfilling his intrapsychic needs and wishes. Each theoretical approach has a somewhat different view specifically of what those

individual needs are; in addition, each approach emphasizes and elaborates upon different attributes of the representations: attributes of the individual, of the dyad partner, and of the interaction itself. Early in the history of psychoanalysis, Freud posited that the excess of endogenous libidinal and aggressive energic forces gave rise to mental representations of these energies and of the successful discharge of the energies. Although the generation of such energies was biologically determined, the representations of self and objects were tempered to some extent by the individual's real attempts to utilize others in the environment to regulate those energies. Hartmann, Klein, Jacobson and Kernberg took this point of view, and went on to elaborate upon the contents of self- and object representations and to theorize about the mechanisms by which representations develop; though Freud did not deny the role of real caretaking experiences in his theory of representations, these subsequent analytic theorists explored in more depth the way the real relationship impacted the development of representations. Sandler, Fairbairn, Kohut and Bowlby, all erstwhile Freudians, more or less rejected the idea that the individual's primary motive forces were libidinal and aggressive energies. Nonetheless, they did not reject the idea that there existed primary motive forces; these theorists chose to recharacterized these internal forces as the individual's instinctive need for "safety", "object-seeking", "selfobject" functions, and "proximity-seeking and exploration", respectively. In their view, the motive forces still required a caretaking other to help regulate them, and the caretaking played an important role in shaping the individual's representations. Sandler and Bowlby also elaborated upon aspects of the representational world that can be called "cognitive": Sandler emphasized that the importance of the "role relationship" in the representation, i.e., of the contents of scenarios played out between

the individual and an other to meet the individual's goals. Bowlby, and later infant researchers such as Dan Stern and Beatrice Beebe, emphasized that individuals form expectancies about the outcomes of potential dyadic interactions based on past dyadic successes and failures; he noted that such expectancies are also important parts of a representation.

1. Endogenous events, environmental responses: Psychoanalytic views of representations

a. Freud

According to classical psychoanalytic theory, caretakers serve a primary psychic purpose for the individual is that they help to discharge the individual's drive tension. The individual's motivation for cathecting the object is heightened by the individual's state of internal tension which is patterned by the parent. Only insofar as the infant has had repeated caregiving experiences that yield satisfaction will the infant cathect the mother as an object (Freud, 1926). As previously described, libido creates the psychic wish for discharge. Actual discharge experiences are stored as memories of perceptions that have been associated with such excitations and their means of discharge. The psychic apparatus will then attempt to reinvoke the satisfying experience when that specific excitation returns. Thus the activity of the drives causes the mind to generate representations of such experiences of drive tension and the associated means of drive discharge (see 1900).

However, from the outset, psychoanalysis was a psychology of conflict: Freud's theories focused on the crucial role played by intrapsychic conflicts as determinants of the particular qualities of drive derivatives. The individual could not always act upon drive-derived wishes. Sometimes the sexual drives competed with one another. But

more often, libido was in conflict with other forces that related somehow to social reality. This social reality was at various times described as the external circumstances and/or morals and ethics that comprise "dominant mass of ideas constituting the ego (i.e., conscious ideas) (1895), "organic sexual repression" (1905, 1906), the self-preservative ego instincts (1905), reality factors (1911b), and "the self-respect of the ego" (1914). In some form of another, classical theory always assumed that social reality was represented in some part of the ego. In 1911, Freud described the emergence over time of particular ego functions – perception, cognition, memory, reality testing (akin to Hartmann's "primary ego apparatus" (1939)) – that help the organism postpone drive discharge until an appropriate object is available. Frustrations experienced in the course of such postponement helped form the part of the ego that operated according to the reality principle (1911b). In Freudian theory circa 1911, the personal, veridical qualities of those caregivers who served as objects were of relatively little consequence as compared with the individual's perception of the object, as influenced by the internal climate of the individual.

In On Narcissism (1914), Freud described the existence of an "ego ideal" that constantly watched and measured the activity of the ego. The ego ideal arose from the "critical influence" of parents, of teachers and trainers, and of public opinion. However, Freud did not attempt to explicate the specific mechanism by which the moral values and other qualities of these important others are internalized. Starting in Mourning and Melancholia (1917), Freud presented a theory of structure formation in which real object losses led to the identifications that help comprise the ego and superego. He described how, in the normal course of adult life, the real slights or disappointments by an object

could sometimes lead to decathexis and the subsequent formation of cathexes to different objects. However, when such new cathexis would be too conflictual or where energy otherwise could not be bound to the object, the initial decathexis is followed by a withdrawal of libido into the ego. Such withdrawal somehow creates an identification by the ego with the abandoned object: "The narcissistic identification with the object then becomes a substitute for the erotic cathexis, the result of which is that in spite of the conflict with the loved person, the love-relation need not be given up (p. 587)." Freud implied that such loss was the basis for the normal identifications that take place in the course of child development.

Freud later elaborated that this form of identification can be triggered by the loss not just of the genital love object, but also of any one of the pregenital part objects – the uterine environment, breast, feces, etc. (1923). This series of losses culminates in the oedipal crisis, i.e., the threat of loss of the genital object. The healthy resolution of all these crises of loss could only be effected by the child's renunciation of the cathected object of sexual aims. All of these losses come to bear on the creation of the superego. The internalization resulting from effective resolution of the oedipal crisis would give rise to the superego in its mature form. Only when the whole object has been effectively internalized is the child is able to fantasize and imagine the values and images of his parents. These internal imagoes are only then able aid the ego in the channeling of drive energies in the way that external objects formerly did (1940). The superego as an internal representation of the object thus serves the same function as the real genital object. (It is important to emphasize that the representation is not that of the veridical, real object, but rather the real object filtered through the child's own excitement, his wish to maintain a

precious body part, etc.) Freud made efforts at various times to discount the importance of the real parent-child relationship by asserting that the severity of one's superego has little to do with actual severe behavior by the object. Such severity is proportional to one's constitutional level of libido and aggression as kindled by the object. Constitutionally-produced severe anger existed because the outward discharge of anger was blocked by erotic fixation and external difficulties (1930), and thus the accumulation of anger is a measure of the strength of the defense used against the object renunciation necessary to resolve the oedipal crisis (1933).

b. Hartmann

Hartmann's contributions to classical theories about representations are included here for two reasons. First, Hartmann's focus on the ego's orientation to reality highlighted the analytic community's growing interest in the role of "real object" experiences in the formation of object representations. Second, Hartmann was one of the first analytic theorists to identify the "self" as a distinct component of the individual's representational world. As mentioned in Section A, Hartmann believed that the ego's connection to reality was biologically determined: the ego existed from birth and, to some degree, functioned outside of the life of the instinctual drives (though it is almost immediately pulled into conflict with the drives). In essence, the infant was born with ego apparatus that was innately capable of processing and representing reality. Moreover, the primary challenge of the organism is its adaptation to, and collaboration with, a larger ecological system, of which the social environment is an important part (1939, 1956). Hartmann also referred to the way parents can pass on their distorted pictures of reality to their children via parental control of pleasure and pain (1956). In

1950, Hartmann actively undertook to revise Freud's 1914 model of narcissism to accommodate it to Freud's 1923 structural theory. Hartmann understood narcissism to be the libidinal cathexis of the "self" rather than of the ego. In this work, Hartmann identified the self (i.e., a self in interaction with objects) as a coherent representation of its own, a distinct psychic construction growing out of the individual's experience in much the same way as object representations do.

c. Klein

Melanie Klein was another analytic theorist who sought to find a place in the development of representations for both fantastic object images as well as the real traits of the object. She introduced the idea that the individual's representational world is a product of the continual interaction of innate object images with real-world object experiences. According to Freud, drives produced tension; the first instances of gratification left memories traces that the unconscious used at some later point in psychic development to generate fantasies and impulses to achieve future satisfaction. By contrast, Melanie Klein proposed that actual experiences of stimulation and gratification did not produce the first internal object images; rather, at birth the drive system produced *a priori* images of the outside world. In other words, early object representations are inherently a part of the drive system itself (1930). Klein's belief was an outgrowth of the idea that the human psyche inherently contained specific memory traces and images that were not based on the individual's actual life experiences. Rather, these a priori images were part mankind's phylogenetic inheritance (see Freud, 1912; Jung, 1954). In her view, the death drive (among its various manifestations) naturally projected its destructiveness outward at birth, giving rise to the internal representation of a bad object.

The infant could then have an object onto which it could subsequently channel some of its destructive energy. Likewise, libido is naturally projected outward at birth, creating a good object, at which loving impulses could subsequently be directed (1932). These innate self- and-object representations were comprised of images of part objects (e.g. body parts) as well as of whole objects, along with representations of the phantasied self-object relationships. Perceptions of real-life part and whole objects were necessarily colored by the projection onto them of the a priori images (1932).

In 1946, Klein elaborated by saying that the excitations of the death instinct are innately experienced as attacks by something foreign, apart from any specific mechanisms of projection and reintrojection. However, the physical tensions and discomforts resulting from the frustration of bodily needs are also experienced as attacks by this same foreign force. Such sensations are "felt as fear of annihilation (death) and takes the form of fear of persecution.... [Attaching] itself at once to an object, ... it is experienced as the fear of an uncontrollable overpowering object" (1946, p. 4). Thus, the child's psychic life is characterized by a very real dread of the bad objects destroying, devouring, mutilating or poisoning him (Klein, 1930). By the same token, pleasurable sensations such as comfort and security are also felt to come from external forces, i.e., the good object (1952).

At some points in Klein's writing she asserted that the child's fear of his early objects is simply proportionate to the frequency and magnitude of endogenous aggressive drive activation. The particular nature or flavor of these objects in phantasies is likewise specific to the child's own instinctual constitution (1933). However, there are other points in Klein's writing where she also emphasized that real others in the infant's

external world are constantly internalized merely by the child's contact with the real world. Moreover, all of the child's real world experiences and situations are internalized, not just those in interaction with people. Internal objects can thus be established in a reality-based way as well, where these imagoes can then also be projected out onto external figures (1935). The child's internal world thus "consists of innumerable objects taken into the ego, corresponding partly to the multitude of varying aspects, good and bad, in which the parents appeared to the child's unconscious mind." (1940, p. 301).

Klein suggested various interactions among the reality-based imagoes and the drive-generated ones, including cycles of projection and reintrojection, in the evolution of representations over time. For example, reality-based introjects, once formed, can then be distorted through the child's projection of drive impulses onto them. At their core, these object images contain features of the real mother and father, but grossly distorted into figures of an "incredible or phantastic character" (1933, p. 268). Alternatively, early, harsh, punitive drive-generated imagoes derived from the child's destructive impulses might be overlaid or blended with subsequently-arising reality-based imagoes of the real parents that are benign because the parents' real behavior toward the child was kind and benevolent.

In any case, in the healthy development of the psyche, the severity of harsh early objects is ameliorated by the perception and internalization of later kinder images of real caregivers. According to Klein, the cycle of projection and introjection of objects has caused their internal representations to develop. In this way, the simple, split internal world is gradually transformed by reality into a less polarized, more complex and nuanced one. However, if interactions with real-world objects merely confirm the

infant's early experience of the object world as polarized (i.e., persecutory versus idealized), the projective and introjective interaction with the real world will simply reinforce the primitive split quality of the internal objects. In this case, the internal objects will not evolve and integrate, but will instead retain their polarized quality as the child develops. Though the basic premises of her theories do not seem to require this, Klein showed a tendency to view bad representations as endogenous and good representations as exogenous. As Freud did, Klein focused on internal, constitutional sources of unpleasure, whereas real others in her theories typically served as positive forces that can ameliorate internal bad feelings. Klein seemed to minimize the pathogenic significance of parental anxiety, ambivalence, and character pathology (see Mitchell, 1981).

d. Jacobson and Kernberg

As compared to the other analytic theorists discussed thus far, Edith Jacobson and (later) Otto Kernberg created a much more central role for the evolution of distinct self- and object representations in the development of psychic structure. The child's actual frustrating and disappointing experiences with caretakers also serve a comparatively more important function in Jacobson's and Kernberg's view of the development of representations, and these theorists went further to identify distinct developmental stages. Jacobson posited a crucial distinction between two drive derivatives produced by parental failures: a mother who does not respond adequately to infant needs "frustrates" the infant, in that the infant experiences a great deal of undischarged *libidinal* tension. But in addition, such an infant is also "disappointed" (1946), i.e., the failure also kindles *aggressive* energies against the object. It is this latter aggressively-tinged reaction to

parental failure that creates in the infant the desire to expel the object or get away from it, and inevitably to devalue it. As Klein had emphasized, Jacobson believed that real object experiences interact with drives to create and modify object representations. In accord with Hartmann, Jacobson also conceived of a "self representation" distinct from the ego, as an idea of oneself that could be cathected in varying degrees and the content of which is shaped by experiences and memories of real interactions with others.

Jacobson described the normal development of introjects, and ego and superego, as taking place in a number of stages which closely parallel Mahler's developmental stages (Mahler & Furer, 1968; Mahler, Pine & Bergman, 1975): (i) starting at birth there is an autistic phase in which the ego and the libidinal and aggressive drives are all undifferentiated, and where self- and object representations are similarly fused; (ii) there follows a symbiotic phase in which pleasurable caretaking experiences lead to the emergence of the libidinal drive (see discussion of Kernberg's theory in Section A), and to libidinal investment in this not-yet-differentiated ego structure; (iii) a separation/ individuation phase follows in which the child begins to distinguish the self from the outside world and in which self- and object representations begin to separate and cohere into two distinct entities. To the extent that harsh disappointments take place at this time, *refusion* defenses will be activated: libidinally-invested ("good") self- and object images will be merged into one idealized self-object entity experienced as a wished-for but unattainable goal, and aggressively-invested ("bad") self- and object images will be merged into a second devalued entity to hold the hated qualities of self and other (Jacobson, 1964). Thus, some splitting is normative to this stage of ego development (Kernberg, 1966).

Such polarization at first results from the immature early ego's simple incapacity to understand and contextualize good and bad feeling states. Later, however, such polarization reflects a more energetic defensive effort to split off and deny the infant-caretaker failures and the associated representations. The goal of this effort is to stanch the generalization of destructive (i.e., aggressive) anxiety generated by such failures and to protect the valued, positive introjects that comprise the ego core from potential devaluation (Kernberg, 1980, 1975). Disappointing real experiences will make the child desire to recapture yearned-for symbiotic experiences, and he will introject images of relationships between the good self and object. At the same time, denial and projection of bad representations helps the child keep painful feelings out of consciousness. Kernberg refers to the bad representations characteristic of this stage of development as "sadistic superego forerunners".

According to Kernberg, when the child matures in a healthy way, his cognitive and physical abilities expand and the nature of his real interactions with his caretakers will become increasingly contingent and variable. Good and bad self images will integrate, and good and bad object images will integrate. Such integration is reminiscent of Klein's theory that perceptions of real-world interactions will ameliorate polarized early endogenous object images. As these representations become more realistic and complex, the child's ideal self- and object images become more realistic and "higher level". These ideal images follow on the one hand from the child's aspirations to achieve greater instrumentality, but on the other hand these aspirations are tempered by the growing reality-based awareness of his own abilities and limitations.

Nonetheless, the motive behind such integration and maturation of representations still springs from the child's archaic hope that he might instrumentally attain an ideal symbiotic (i.e., merged) level of connection with the mother (Jacobson, 1954; Kernberg, 1966). It is out of the child's efforts to reconstitute this symbiotic relationship that a more benign fusion of ideal self- and object representations (including unrealistic, magical and omnipotent properties of the parents) takes place. From this fusion is formed the "ego ideal". At the same time, the child comes to devalue and reject those aspects of caregiver interactions that are disappointing, and in this way autonomy is fostered and the ongoing process of differentiation of self from objects progresses. As part of those identifications that result from successful resolution of oedipal conflicts, the ego ideal is incorporated into a mature superego, an entity clearly separate from the ego. In this mature superego, the harshness of the early sadistic superego forerunners is neutralized by the addition of the ego ideal. Once the sadistic superego forerunners and the ego ideal successfully integrate, the realistic demands and prohibitions of the caretakers can be internalized (Jacobson, 1964).

As Klein did, Kernberg noted that the development of object representations is greatly impacted by abnormally disregulating real-world infant-caregiver experiences. In such cases, sadistic superego forerunners cannot be ameliorated because tempering real-world experiences are absent. Rather, these harsh introjects continue to be reinforced by high levels of experienced frustration and disappointment. As a consequence, the harsh introjects are either incorporated into the superego in a more segregated, split-off way or they are reprojected through the creation and preservation of "bad" external imagos. Through such projective means, self images can remain all-good, and good object images

remain pristine, perfect and idealized, unmodified by what in the normal course of development would be the accommodation of "integratable", non-overwhelming levels of frustration and disappointment. Such normal gradual accommodation would in turn allow the child to develop an ego ideal realistically adapted to parental goals and demands.

Kernberg (1993) also described how disregulating object experiences can lead to development of self representations peculiar to narcissistic pathology. Such representations are formed out of a defensive fusion of the "real self" with ideal self- and object representations. The child forms this fused product to help his overwhelmed immature ego defend against "an intolerable reality in the interpersonal realm.... In their fantasies, these patients identify themselves with their own ideal self images in order to deny normal dependency on external objects and on the internalized representations of the external objects (1975, p. 231)." Kernberg clearly implies that in such cases (i) the child has formed a strong association between his own dependency needs and frustrating/ disappointing outcomes, (ii) the child has clearly identified the caretaker as the source of the frustration/disappointment, and (iii) the resultant aggression experienced by the child is so overwhelming that the child's nascent ego cannot effectively regulate it alone.

e. Sandler

Joseph Sandler's study of the individual's representational world not only questioned the primacy of drive as a motivator, but also gave more emphasis to the *roles* played by the parties to the relationship, as distinct from the self- and object representations themselves. In the tradition of ego psychology, Sandler's early view of representations based them squarely in the domain of innate cognitive (i.e., ego)

processes (e.g., Sandler & Rosenblatt, 1962). Accordingly, representations enabled the child to perceive and organize various drive-related sensations so that the sensations would have meaning. However, Sandler also tried to make a place in his psychoanalytic model for human motives other than drive, e.g., the need for safety (1960; Sandler & Joffe, 1968). By 1978, Sandler's own theory of motivation explicitly stated that drive was only one out of several possible sources of impulses or wishes. In this theory, wishes could be kindled by drive energy but wishes could also be generated directly by endogenous processes other than drives and even by purely exogenous real-world interactions. Most important to this theory, every wish is comprised of a self representation, an object representation and a role relationship, i.e., a representation of the interaction of self with object. Thus, object relations encompassed much more than the by-products of the drive system. Sandler explicitly rejected the primacy of gratification-seeking aims as motivators; rather, *all* wishes have relational components, and so the search for objects and the search for gratification is inextricably intertwined in the representational system (Sandler & Sandler, 1978).

Sandler formulated his own model of the development of the representations. In this model, infants start out being able to experience pleasure and displeasure states. They also possess the sensory, cognitive and motor apparatus necessary to engage and respond to real objects. Sandler (citing Trevarthan, 1977) referred to the complex coordinated interaction and dialogues between infant and caretaker as evidence of an "innate intersubjectivity". At the outset, pleasure and displeasure states are represented in the infant's mind as simple split objects that Sandler called the "primary affective

objects". At this stage, the infant will attempt to maintain and prolong his relationship to this

> constellation of pleasure, well-being and feelings of safety [i.e., the primary pleasurable affective object]. Simultaneously, he will attempt to obliterate from his experience the other major primary affective object, i.e., unpleasure and pain. [T]he child does not initially try to get rid of feelings of unpleasure by projecting them into the 'external' world, but rather [he] simply tries to make them disappear (Sandler & Sandler, 1978, pp. 287-288).

Sandler drew an analogy between the relation of self to these split objects and the classical view of the movement from primary narcissism to object relatedness (e.g., Freud, 1914) where, in the course of object cathexis, departure from the primary pleasurable relationship sometimes gives rise to the infant's vigorous attempt to recover that primary relationship. Part of this vigorous attempt to return to a state of certain pleasure is the wish to obliterate all painful feelings. This latter destructive wish mobilizes all the infant's resources to this end, including the infant's aggression.

As development progresses, the infant links his repeated experiences of a particular caretaker with this pre-existing primary affective object. After later refinement of boundaries between self and object, the child will still attempt to restore his relationship to the earlier pleasurable affective states by recruiting his caretaker to this end. These "return to pleasure" wishes are incorporated into the interactive behavior patterns and dialogues which have developed over time between infant and caretaker. In this way, what were once more primitive wishes evolve to contain the representation of the interaction or dialogue between self and object, as well as the self- and object images themselves. Sandler pointed out that after a certain point in development, this relationship can be recreated as a wholly internal dialogue in the child's conscious or

unconscious fantasy life. This ongoing desire to regain the good object and obliterate the bad object will lead to "the striving toward actualization" that Sandler identified as the motivation behind enactments, will be discussed in the Section C.

f. Fairbairn

The British Object Relations school began in the 1920s out of the discomfort of some with the perceived overemphasis in the psychoanalytic canon of the individual's psychic life; this school noted a corresponding underemphasis of the real needs of the child for the caretaker and of the real qualities of the caretaking relationship. Some in this school felt that what had been taken for primary motives (libidinal and aggressive drives) were in fact by-products of the impact on the individual of failed caretaking. Of all the theorists presented thus far, W. R. D. Fairbairn had most definitively rejected the Freudian concept of drive. For Fairbairn, representations did not simply loom large in an otherwise drive-based theory, as they did for Klein and Jacobson. He did not even see the drives as part of a larger model of motivation, as did Sandler and Bowlby. To Fairbairn, drives and other instinct systems did not merely organize quickly around attachment and attachment figures, as Bowlby would claim. Rather, there existed no primary sexual and aggressive drives at all in Fairbairn's theories. The primary human motivation was fundamentally "object-seeking" (1941). All forms of gratification existed merely as "signpost[s] to the object" (1952), i.e., modes or techniques of dealing with the object. "The real libidinal aim is the establishment of satisfactory relationships with objects" (1946, p. 146), so, for example, Fairbairn felt that all oedipal difficulties were rooted in underlying ambivalence to mother stemming from depressive period conflicts. In fact, in Fairbairn's view, *all* instincts exist solely to cause infants to seek real objects

(1941), and in this sense he can be considered to be part of Bowlby's lineage. Given Fairbairn's view of human motivation, it stands to reason that his theoretical model must require that objects somehow be represented internally from birth.

Fairbairn also rejected Freud's structural model, and replaced it with a model of internal structure in which the development of representations relied primarily on the quality of parental caregiving, specifically identifying two discrete representational categories of bad-object experiences – one for an overstimulating object and one for an understimulating object. In Fairbairn's model, the only internal structure is his version of the "ego", a form of self representation or sense of self. This ego can exist in various possible states of fragmentation, where each fragment has an associated object representation. Fairbairn's last view of the development of internal objects (1951) held that the first object to be internalized is the "pre-ambivalent object". Very early in infancy, the ego exists in its original undifferentiated, unsplit state, and is completely directed toward actual real-world experiences. Fairbairn called this original ego the "central ego". However, ambivalence quickly arises in the ego when it inevitably senses that unsatisfying as well as satisfying experiences are to be associated with this original internal object image. According to Fairbairn, the child's desire to maintain object relatedness is paramount, so that "if a child's parents are bad objects, he cannot reject them ... for he cannot do without them. [I]f they neglect him, his need for them is [merely] increased" (1951, p. 111). Thus, the existence of unsatisfying aspects of the caregivers – their intrusiveness, emotional absence, or unpredictability – pose a great dilemma for the child. He cannot do without parental connections, yet aspects of his experience with them can be very painful.

Therefore, as a defensive measure to preserve the illusion of the infant's connection to good real-world parents, the original object image splits into three objects: two bad and one good (1943). Real experiences with caregivers are thus placed into discrete categories and their representations dissociated from one another. The enticing, over-exciting (overstimulating) qualities of caregiver interactions cohere into a bad internal "exciting object". The depriving or frustrating (understimulating) qualities of caregiver interactions cohere into a bad internal "rejecting object". Correspondingly, pieces of the outer-directed original ego split off and turn inward to cathect to the exciting and to the rejecting internal objects, and these internal object relationships. These split-off ego pieces are called the "libidinal ego" and the "anti-libidinal ego", respectively; however, these internal object relationships are repressed. After this splitting, there still remains a nucleus of the original object from which all the unsatisfying elements have been split off, and so it exists only as an "ideal object", and the central ego is cathected to it. This good object is not subject to repression in its association with real-world caregivers (1951). Though the function of this tripartite ego, good aspects of the caregiver stay conscious, while the bad aspects are repressed.

The libidinal ego is comprised of the child's self experiences of unfulfilled longing (e.g., due to unrealized promises and enticements), to the extent that real situations of such longing for union were too painful (i.e., produced one sort of disregulation) and shameful to maintain in consciousness. In the anti-libidinal ego there accumulates all the rage and destructiveness generated in the child by frustrating caretaker interactions, to the extent that the real frustrating experiences were too painful (producing another sort of disregulation) to keep in consciousness. According to

Fairbairn, the anti-libidinal ego does not merely represent hateful feelings but goes so far as to actually identify with the caretaker's depriving or intrusive qualities. Some of the anti-libidinal ego's rage is focused on the exciting object and the possibility of fulfilling connectedness it holds out. The balance of its rage is directed at the libidinal ego because of the latter's naive belief in the promises of the caregiver and continued desire to establish an intimate connection with her. Such rage gets channeled in the form of "internal attacks". Fairbairn used this concept of internal attacks to explain self-punishing or otherwise self-destructive behavior characteristic in psychopathology (1941).

g. Kohut

Although the earlier self psychology theories of Heinz Kohut (1971) can be construed as an overlay to classical drive theory, his later theories (1977) rejected the primacy of drives as motivating mechanisms in much the same way as Fairbairn did. Kohut stressed that manifestations of drive are "disintegration" products that appear as secondary byproducts only in pathological circumstances, i.e., as a result of frustration of healthy narcissistic needs. In his central focus on the development of the "self", he expanded his conception of self to include not only self representations but a collection of developing ego-like functions. (In this sense, Kohut treated the self in the same structural way as Fairbairn's does his concept of ego.) For the self to develop in a healthy way, the child needs a sufficient level of empathic responsiveness from others in the environment. Such others serve as "selfobjects", i.e., they introduce and perform self-functions for the child that the child will eventually internalize and perform autonomously. In effect, the child's self takes in the adult's feeling-state experience of the child. The child also takes

in the adult's matured self-functions when the child observes the adult functioning in interaction with the world.

In Kohut's view of the development of the self, the child's need for selfobject relationships emerge in terms of three distinct selfobject functions. These functions on the part of the caregiver are, in the normal course of development, internalized as part of the child's self representation. One aspect of the self coheres around the very young child's fantasied sense of omnipotence and grandiosity, as manifested in his need to display his evolving capacities and to be admired for them. Such fantasies become connected with a "mirroring selfobject", someone who recognizes and values the child's unique talents, capacities and personal qualities, and has regard for the child's vigorous, expansive and grandiose states of mind. The caregiver must also support interactions where the child's desire to idealize the caregiver can be fostered. This second selfobject function, the "idealizing selfobject", stems from the child's need to feel linked to and cared for by an ideal, all-powerful other, and requires the child's involvement with others "to whom the child can look up and with whom he can merge as an image of calmness, infallibility and omnipotence" (Kohut & Wolf, 1978, p. 414). Kohut (1984) later identified "alterego selfobject" experiences which evoke in the child a sense of essential sameness with the other. Wolf (1988) described this function as related to the fantasy of the imaginary companion. This selfobject function is important in the child's attainment of skills and a sense of competence.

According to self psychology theory, the early, more fantastic mirroring and idealizing self states must be allowed to transform slowly. This transformation takes place through the child's exposure to reality and to the ordinary gradual disillusionments

and disappointments of the child in himself and in the caregiver. Real experiences transform the images of the self from primitive and extreme to complex and moderate, and a slow internalization of the selfobject relationship takes place. Part of these real experiences are the inevitable incremental failures over time of caregivers to mirror the child or permit idealization. In this way, Kohut's theory is reminiscent of Kernberg's description of the gradual integration of polarized self- and object representations. According to Kohut (1971), a healthy, mature self will consist of two poles corresponding to the mirroring and idealized selfobject categories of experience, reflecting the individual's (i) ambitiousness and assertiveness, and (ii) strongly held ideals and values, respectively, where at least one healthily developed pole is necessary for a well-functioning self.

Kohut's theory of psychopathology holds that inadequate selfobject functioning of caregivers gives rise to the child's representation of a self that can only perform that selfobject function in a weak or fragmented way. As a result, effective assertiveness or affective self-regulation will be impaired, and may continue to be impaired into adulthood. Such an individual will maintain a heightened need in adult life for the missing selfobject function, and because of the heightened need, central life activities may be driven by his desire, for example, to be admired or to be linked to an idealized other. Such a person will also experience any future breakdowns in responsiveness of new selfobjects as a "retraumatization", i.e., as a repetition of early selfobject failures along with the severe affective reactions elicited by these early failures. The individual may react to contemporary selfobject failures with catastrophic despair or with a storm of

narcissistic rage, abnormal affects that Kohut believed to result from a fragmentation of the self engendered by the failure.

Self psychologists have pointed out that selfobject failure also leads to a particular form of vertical splitting, similar in operation to Guntrip's schizoid dilemma (1969) and Winnicott's true-self/false-self division (1960). This split results from the conflict between the child's desire to manifest the needs and qualities of the "true" nuclear self and the child's desire to comply with the perceived needs and attitudes of the caretakers. The "false self" maintains a bond with the caregiver by virtue of the child's adaptation to the caregiver's own selfobject needs (i.e., the caregiver's grandiosity or neediness). This "false self" representation may contain loving as well as empowered affects. The "true self" representation may exist as an isolated, empty, unsupported state, and contain depressed and lonely affects.

It is worth highlighting one important theme running throughout self psychology theory. Common to all these three selfobject functions is the selfobject's ongoing attunement to people's affective states, and the selfobject's ability to contain the child's affects, validate the child's subjective experience, uniqueness and creative potential, and by doing so restore the child's weakened sense of self (Bacal & Newman, 1991). In this way, there is considerable conceptual overlap of selfobject function with Winnicott's "holding environment" (e.g., 1969) and Bion's "containing" function (1962). All these theorist's emphasize the importance of the real parent-child relationship in the formation of the varieties of self representations. Kohut pointed to the chronic failure of empathy as the major source of selfobject failure, and implicated in disorders of the self "specific pathogenic personality of the parent(s) and specific pathogenic features of the atmosphere

in which the child grows up" (1977, p. 187). As mentioned, Kohut eventually rejected drive-based explanations for psychopathology. He posited that only a weak or fragmented self would become preoccupied with pleasure-seeking or the discharge of aggression, and that oedipal conflicts invariably had their origin in earlier disorders of the self caused by chronic preoedipal selfobject failures. Kohut still viewed enactments in real life or in the therapeutic situation as many analytic or relational therapists would, i.e., as the patient's inadvertent attempts to recruit others to reanimate a stalled developmental process. Kohut might have added that the patient is attempting to recruit the enactment partners as the fantasied selfobjects they lacked in reality at a crucial developmental stage.

2. Emphasis on expectancies: Attachment theory and infant research

a. Bowlby and Internal Working Models

Bowlby's view of the representational world is based on the ethological perspective that has so influenced his theories generally. Bowlby laid out this view in *Attachment* (1969). He noted that organisms of all levels of complexity are able to create and recruit systems to regulate their behavior, where such systems achieve a level of stability for a given period of time. In the simplest organisms such systems exist as "fixed action patterns". In more complex organisms there exist various subsystems in complex, hierarchical relationships. At the highest level of complexity, the organism's behaviors may be "goal-corrected", i.e., through the use of real-time feedback gained by monitoring information about itself and the environment. While goal-corrected systems are stable, they are more flexible than fixed action patterns, and these systems can maintain their integrity in the face of a wider range of environmental experiences.

However, as Bowlby noted, such systems can be more easily diverted from their "optimal" path, and he would probably have said that what we call psychopathology is caused by the impairment of goal-corrected systems such that these systems remain adapted to one specific environment, and cannot readapt when the organism later faces a different environment.

Bowlby emphasized that organism-regulating systems can become more adaptive if goal-correction is not merely based on real-time data but also based on accurate predictions about likely future events. To make such predictions, organisms must be able to store and process not just single bits of data but serial streams of longitudinal information. Only when such storage takes place can the organism detect patterns in the data and make predictions and even causal hypotheses about future outcomes. In essence, the organism must form an Internal Working Model (IWM) to represent itself and its past experiences in interaction with the environment. With such an internal representation, the organism can assess – internally and ahead of time – the likely outcomes that would be contingent on the behavioral choices available. Most important, such models of self and environment must be constantly revised to be most accurate. If for some reason real changes in self and environment leave the existing internal models less functional, the accuracy of the organism's predictions suffers, and thus the stability of the larger organism-regulating system will suffer as well.

Attachment motives have primacy in Bowlby's theories, and so models of the organism's experience of itself in interaction with attachment figures must be created as soon as the infant has the capacity to store and process the relevant data about self, other and self-other interactions (1973). Such models must necessarily begin to form in early

infancy. According to Bowlby, caregivers who are able to work with and not impinge upon both the child's attachment and the child's exploration expressions will foster in the child a sense of self as valued by the other and as successfully self-reliant. By contrast, if the caregiver impedes the child's bids to attach or explore, the child will mentally represent himself as unworthy (associated with avoidant attachment style) and/or incompetent (associated with resistant attachment style).

In 1980, Bowlby further elaborated on two mechanisms by which IWMs become static and resistant to experiential revision: (1) Successful interactional patterns inevitably become repeated, automatic and relatively fixed; these fixed versions of the IWMs are then recruited as modules in higher-level systems. After such incorporation, these underlying component models become less accessible to awareness because the organism has turned its conscious attention to the higher-level systems; (2) The child itself is always part of larger, superordinate organisms or systems, the mother-infant dyad comprising one such system. Systemic expectancies change more slowly when two or more organisms must communicate and coordinate their perceptions and assessments regarding self and other. These inefficiencies of coordination will invariably lead to distortions in the infant's information processing. To Bowlby, the most problematic inefficiency occurs when one or both members of a dyad defensively exclude information from awareness; specifically, information associated with painful, shameful or anxiety-producing interpersonal situations tends to be excluded from IWMs. Bowlby's review of a number of studies, discussed in *Separation* (1972), suggests his belief that IMWs cohere into two, horizontally split models: (i) a conscious model of the caregiver as

"good", where painful interactions are caused by "bad" aspects of the self, and (ii) an unconscious model containing the hated or disappointing qualities of the caregiver.

Bowlby (1972) also discussed the manner in which IWMs and associated attachment patterns can be transmitted intergenerationally. Subsequent studies have found a significant correlation between the child's attachment status and the mother's adult attachment classification as measured by the Adult Attachment Interview (George, Kaplan & Main, 1985; Main & Goldwyn, 1991). For example, three-quarters of pregnant mothers with dismissing or preoccupied adult attachment styles will give birth to children who at age one will respond to their mothers in an insecure way when tested in the Strange Situation (Fonagy, Steele & Steele, 1991; Steele, Steele & Fonagy, 1995; see also Haft & Slade, 1989; Main, Kaplan & Cassidy, 1985; van IJzendoorn, 1995).

It is thought that parents transmit their own IWM to their child via their level of caregiving sensitivity. As Fonagy et al. (1995) described, the parents' attachment-related experiences are embodied within their own childhood IWMs. As a result, such IWMs help define the representation of the child in the parents' adult mind, and in such IWMs are stored particular levels of caregiving sensitivity associated with particular parent-child scenarios. These researchers described another link between parental IWMs and caregiving sensitivity: parents of insecurely attached children might have their own representations of certain emotions as highly dangerous or uncontainable. IWMs were transmitted because perception of their child's affects kindled the parents' IWMs involving those affects, and as a result some parents may be made too anxious and defensive to respond to their child in a sensitive manner. The child then perceives and internalizes the mother's anxious, warding-off reaction to his own signals and to the

feeling states associated with the signals. By contract, a securely attached mother is more likely to reflect to her infant her understanding of the cause of the infant's distress, her appreciation of the infant's affective state, and her own ability to cope with and master affective experiences. In effect, such a mother will be able to act as a "container" of those internal experiences of the child that the child cannot yet manage. When the mother cannot contain such feelings herself, she is apt to defend against them in ways that do not make her own experiences understandable to the child. She is thus unable to make similar feelings of the child understandable to the child. Her level of reflective functioning will be transmitted to the child. (The reflective function literature will be explored further in Section D.)

b. Stern and RIGs

As discussed in Section B, Stern views interactions between caregiver and infant as very rich in cognitive and affective content for both participants, and this mental content is easily communicated and exchanged. Stern's model of the development of representations (1985) does not involve a unifying instinctual force to organize a certain class of innate cognitions, as Bowlby's attachment theory does. For Stern, the building blocks of the representations are memories of bits of real-life experiences stored in "episodic" memory. At first, such storage is chaotic, ranging from trivial events with no remarkable affective content to the more psychologically meaningful. Such basic-unit episodes exist as associated "clumps" of "sensations, perceptions, actions, thoughts, affects, and goals, which occur in some temporal, physical and causal relationship" (p. 95) such that they seem coherent to the infant. Once the episode is formed and stored, it exists as an indivisible unit. As Bowlby also concluded, the infant has the capacity to

store several episodes, or a series of episodes. The infant also has the capacity to make some assessment of the episodes such that it can associate them and place them in one category (based on "detectable similarities and only minor differences", p. 95). The infant thereupon forms an overarching generalized episode by, in effect, averaging the separate episodes belonging to the category.

Once the infant has generated a higher-level, abstracted representation as a prototype, he is able to form expectations and make predictions when he enters into a new episode belonging to that category. Future episodes in that category impact the average, so that the generalized representation is like a running average that is weighted in some way by the recency of the event or some other cognitive bias (see Stern, 1988: heightened affect may give the episode added weight). Real-world events and the expectancies associated with prototypical episodes can thus be organized and reorganized in a fluid and dynamic fashion. Once a generalized representation of the category is formed, specific new episodes not sensed as materially dissimilar to the prototype are no longer stored as episodes. Rather, "memory is failure driven, in that the specific episode is only [memorable] to the extent that it violates the expectations of the generalized episode" (p. 96). Such deviant episodes are either stored alone as a specific episode (and put in long-term memory if the event is significant enough), or they may be grouped with other similar experiences in the future and abstracted in the form of another generalized categorical representation. Implicit in this theory is that violations of expectations are more salient to the infant than fulfilled expectations.

Stern's focused upon those episodes involving *interactive* experiences and their abstracted representations, which he called Representations of Interactions Generalized or

RIGs. Stern suggested that because interpersonal experiences are so developmentally crucial, the ability to abstract and represent them in this way must appear sometime in early infancy – certainly by two to three months of age. RIGs form the basic unit of representation for the "core self". The remainder of Stern's developmental theory of representations is as follows:

> Somehow, the different invariants of self-experience are integrated: the self who acts, the self who feels, and the self who has unique perceptions about the self's own body and actions all get assembled. Similarly, the mother who plays, the one who soothes, and the ones that are perceived when the infant is happy and distressed all get disentangled and sorted. "Islands of consistency" somehow form and coalesce. And it is the dynamic nature of episodic memory using RIGs as a basic memory unit that makes it happen.... It is presumably in this way that the major different self-invariant of agency, coherence, [continuity] and affectivity become sufficiently integrated [that all together] provide the infant with a unified sense of a core self (p. 98).

At this point in development, Stern also asserted that somehow the infant can distinguish the subjective/self aspect and the objective/other aspect of its experience with a self-regulating other, and that there exists no initial merged state of self- and object representations. Rather, changes in self-experience that take place in regulating interactions are clearly experienced by the infant as part of the self. Stern asserted that it is somehow the variety of interactions that permits the infant to identify what qualities of the interactive experience belong to whom.

In Stern's system, each of the many different self/dyad-regulating relationships with the same person will have its own distinctive RIG. At a certain point in Stern's description, a RIG is no longer a passive prototypical memory, but somehow becomes something that can be activated. When different RIGs are activated, the infant re-experiences some of the feelings that are RIG subcomponents. This re-experience takes

place by virtue of the invocation of the RIG itself, and all of the RIG's attributes will come into awareness. Part of the RIG experience is that of being in the presence of a self-regulating other. Stern called this component of the RIG the "evoked companion", i.e., the abstracted representation of the other. Evoked companions can also be called into active memory during episodes experienced when the infant is alone but when historically similar episodes involved the presence of a self-regulating other. Finally, Stern stated that the RIG can be conceptualized as the basic building block from which IWMs are constructed, although he did not explore the processes involved in such higher-level organization. Thus RIGs themselves exist in Stern's model as fragmented packages of (i) self, (ii) other, and (iii) cognitive/affective expectancy, all based on abstracted real-life experiences.

c. Beebe and Lachmann and the three principles of salience

While they do not espouse an overarching developmental theory of representations as some psychoanalysts have, Beebe and Lachmann have used infant research data to illuminate the mechanisms by which internalization takes place. They describe three principles which govern the process by which information about real-life experiences becomes salient to the infant, such that the infant will know to identify, extract and store this data. Simply stated: (i) serial events are stored and analyzed such that patterns are detected and expectancies are formed, and in this way *ongoing regulations* are represented; (ii) in addition, the counterparts of these expectancies, i.e., their *disruption and repair,* are also salient and meaningful events that are represented; and (iii) important real-world events are examined and stored by virtue of their existence as *heightened affective moments*.

In a manner similar to Stern, Beebe and Lachmann see the building blocks of self- and object representations to be units of persistent, organized classifications of an expected interactive sequence. These building blocks are much like RIGs, but it is the information relating to the interactive *sequence* that constitutes the core of the representation. As do Bowlby and Stern, Beebe and Lachmann emphasizes the importance of the infant's ability to recognize temporal and categorical patterns – especially contingent interactions – and to form predictive models based on abstractions of such real-life experiences. It is commonly accepted among developmental psychology researchers that the ability to discriminate common elements of a set or series is not a higher-order cognitive skill that emerges later in development. Rather, this ability is part of the fundamental apparatus that humans and other animals utilize very early in life so that the young organism may effectively map and interact with its physical environment (see, e.g., Shields & Rovee-Collier, 1992; Younger & Gotlieb, 1988). Beebe and Lachmann use this empirical conclusion as support for their principle of ongoing regulations: "[I]n the same way that infants categorize faces, shapes, colors and animals, they also form schemas or categories of interpersonal interactions (see Beebe & Lachmann, 1988a, 1988b; Beebe & Stern, 1977; Stern, 1985)" (Beebe & Lachmann, 2001, p. 149).

The infant's formation of expectancies about dyadic interactions and outcomes is a key feature of the principle of ongoing regulations. Reflecting a dynamic systems perspective, Beebe and Lachmann point out that organization is a property of the infant-caretaker system as much as it is a property of the infant's intrapsychic system. There are many instances in which each dyadic partner influences the other in real time and thus

actively contributes to the regulation of the dyadic unit. For example, there exist many shared rules for the regulation of joint action in the first year of life. As discussed in Section B, Beebe's work has focused on face-to-face reciprocal exchanges between mother and infant. In these exchanges Beebe showed that the partners have the potential to be highly synchronized in their facial or vocal gestures. In explaining how mothers and infants achieve such a high degree of synchronization, Beebe and Lachmann proposed that the distinct features of these face-to-face serial exchanges – the temporal, spatial, sensory and affective qualities – are perceived as salient by the infant, who then analyzes, abstracts and represents them.

As part of this abstraction and representation process, the infant generates an expectation that he will receive a particular kind of response from his partner. For example, an infant "will represent the temporal pattern, such as rate, rhythm and serial order of both partners; the pattern of movement of the two partners in space such as approach-approach or approach-withdrawal; and interactive regulation of facial affective patterns" (2001, p. 153). Beebe and Lachmann describe two broad interactive patterns that can be discerned in these synchronized dyadic interactions: (1) "mirroring" - in this case, the infant and dyad move in affective unity, and the infant will represent the expectation of being matched by, and being able to match, the quality and trajectory of the affective displays of the partner. Here, the dyadic unit is stably regulated and the individuals involved are also well regulated intrapsychically; (2) "chase and dodge" - in this interaction, the mother repeatedly attempts to engage the infant and the infant produces predictable responses. However, in this case, the predictable responses of the infant are avoidance responses, indicating that while the dyad itself is stably regulated,

the mother's gestures seem to overarouse the infant such that the infant must produce offsetting destimulating responses.

According to the second principle of salience – the principle of disruption and repair – interaction patterns are also organized by violations of expected synchrony and the infant's ensuing efforts to resolve those breaches. It has been stated that young infants have the ability to discriminate common elements of a set or series and to form categories. Part and parcel of the process of discrimination is the ability to determine when a new stimulus does *not* fall into a preexisting category or temporal series. Even very young infants have been show to be able to discriminate all sorts of stimuli. Beebe and Lachmann go on to distinguish schema-altering "disruptions" from those violations of expectancy that are "mild" and not disruptive of a well-regulated state: "[S]light variations on expected themes are necessary to prevent habituation. Mild violations of expectancy in the optimal range ... can produce positive excitement" (p. 161), implying that violations of expectancy become salient only when the violations pass some threshold of severity. In other words, surprises are arousing, but some can be too arousing. Beebe and Lachmann also assert that "repair" experiences are salient in the same way as the disregulating violations of expectancy that precede them are salient. They emphasize that the repair of disjunctions is a ubiquitous interactive skill for infants as well as for mothers.

Finally, the third principle of salience states that heightened affect moments as experienced by the infant will be salient in the formation of representations. A heightened affective moment is defined as the "full display of any facial or vocal pattern, such as a cry face or a fully opened 'gape smile' ... accompanied by heightened bodily

arousal" (p. 170). Explicitly following Fred Pine (1981) but echoing the sentiments of many of the analytic theorists reviewed, Beebe and Lachmann believe that affectively charged moments are central in the organization of memories. However, the third principle of salience states that such affectively charged moments are organizing only if they capture the essence of similar though less intense moments, and thus "[their] organizing power ... derives from both the infant's capacity to categorize and expect similar experiences, and from the impact of the heightened moment itself." (p. 170). Beebe and Lachmann carve out an exception: such moments need not be prototypical if they are "traumatic", i.e., where arousal is increased to a traumatically high level.

Although there is much variance among the theories of representations discussed in the entirety of this section, they all have in common the idea that representations arise out of the affectively charged intersection of internal motives with external environment. Freud's theories all presumed that the vicissitudes of endogenous energic forces, and their resultant affects, gave rise to mental representations of those forces in their disregulated state, as well as solutions for their reregulation, which solutions involved an object of some sort. Later drive theorists elaborated upon the mechanisms by which the drives and their related fantasies, in interaction with environment, gave rise to the contents of the individual's representations of self and of objects in an affectively meaningful context. Sandler emphasized that representations of self, object and affect must also have associated representations of role relationships – a sequence of interactions of self and other that will have affect-regulating consequences. Bowlby pointed out that representations must necessarily contain expectancies regarding various outcomes of self-in-interaction-with-other, where such expectancies are based on

successes and failures of affect regulation experienced in real interactions with caretakers. Taking all these theories into account, one might reasonably view the contents of any given transference scenario to be comprised of an agglomeration of representations of (i) self, (ii) object, (iii) arousal state and its concomitant affect, (iv) role relationships, and (v) expectancies about the various arousal- and affect-regulating outcomes possible in the enactment of the transference scenario.

C. Transference and Enactments

Section B described how internalized patterns of self-object interactions contain affective and cognitive components, and how these patterns begin to cohere as a way to represent the regulation of the infant's level of arousal, and later, as the infant's cognitive abilities grow, to represent the level and quality of affective experiences. All strategies, techniques, heuristics and fantasies related to the individual and to the dyad that developed as part of this regulatory system are stored as part of the representations, and as Bowlby described, cohere to comprise a model that can be used to explain and make predictions about a particular environmental context. As development proceeds, the child's capacities change, and as he continues to interact with real-world others, his representations may incorporate and be shaped by new reality experiences. On the other hand, the child may to some extent remain adapted to an environment that no longer exists. When older children or adults feel fear, loss, anxiety, overarousal, etc., they recruit one of their internal models of regulation, and attempt to implement the strategy represented by applying it to themselves and some fantasied other or real person who seems suitable to be cast into the role of object or attachment figure. It can be said that the implementation of this kind of internal model is a manifestation of transference and

that an enactment consists of the way the transference and countertransference play out in the dyad.

1. Definitions of transference and enactment

Freud remarked upon the phenomenon of transference early in his writing. In his quest for clinical recovery of patients' repressed wishes or memories, he noted that there arose obstacles to such recovery that were not caused by anxiety-producing or shame-inducing repressive forces. Sometimes an external obstacle arose

> [i]f the patient is frightened at finding that she is transferring on to the figure of the physician the distressing ideas which arise from the content of the analysis.... Transference onto the physician takes place through a false connection. [However, we clinicians can work with this "transference resistance"] if we make up our mind that this new symptom that has been produced on the old model must be treated in the same way as the old symptoms [i.e., by making] the obstacle conscious to the patient (Breuer & Freud, 1895, pp. 302-304).

Thus in 1895, Freud did not believe that work with transference was central to the analytic task. However, he did claim that neurotic symptoms arose out of a memory of a relationship, which memory was reactivated in the clinical setting. He characterized this transference as pathogenic, and felt that the effort to bring this old relationship to consciousness would help vitiate its effect. To this end, Freud advocated the application of the cathartic method with which he was experimenting at the time: the patient had to recall old memories while in an affectively charged state.

In 1905, Freud described transferences as

> new editions or facsimiles of the impulses and fantasies which are aroused and made conscious during ... analysis; [they are distinct] in that they replace some earlier person by the person of the physician ... by taking advantage of some real peculiarity in the physician's person or circumstances and attaching themselves to that." (p. 116).

In this description, Freud implied that the old interpersonal models contained representations of self and other in some interpersonal configuration, and that it was simply the perception of some particular real information about the analyst that triggered the activation of these old models. However, the "earlier person" to whom Freud referred in the above passage was an internalized cathected object, and the transference was specifically an "erotic transference" consisting of a defensive displacement onto the therapist of some aspects of an early relationship in which sexual impulses were frustrated. Later, Freud noted the defensive aspects of the displacement inherent in all transferences, not just erotic (e.g., 1915). He explained that analytic exploration had brought the patient closer to consciousness of the repressed impulses. The patient then manifested transference as a compromise formation: it was an attempt to gratify impulses with the therapist while at the same time manifesting a defense to avoid consciousness of the identity of the true object of the impulses, if not of the nature of the impulses themselves.

As discussed in Section B, there is stored in the mind of the patient representational models that are used to orient to, to process, and to predict real-world events. One particular sort of model is comprised of a self image, an image of an other, and some representation of a self-other interaction, including sensations, cognitions and affects associated with the interaction. It is this self-other model that can be considered the "original" in transference phenomena that is subsequently "transferred" to someone else. In the transference, the patient applies a particular self-other model, identifying himself in the moment with the qualities of the self representation, identifying some particular other person with the qualities of the "other" representation, and filtering

contemporaneous real-world events through the lens of that model's cognitive and affective component mechanisms. It can also be said that the application of this model is generally ego-syntonic: cognitions and behavior seem to the patient to be plausible and appropriate (Fenichel, 1945; Greenacre, 1950).

This definition of transference might indeed apply to every real-world interaction, because most human interactions can potentially be viewed as flowing from internal prototypes. As Stolorow and colleagues described, transference is an expression of the continuing influence of "organizing principles and imagery that crystallized out of the patient's early formative experiences" (Stolorow et al., 1987, p. 36). The patient assimilates, in a Piagetian sense, the therapeutic relationship into this coherent representational system: what is perceived in the outside world is incorporated into the internal world without changing the structure of that internal world, but potentially at the cost of distorting the external perceptions to fit. This definition might be termed the "broad definition" of transference (see McLaughlin, 1991, 1981).

However, the addition of one more component to the definition may render it more clinically useful. In transferences seen as problematic by therapists, the real patient-therapist situation is viewed too narrowly by the patient, i.e., it is "subject to interpretations other than the one the patient has reached" (Gill, 1982, p. 117). In such cases, the therapist must decide whether the internal model applied by the patient is or is not well-adapted to contemporaneous real-world data, given the problems presented by the patient, i.e., whether assimilation takes place to such a degree it that impairs the patient's adaptive functioning. The application of the patient's problematic inner models may connote some weakened ego functioning, in the sense that the ability to perform an

accurate assessment of real-world data (reality testing) seems impaired. Such impairment may imply the existence and activation of more primitive (or lower-level) defenses against awareness of particular painful feelings and beliefs. Defenses such as these may be at the root of the "problems in living" for which the patient has sought help. Transferences that are manifested in ways that are poorly adapted to contemporaneous real-world data and that impair the patient's life functioning are a particular subset of transferences; they might be termed "problematic transferences"[5], the transferences with which the therapist must work to help bring about improvements in the patient's life.

Although the term "enactment" has been used in a variety of ways, it usually connotes some joint product of two people, e.g., the patient and the therapist. By contrast, "transference" usually describes the way a single person (the patient) transferred cathexis from an old object to the therapist. However, it is difficult to identify if, and at what point, the therapist impacts the particular manifestation of the transference. It may be a specious distinction to term some enactments "patient-induced" and others "analyst-induced" (see Ellman, 1998). It may be more useful simply to say that an enactment is a co-construction comprised of the manifestation of transference in a dyadic context along with the response of the other person or entity; as with transference, there might exist a subset of enactments that can be considered "problematic". By contrast, McLaughlin (1991) proposed that "enactment" be used to refer to those situations in which patient and therapist each identify the events in the session as the consequence of the behavior of the

[5] See Westen and Gabbard (2002), distinguishing among three kinds of transference phenomena: "(1) important because they reflect the patient's ways of responding in kinds of relationship that in the past have been problematic…; (2) important because they are essential to the patient's ability and willingness to talk freely with the analyst; or (3) unimportant relative to the other things that could be the focus of the hour" (p. 121).

other. However, it is hard to make a meaningful distinction between this situation and one in which the therapist has not yet detected or come to understand fully the manifestation of the transference; for example, the therapist may at first construe her own feelings and behavior as influenced by extra-clinical events, or by the therapist's own dynamics, without having any clear feeling about the patient's contribution. Nonetheless, in all these scenarios, the patient is still trying to actualize the transference and has some impact on the therapist's feelings and communications, regardless of how the therapist consciously processes the impact.

Alternatively, Chused (1991) reserved the term enactment for those situations in which the patient has "a conviction about the accuracy of his or her perceptions and behaves so as to induce behavior in the analyst that supports this conviction" (p. 94). That is, a countertransference reaction is necessary before the transference manifestation can be called an enactment. However, it may be argued that *any* behavior on the part of the analyst can support the patient's abovementioned conviction; the behavior does not have to rise to the level of the analyst's manifestation of projective identification. The patient's representational world can come alive in the analytic setting in ways that involves the therapist's real behavior without the therapist necessarily manifesting "countertransference" reactions. Thus, at any given time, an enactment will reflect "the influence of the patient's subjectivity (conscious and unconscious), the analyst's subjectivity, the influence of the patient's 'pulls' on the analyst's behavior and vice versa, and the complex interaction of these processes that we often describe as 'intersubjectivity'" (Westen & Gabbard, 2002, p. 119).

2. Activation of transference

What is it that triggers the activation of any given internal model as transference? A common observation about the analytic setting is that it tends to foster the regressive revival of the past in the present. But what specifically induces this transferential revival? The narrowest theory, as implied by Freud's earliest formulations, would hold that the activation of the transference model contains a defensive displacement of cathexes. In other words, the scenario embodied in the model is conflictual to the extent that the identity of the original real-life source of the introjected "object" properties must be kept out of consciousness. Substitution of someone else in the object role allows the patient to implement the model in an otherwise intact fashion for impulse gratification. In this view, real-life damming of libido (i.e., the lack of available opportunity for sexual discharge) causes transference (see, e.g., Freud 1913b, 1915). Such damming would automatically cause the patient to "search" for displacement objects.

However, Freud also implied that the exploration of the patient's psychic world that takes place in the session activates the repressed material, because the more the analyst points the patient's attention toward that material, the more it threatens to break through to consciousness (1915). In such a case, transference takes place when the libido pressure overcomes the combined strength of the ego to produce other defenses and the strength of the super-ego to energize the ego (see Loewenstein, 1969). The analyst gets substituted because patients identified "some real peculiarity in the physician's person or circumstances and attach themselves to that". In other words, the analyst is a convenient target present at the time when the patient's impulses are stirred up.

During the period of 1910 to 1920, Freud emphasized how the enactment has an entirely unconscious quality to the patient, and is evident as a "repetition compulsion":

> the patient remembers nothing of what is forgotten and repressed, [but] he expresses it in action. He reproduces it not in his memory but in his behavior...without of course knowing that he is repeating it... [At last, the analyst] understands that it is his way of remembering.... The greater the resistance, the more extensively acting out (repetition) will be substituted for remembering (1913b, p. 150).

However, Boesky (1982) took exception to Freud's assertion that action and remembering cannot take place simultaneously, stating that Freud's definition of acting out was too anchored to the therapeutic task of removing repressions – a task linked to Freud's topographic model. Boesky cited Loewald (1971), Weiss (1942) and Sandler (1970) to support his view that acting out and remembering are not necessarily mutually exclusive. But as Boesky also emphasized, there exists no well accepted explanation for why a patient shifts at any given time into enactment as a way of expressing or resolving conflict, as opposed to thinking, speaking directly or delaying.

Steven Ellman (1998) presented one way to understand those factors that trigger shifts in transference paradigms. He stated that enactments occurred when "analytic trust" has either been disrupted or has not yet been firmly established. Ellman defined analytic trust as the patient's realistic view that the analyst understands the patient's subjective world: "This understanding is communicated not only in intellectual terms but also by the analyst feeling the intensity of the patient's responses and being able to communicate this to the patient" (p. 187). Such attunement and communications by the analyst create the experience of holding and containment, such that the patient can tolerate the experience and disclosure of his own subjective states on a consistent basis. When such tolerance is achieved, the patient can then be said to have developed a sense

of trust in the analytic situation. As Ellman described it, it is this trust which allows the analyst to help the patient to understand characterological transference responses. In other words, the patient must experience sufficient holding and containment before the patient can benefit from any transference interpretations. According to Ellman, premature interpretation always either disrupts the patient or creates compliance. From a more "representational" perspective, it might be said that the analyst's production of an early interpretation is tantamount to a break in the existing internal model pattern – the expectancy of mirroring and empathic attunement – and would cause the shift in affective state that accompanies the broken expectancy, and perhaps trigger a shift in the transference paradigm.

Finally, as Westen and Gabbard (2002) point out, it is an oversimplification to say that a patient has a single transference to the analyst. Rather, there will likely be many transferences over the course of treatment – manifested in a *serial* fashion – each reflecting different relational paradigms and different material activated by the vicissitudes of real-life events as well as the various aspects of the therapist's own inner world: "most contemporary analysts now take a multifaceted view of transference, recognizing that the construct of an all-consuming transference neurosis can be limiting" (p. 106, citing Cooper, 1987). It is implicit in the changing nature of transferences as they unfold over time, that they operate in a *parallel* fashion as well: the implementation of a given internal model can be viewed as serving a defensive function, i.e., to avoid the conscious re-experience of other models that are active on a less conscious level. Merton Gill (1982) proposed two broad categories of resistance in relation to transference: (i) resistance to the transference (including resistance to conscious awareness of it), and (ii)

resistance to the resolution of the transference. Working toward the resolution of a transference may imply the exploration of an associated, but defended-against, alternative internal model. The origins and contents of the "defending" models may be fully conscious – e.g., self in interaction with good mother – but the implementation of this model in the transference may serve the function of keeping a more anxiety-producing model out of awareness – e.g., self in interaction with a disregulating mother. In such a case, one might speculate that the consciously accessible model is the one that had been the "best-regulating" relational paradigm in childhood. So, for example, an avoidant child is likely to apply avoidant-styled internal models in new interpersonal settings. Other potential models are associated with expectations of disregulation and discomfort, and the experiential substrates of these are more likely to be kept out of consciousness. Thus, the avoidant-dismissing adult patient may attempt to win approval and benign good will from the analyst by presenting an independent, cheerful, and compliant demeanor. This "best-regulating" transference is associated with pleasant conscious affects for the patient, but may serve as a defense against other "worse-case" scenarios, e.g., the experience of self as needy or ill-tempered, and the object as abandoning or angry/overstimulating.

This discussion of enactments as shifting applications of different internal models thus far depicts the patient as a somewhat passive, reactive recipient of environmental signals, ready to apply alternative models if the desired environmental expectancies are not fulfilled. By contrast, in Joseph Sandler's discussion of enactments (e.g., 1976), he emphasized the patient's very clear and active desire to impose the modeled object relationship through the patient's "unconscious attempts to manipulate or to provoke

situations with other which are a concealed repetition of earlier experiences and relationships" (1976, p. 30), including all attempts to do so with the therapist:

> I believe such manipulation to be an important part of object relationships in general, and [specifically of] the 'scanning' of objects in the process of object choice. In the transference ... the patient attempts to prod the analyst into behaving in a particular way and unconsciously scans and adapts to his perceptions of the analyst's reaction (pp. 30-31).

Sandler explicitly rejected the primacy of the displacement-of-cathexes theory of transference. Rather, drive impulses are expressed in unconscious images or fantasies "in which both self and object in interaction have come to be represented in particular roles" (p. 32). Sandler emphasized that there are, in fact, plenty of internal models that have incorporated role-relationships that have nothing to do with drive discharge, and that any of these could serve as the basis for an enactment. Recall that Sandler viewed *every* wish as having self and object component-representations as well as an interaction (i.e., role) component (Sandler & Sandler, 1978). The patient attempts to actualize these roles by trying to enact them with the therapist.

In his definition of projective identification, Thomas Ogden (1979) captured quite well the potential impact of such "active" efforts by the patient to impose the schematic object relationship on the therapeutic dyad. Ogden identified the inciting fantasies and pressuring behaviors of the patient as the eliciting cause of the therapist's reactions that mirror the patient's. Yet Ogden emphasized that the therapist's responses are not "transplanted" but are his own "elicited feelings ... under pressure from ... a different personality system with different strengths and weaknesses" (p. 360). This is one way to describe the feelings and behaviors evoked in the analyst by the patient. It is important to emphasize, however, that an enactment in the clinical setting does not start when the

therapist's feelings are stirred by the patient's projective defenses. The very act of presenting for treatment connotes a certain type of enactment[6]; should the therapist somehow provide the data during the course of treatment that violates the patient's expectations, the patient might apply a different internal model and attempt to enact a scenario that appears starkly different from the enactment that preceded it. At such a point, it might be less accurate to say that an enactment has begun than to say that a *new* enactment has begun.

3. Unreflectiveness and action versus reflectiveness and speech

One aspect of transference that has been of special interest is the sudden loss of the patient's reflective capacity in some enactments. Freud gave the example of his female patient's sudden, explosive manifestation of "transference love" after the patient had passed many sessions in a much more well-balanced, reality-attuned fashion (1915). What had shifted such that the patient seemed to have suddenly lost a great deal of her reflective capacity and reality-testing? It seemed as though the internal model she used was suddenly abandoned, and the new model featured not only a different set of affects but a different set of cognitive capacities as well. Can the ego apparatus parameters really vary so greatly from internal model to internal model, such that one model has its own set of defenses and the next model has another set of defenses? A related question may be asked: why can some transferences be expressed in "speakable" feelings, but

[6] Presenting for treatment tends to evoke "a set of highly specific wishes, fears, affects, and cognitive constructions, including expectations about helping relationships, doctors, confiding intimate material, confiding shameful material, and so on. Every early contact the patient has with the analyst – the initial referral, the first telephone contact, the way the analyst greets the patient in the waiting room – will be processed in light of these wishes, fears and expectations" (Westen & Gabbard, 2002, p. 123).

others be expressed through action only? Does the emphasis on action in a given enactment automatically connote the loss of reflectivity?

In defining "acting out", Phyllis Greenacre (1950) identified an impaired utilization of speech and the resultant privileged role for action (i.e., non-verbal behavior) in the manifestations of transference scenarios. She described in acting-out patients "a largely unconscious belief in the magic of action" (p. 21). Greenacre suggested that such a belief was caused by a disturbance in the relation of action to speech and verbalized thought, and that such problems arose most often from severe caretaking disturbances in the second year. Such patients seemed to her to use speech frequently for the purpose of motor discharge of tension or for exhibitionistic purposes rather than to effect genuine communication. The interesting implication here is that the impairment in the relational uses of speech, i.e., to create a meeting of the minds between self and other, may have been caused by the failure of the environment to support such connecting uses of speech in early development. Loewald (1970) also described the implications of the patient's use of reflective speech over action in a relational context:

> Giving words to feelings is not simply a delay of gratification ... but it is a kind of gratification by verbal action, by establishing communicative links between psychic elements and levels, both within the patient himself (intrapsychic communication) and between the patient and the analyst (p. 56).

Kleinian theorists have noted the connection between the caregiver's ability to contain the child's affects and the ability of the caregiver and child to stay attuned through speech. Melanie Klein described the mechanism of projective identification which takes place in the movement from the paranoid-schizoid to the depressive position. Simply stated, when the child begins to perceive that good and bad aspects of the object

are integrating, some aspect of the self is felt by the child to be dangerous or threatening to the ego, e.g., the child's hatred toward the object. The child desires to rid himself of this part of the self, and does so by projecting it into the good object, a safer place to locate such impulses. Bion (1962) implied that the child initially projects in this way in the hope that the caregiver will "modify" or metabolize these bad feelings, such that the mother will make his own experience more tolerable and understandable to himself.

Bion pointed out that these exchanges of affects and representations comprised a primitive method of communication that was a forerunner of thinking. The mother could respond to the child's affects and projections in one of two ways. She could be receptive to the infant's state of mind and allow it to be evoked in her, such that she could then metabolize the projection into a form that the child was capable of reintrojecting. In this way the child's original sensory or somatic experience is transformed into a meaningful mental representation by the mother, which the child in turn can use for thought or store in memory. On the other hand, the mother could be hostile to the child's state of mind and thus resistant to the child's attempted projections. In such a case, the child's feelings are not made more understandable or digestible by the mother. Instead, the mother "hands back" to the child his feelings in their raw unshaped state. Because the mother returns the child feelings back to him in this painful way, the mother is construed by the child as the origin of such feelings, and the child seeks to sever its connections with the mother's mind by attacking the links to the mother. As Bion (1959) described, healthy projective identification in development can be impaired either by the mother's inability to serve as a repository for the projections or by the constitutionally-derived hatred and envy of the child that blocks his ability take in the metabolized product from the mother.

Attacks on linking can be manifested as the child's hatred or rejection of verbal communication or as his attacks on verbal thought itself, and therefore such attacks on linking may account for the predominance of unreflective action (rather than speech) in certain enactments. It follows that if the caregiver is not effective as a container, the infant is left to interpret its own uncontainable experience with the question

> "What is something?" and not the question "Why is something?" because "why" has ... been split off. Problems, the solution of which depends upon an awareness of causation, cannot therefore be stated, let alone solved.... It follows [in adulthood] that there is never any question as to why the patient or the analyst is there, or why something is said or done or felt, nor can there be any question of attempting to alter the causes of some state of mind (Bion, 1959, p. 102).

Thus the adult patient whose feeling-states were poorly contained in childhood might experience some contemporary psychic phenomenon with awareness that it is mental in origin but may only be able to describe it or treat it as something concrete or physical.

As presented in the discussion above, Bion had posited a somewhat Vygotskian model of the development of representations and of thinking itself. The child at first has feelings he cannot express symbolically all by himself. He can only live them in front of his caregiver. The caregiver has the opportunity to advance the child's cognitive capacity by processing cognitively the child's sensory-somatic experience and, when the child has entered the appropriate proximal zone, by giving the formed cognition back to him in a way he can understand, store and use. Another way to describe this is that the mother resonates with the child's visceral experience of arousal, and feeds it back to the child with various words and schemas attached to it. In this way, the caregiver takes sensation, adds ideas, and creates the first representations of "affect" in the child's mind (see Brenner's definition of affect in Section A). Similarly, Stolorow et al. (1987b) cite

Krystal's (1974, 1975) theories of affect development to support their idea that the parent's empathically attuned *verbal articulation* of the child's feeling-states helps the child form and identify his own affective states. Furthermore, these researchers say that such attunement helps the child integrate his affect states into "cognitive-affective schemata", i.e., basic representational building blocks that come together and organize into the "self".

The theme of the caretaker's metabolism of the child's visceral experience has been taken up in the literature that explores reflective function. These researchers have identified a crucial role in the development of the child's representational capacity of mental processes called "reflective function" or "mentalizing". This function is defined as an individual's capacity to "understand the merely representational nature of their own (and others') thinking" (Main, 1991, p. 128). The child must necessarily possess this mental ability if he is to be capable of "step[ping] beyond the immediate reality of experience and grasp the distinction between appearance and reality, and between immediate experience and the mental state that might underlie it" (Fonagy et al., 1996, p. 249).[7] In brief, if the child is to develop this ability, the parent must possess this capacity

[7] Fonagy and associates have noted that the child's capacity to mentalize does not become well established until the fourth or fifth year (Gopnick, 1993). At that point in development, mental states themselves begin to be experienced by the child as representations, where inner and outer reality are perceived as "linked" rather than either completely identical or totally dissociated (as were characteristic of earlier, more primitive modes of psychic reality) (see Fonagy et al., 1995; Fonagy & Target, 1996, 1998). These researchers have hypothesized that the child's mentalizing ability develops when a mentalizing caregiver reflects on the child's mental states in the context of playful interactions. In play, the caregiver introduces reality into the child's pretend ideas and feelings by suggesting alternative ideas and feelings that exist outside the child's mind at the time. The caregiver can also show that one's "serious" inner reality may be distorted by playing with it, creating for the child mental experience that combines pretending and reality.

first and must convey it to the child in the parent's communications about the child's and the parent's own feeling states (Fonagy et al., 1991; Fonagy et al., 1994).

It is worth noting that Bion's "containing" function can be viewed as the nexus of affective attunement and mentalization. To adequately contain, the caregiver must be able to tolerate expressions of her child's inner states so that she can freely resonate with the child's visceral experience and convey this resonance back to the child. Just as important, containment requires that the caregiver imbue her resonant affects with reasonably complex adult cognitions, including her adult theory of affect and her theory of mind itself, and present this version of the child's experience back to the child. Parents are likely to transmit their own level of reflective capacities to their child (see Steele, Fonagy et al., 1995). A parent may have focal anxieties related to particular feeling-states of her own or about particular internal experiences as she perceives in the child. When the parent perceives such experiences of the child, the experiences will be disturbing and unacceptable to the parent. The parent will not be able to reflect on the child's feeling-states and her metabolization of them will be impeded. Consequently, the child will also experience these feeling-states as disturbing, unacceptable and perhaps overwhelming. As is relevant to the earlier discussion of transference mechanisms, such a child's reflective functioning may break down when such feeling-states arise: the particular feeling-state may trigger a switch from a reflective self-other model to a non-reflective model of which the particular feeling-state is a component. Should such an internal model persist unaltered into adulthood, the return of the feeling-state in the analytic session may be accompanied by a similar switch from a reflective self-other model to a non-reflective self-other model.

It may also be the case that some parents have low reflective capacities generally with regard to the child as a result of particular defensive attributions about forming mental connections with the child. So, for example, a narcissistic mother may interpret the child's inner experiences only in terms of how they impact the mother. The idea of forming tender empathic connections to her child (or to anyone) may carry unconscious association of angry or shameful feelings. From a self psychology perspective, such a child would be left without an awareness of his own mind and with a true-self/false-self vertically split where the true self is felt to be impoverished, unsupported and alone. In this case, the mother's self-preoccupations would cause the child's true self to experience its unmetabolized introjects as alien and externally imposed. Such a child may self-regulate by schizoid or magical means, but may be vulnerable to breakdowns in functioning around issues of separation, autonomy, and self-regulation, or the management of aggression (Coates, 1998). In such a case, symptoms will tend not to be symbolic expressions of conflict but rather repetitive enactments involving introjects felt to be unmetabolizable or alien in their impinging or impenetrably remote qualities (Britton, 1992).

D. "Aggressive" and "Sadomasochistic" Enactments

Section C's discussion elaborated upon the idea that enactments arise out of the individual's manifestation of an internal model of arousal and affect regulation. Although the mechanisms or triggers implicated in transference shifts are not commonly agreed upon, the internal models involving dyadic regulation seem to be comprised of self- and object representations, some memory of interaction and/or abstracted strategy of

interaction, and a set of expectancies regarding arousal trajectories and affective outcomes.

The second half of this dissertation will explore the possibility that some internal models that have successfully regulated arousal and affect incorporate dyadic exchanges which involve the experience of painful or "negative" feelings. In other words, there exist some "best regulating" models which require the kindling of painful or negative emotions in one or both dyad members as the means by which the regulating interaction is precipitated. Enactments based on such internal models may appear to involve expressions of "sadistic", "masochistic" or "aggressive" impulses by the individual. The literature to be reviewed in this section explores the theoretical underpinnings of aggressive or sadomasochistic impulses and enactments; it is a rich and extensive literature that offers several distinct lenses through which to view the behaviors thought to be based on aggressive or sadomasochistic impulses. Most of this literature considers the goal of aggressive impulses and acts to be punitive or destructive in nature, or to be the manifestation of a desire for power and control; however, some theorists have acknowledged that aggressive gestures may sometimes serve to connect or reconnect the actor to an important other.

1. Freud and the classical view

Freud struggled for many years to find a place for sadism, masochism and aggression in his evolving theory of the sexual instincts as the basis for most if not all psychic motivation. Such aggressive impulses were the second set of mental phenomena that Freud had trouble accounting for, the first being the restrictive, "ethical" forces of the ego (as discussed in Section B). However, Freud had always asserted that the ego had a

clear, central role in producing socially functional compromise formations owing to the ego's ability to effect repression. Freud similarly acknowledged that aggression was a part of psychic life, but he was not satisfied with his efforts to incorporate it into his scheme of sexual instincts and repression. He eventually attributed aggressive impulses to a second primordial drive that was distinct from the sexual instincts. But even at the outset, Freud seemed to have implicitly associated sadism with the desire to effect human connectedness and distinguished it from the impulse to destroy.

Freud first grappled with these topics in *Three Essays on the Theory of Sexuality* (1905), wherein he defined the perversions of sadism and masochism as the desire to inflict and receive pain, respectively. Their phylogenetic roots were, for Freud, easy to detect:

> The sexuality of most male human beings contains an element of *aggressiveness* – a desire to subjugate; the biological significance of it seems to lie in the need for overcoming the resistance of the sexual object by means other than the process of wooing (pp. 157-158).

Thus, sadism develops as an aggressive component of the sexual instinct. In that same work, Freud described muscular activity as a form of sexual excitement, and thus established the link between sexual excitement and adversariality: "An inclination to physical struggles with some one particular person, just as in later years an inclination to verbal disputes [here Freud's footnote referred to the ubiquity of quarrelling between lovers], is a convincing sign that object-choice has fallen on him" (p. 203). Nonetheless, Freud made the following comment, which he let stand in 1910, but deleted in 1915: "[T]he impulses of cruelty arise from sources which are in fact independent of sexuality, but which may be united with it at an early stage owing to [a cross-connection] near their points of origin" (p. 193).

At about this same time, Freud also connected the experiences of anal eroticity with the desire to manifest self-will. Implicitly in *Three Essays* and explicitly in a lengthy footnote to Character and Anal Eroticism (1908), Freud described the universal process of toilet training as kindling what can be thought of as a universal conflict: the desire to experience the pleasure of defecation on demand, in opposition to the desire to express self-will (i.e., by not defecating until one feels like doing so). Freud explained that feces can be a symbol of something bad – such that withholding it would avoid shame and disgust in the withholder – or a symbol of something good, such that the withholder retains a valued part of the self rather than losing it. In later writings, Freud placed greater emphasis upon the positive, creative meanings of defecation as compared to the shameful meanings (see, e.g., 1918, and 1917b, where Freud described the child's feces as "a part of his body which he will give up only on persuasion by someone he loves" (p. 130)).

Another line of Freud's thought described aggression as a compromise formation produced by a particular object choice. In Freud's 1911 account of the etiology of paranoia, he posited the existence of a developmental stage, narcissism, during which stage libido was cathected to the ego. This stage took place after auto-eroticism, where the sexual instincts each sought satisfaction via body parts, but before object-choice, where an object became cathected for reproductive purposes under the primacy of the genitals. Should narcissism-stage "fixations" remain, then later experiences of object decathexis would rekindle expressions of the immature object choice characteristic of the narcissistic stage – an object bearing a similarity to the ego, i.e., a homosexual object choice. The dammed-up libido would emerge at the fixation point causing a "return of

the repressed" in the form of homosexual impulses ("I love him"), which impulses are then troubling to the ego. Freud described many defensive transformations of homosexual desire: reaction-formation ("I hate him"), followed by projection ("He hates me"), which would result in paranoid beliefs about that homosexual object. Thus, in paranoia, aggression existed as a kind of reaction formation.

In The Disposition to Obsessional Neurosis (1913), Freud introduced his concept of "pre-genital organization" to expand his theory about fixation. Rather than the sexual instincts all being active in the child simultaneously, Freud argued that one particular set of component instincts is dominant in each stage. In this article, Freud explicitly described only one such stage, the "sadistic anal-erotic" sexual organization; in his description, Freud characterized the desire to express self-will as "sadism". Freud did not attempt to find the origin of this impulse in a specific part of the body as he did in *Three Essays*, and it is generally not clear what kind of instinct he considered sadism to be.[8] Freud attributed the obsessional patient's "hatred" to her regression to the sadistic anal-erotic stage. This stage featured active and passive aims (but not yet separated out into "male" and "female" aims):

> Activity is supplied by the common instinct of mastery, which we will call sadism when we find it in the service of the sexual function; and even in fully developed normal sexual life it has important subsidiary services to perform. The passive trend is fed by anal eroticism... (p. 322).

Freud described anally-fixated women who have regressed because they have lost their genital function (i.e., they are not having sex): they are "quarrelsome, vexatious and overbearing, petty and stingy" (p. 323). Because the anal stage seemed to be the first that

[8] However, by 1915, Freud would include the drive for mastery among other "ego instincts" that serve self-preservation and the reality principle, and so by implication, the sexual mastery purpose of sadism was not primary (1915a).

featured an associated object choice, Freud offered the assertion that "in the order of development, hate is the precursor to love" (p. 325). As Freud later stated, "the opposing pairs of instincts are developed to an approximately equal extent" (1915c).

In 1918, Freud first discussed how the two anal-stage forces could contaminate one another, and how sadism might be redirected by repressive ego forces:

> Under the influence of this sadism, the affectionate significance of feces gave place to an offensive one. A sense of guilt, the presence of which points to developmental processes in a sphere other than the sexual one, [plays] a part in the transformation of ... sadism into masochism (p. 302).

Freud repeated this point in A Child is Being Beaten (1919), in which he analyzed the beating fantasy of a girl. This fantasy consisted of her watching a man beat another child, and Freud interpreted it to be a defensive expression of the girl's incestuous love for her father ("My father loves only me, and not the other child, for he is beating it"). In this case, Freud determined that genital desires had been repressed, and regressive anal-sadistic ones had returned. However, eventual development of a sense of moral guilt in the girl could transform this fantasy into one where she herself is being beaten by her father. The beating then would represent a punishment both for forbidden genital love and for the regressive sadistic substitute for that love.

Freud went on to state that masochism was not primary, but rather it was always "sadism which has been turned round upon the self" (p. 194) by the ego in the ego's effort to effect further repression. Freud also posited that such beating fantasies in boys derive from a similar incestuous attachment to the father. However, for boys it is the expression of some primarily feminine attitude, i.e. a passive attitude (as opposed to an active/sadistic impulse in girls), which triggers a chain of defensive transformations of

the impulse.[9] Freud concluded by remarking that "instincts with a passive aim must be taken for granted as existing, especially among women. But passivity is not the whole of masochism. The characteristic of unpleasure belongs to it as well – a bewildering accompaniment to an instinct" (1919, p. 194). Freud's bewilderment over the manifestation of unpleasure in the expression what he characterized as a libidinal impulse helped lead him to posit the death instinct in 1920 as the second drive and to reject his characterization of the ego as a set of autonomously energic "drives".

In Beyond the Pleasure Principle (1920), Freud stated his puzzlement more plainly: "how can the sadistic instinct, whose aim is to injure the object, be derived from Eros, the preserver of life?" (p. 54). He explored the applicability of the pleasure principle in the compulsion to repeat (as discussed in Section B on transference). Freud recognized that his patients had reenacted many painful scenarios in the transference. Loss of love, shameful failures, and impeded sexual strivings were all revived in a vivid and affectively intense way. Freud concluded that even though this compulsion is recruited by the ego in service of repression, there is something singular about the compulsion to repeat such that it overrides the pleasure principle. Freud likewise identified certain traumatic dreams that more likely reflected the compulsion to repeat than the desire for wish fulfillments. Freud proposed the existence of an instinct which existed as a force that impelled the "restor[ation of] an earlier state of things ... a kind of organic elasticity, or ... the expression of the inertia inherent in organic life" (p. 45) – the psychological equivalent of entropy, where organismic structures disintegrate and return

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[9] Freud noted that where such fantasies occurred, "the sadistic component was able for constitutional reasons to develop prematurely and in isolation" (p. 189) a portentous observation upon which Freud did not elaborate, although he identified clear fixation at the sadistic anal stage as the result.

to their lower-level organizational states. According to Freud, this "death instinct" operated initially on the ego, suggesting the existence of a primary form of masochism. When it is directed by the action of narcissistic libido away from the ego and toward some object, it is manifested secondarily as sadism.

It was in The Ego and the Id (1923) that Freud first explicitly stated that the two instincts can be "fused", e.g., when the death instinct is organized by Eros and turned outward toward the external world. In this case, the ego would harness the death instinct for self-preservative purposes (and thus outwardly manifest the instinct as the "destructive instinct, instinct for mastery, or will to power" (1924)). In fact, the death drive can only be governed by the pleasure principle if it is fused with libido. Freud described the sadistic component of the sexual instinct as example of "a serviceable instinctive fusion". Freud went on to describe all the defensive transformations of love to hate as the result of instinct fusion. Freud speculated that regression to the anal stage was the result of a defusion of these instincts. In essence, "fusion" simply referred to the alignment or combination of libido and aggression through some as-yet-undefined means, such that Freud could provide explanations for aggressive phenomena that he had trouble explaining before.

In The Economic Problem of Masochism (1924), Freud stated that remaining fused instincts not turned outward as sadism remained as "original erotogenic masochism" with the ego as object. This masochism is manifested in all the developmental stages: fear of being eaten, wish to be beaten, fear of castration, and finally (in women) the "situation of being copulated with and of giving birth" (p. 165). In this way, Freud suggested some developmental progression of aggression that paralleled

the pregenital libidinal stages. Freud went on to call the painful force wielded by the superego against the ego (i.e., guilt) "moral masochism". Because the superego was formed out of the desexualized introjects of the first objects (the parents) upon resolution of the oedipal complex, the superego retained the parents' "essential features ... their strength, their severity, their inclination to supervise and to punish" (p. 167). Freud implied that the defusion that causes regression to the anal stage left a greater amount of death instinct in a freed-up state. This free aggression is then absorbed by the superego, giving it a more harsh and cruel quality in anal stage regression.

Freud's view of aggression did not change much from this point forward. His view of the source of the death drive or the aggressive drive was much more vague as compared to the identified sources of the libidinal instincts. Freud never attempted to flesh out the "fusion" process. In fact, Freud used the German word *mischung*, which can connote either a vague admixture of the two drives or their combination in the synthesis of some new third thing (Brenner, 1982). In effect, Freud had implied that if some mental phenomenon has an aggressive quality, the aggressive drive must be active, and if the aggression is self-directed then it must have become "de-fused". By calling aggression a drive, Freud implied that its aims can be subject to vicissitudes similar to those of the sexual instincts, and took some tentative steps in so explicating.

Hartmann, Kris and Loewenstein (1949) undertook to elaborate a bit more on the properties of the aggressive drive. They noted first that the aims of this drive vary because discharge can be accomplished in a number of ways. They noted that pursuit of some of the aims of the aggressive drive may threaten the object, whereupon reality-based ego defenses would be implemented. However, these authors suggested that

pleasure and unpleasure resulted from the discharge and accumulation of aggression in the same way that it did for libido, and therefore both libido and aggression operate according to the pleasure principle. They described the cathexis of both drives in one object as a conflict, as distinct from a fusion, but they remarked that "little is known about the conditions of fusion and defusion" (p. 69).

These authors also asserted that aggressive energy can be neutralized by the ego in the same way that libido can be. In such cases, unfused aggression "does not lead to self-destruction but supplies ego and superego with motor power and equips particularly the ego for its function in action" (p. 71). It is such neutralization of free aggression in the defensive operations of the ego that led to mental integration, superego formation, mastery of the environment, and the development of motility and use of the body and of tools. These authors gauged "ego strength" by the extent to which the ego had the capacity to neutralize primary aggression rather than to experience it as masochistic. Brenner's (1982) view of the operation of the aggressive drive did not vary substantially from this position, except insofar as he rejected the existence of an organically-based "death drive" as the foundation of aggression, as many other analysts had done by that point in time.

Clearly, the modern trend in classical theory is to treat aggression as much like libido as possible, and to this extent, enactments involving aggression are understood and worked with by the classical psychoanalyst as enactments involving libido are: aggression is a drive that is continuously active as libido is; it operates according to the pleasure principle; the individual's wishes for gratification of aggressive impulses, along with their attendant anxieties and other affects and their the habitual ego and superego

responses, are formed in childhood and are subsequently manifested as compromise formations in relations with new objects. The patient's wishes to discharge his aggressive impulses will be manifested in some way with the analyst to the extent that the patient cathects the analyst as a new object (see Brenner, 1982).

2. "Relational" drive theorists: the role of experience and fantasy

Melanie Klein had never questioned that the aggressive drive existed in the individual at birth. However, in her work with children, she had the opportunity to consider the ways in which parental influences impacted the expression of the child's drive derivatives. Klein's theories reflected her desire to account for the impact of such real-life object experiences as well as the impact of innate, drive-generated phantasy on the representations stored by the child. At some periods in her writing, she seemed to emphasize the impact of real frustrations caused by dyadic interactions (1935), but at other periods she minimized this impact in comparison to the reality-distorting effects of powerful early imagoes and their projections (e.g., 1933).

The conflicts that were salient in Klein's theories were those inherent in the child's aggressive aims, i.e., how to discharge aggression in a way that does not arouse great anxiety or dread on the part of the child. For Klein, the drive and the internal representation are born simultaneously, and therefore conflicts can all be framed in terms of the child's feelings toward its internal benevolent and persecutory objects. Simple paranoid-schizoid conflicts revolve around (i) loving and idealizing fantasies involving the good object, (ii) fearful and destructive fantasies involving the bad object, and (iii) the potential for one object to blot out the other, and the related anxieties. Depressive-period conflicts stemmed from the dawning realization that the real-world correlates of the split

internal objects resided in one and the same person, and that the appearance of either object might be somehow be contingent of the child's behavior. Klein associated "depressive anxiety" with the growing knowledge that the good object might be impacted by the child's desire to destroy the bad object. Such anxiety gives rise to guilt and a desire to initiate the repair or reactivation of the good object.

The level of constitutional aggression and/or environmental frustration determined how well the child can transform these early polarized imagoes into more realistic, integrated representations. Moderate aggression and frustration would allow the child to learn that the bad object is perhaps not malevolent but merely inconsistent or fallible. The child must also come to feel that the good object is repairable by the child. Helpful in this regard are both a favorable constitutional proportion of libido to aggression in the child, as well as the parent's ability to tolerate both the child's aggression and his reparative efforts (1939, 1940). However, high aggression and frustration will maintain paranoid-schizoid fears and may give rise to envy. Envy can be defined as the child's impulse to destroy or spoil the good object, where this good object merely kindles the child's longing but whom the child feels no power to maintain. Such envy may trigger a retreat into paranoid-schizoid splitting (1957).

The child can also deal with depressive anxiety by devaluing the importance of the parent as a good object, for example, by turning to other people or inanimate objects and dealing with them as if they were all equivalent to mother. Klein termed this seemingly avoidant attachment behavior the "manic defense" (see Segal, 1973). Through such means the child could gain a sense of power over its object world and a respite from its helpless, ungratifying dependence on mother. This defense might serve to tide over

the child until the child can use reparative processes successfully; however, its chronic use will interfere with the development of normal object relations. One form of the manic defense, "manic reparation", describes the child's focus of reparative efforts toward targets other than the primary caretakers; in such a case, the child would possess no guilty feelings because she would view these targets as damaged by someone else. Such reparations could convey a devaluing or superior attitude toward their target, and would not serve to effect progressive development of internal objects as normal reparative efforts would.

A Kleinian's approach to enactments would be theoretically the same as a classical analyst's. For a Kleinian, the wishes for gratification of aggressive impulses and their affective associations would be framed in the language reflecting the specific nature of the crises faced in the transitions from paranoid-schizoid to depressive positions in childhood. Thus, the aggressive content of enactments, as well as splitting and projective defenses, would always be salient because this data would highlight the nature of the representations involved in the patient's problematic object relations. Sadism may be viewed in this light as the expression of destructive wishes toward a bad object. Sadistic attacks might also represent an envious attack on the wholesome but unavailable qualities of the good object. Subtle devaluation of the other may indicate the manic defense. Masochism might be one mode of coping with depressive anxiety and guilt, with the idea that self-punishment would have a reparative effect and lead to the return of the good object.

Kernberg is another drive theorist who, like Klein, attempted to integrate an object-relations focus with more classical views of psychic structure and defense.

Kernberg emphasized the effect of early experience on drive derivatives and the development of ego and superego. He went one step further than Klein, however, in that he rejected Klein's theory of endogenous drive-derived phantasy. In the Jacobson/ Kernberg theoretical view, representations are all based on the operation of the primary autonomous function of the ego (e.g., perception, signal processing, memory). As noted in Section B, drives in Kernberg's model do not seem to operate as primary; rather, drives serve to lend affective color *ex post* to a given representation of a child's interaction with its environment. In this view, a regulating, satisfying dyadic interaction yields a positive valence because such an interaction discharges libido. However, a disregulating, frustrating dyadic interaction yields a negative valence not because libido accumulates (yielding "frustration") but because "disappointment" comes about, i.e., aggressive energies are channeled outward at the object; discharge of aggression is *per se* unpleasurable (whereas Hartmann, Brenner and even Klein describe it as pleasurable drive discharge). Kernberg's view, simply stated, is that relational frustration causes aggression: "Affects are the primary motivational system [in that] they are at the center of [all the] gratifying and frustrating events the infant experiences" (1993, p. 235). Though he stated that aggressive expression is secondary to unsatisfactory relational experiences, Kernberg maintained that the strength and magnitude of the aggressive response is in part constitutionally determined.

In the Jacobson/Kernberg model, as in Klein's, reality-based experiences with a regulating other cause primitive, split representations to become more integrated and complex, and less affectively intense. Good, libido-releasing experiences in real-life would soften the effect of disappointing, aggression-releasing experiences. Thus the

Kernbergian analyst is sensitive to the *intensity* of the expression of libido and especially to a predominance of aggression in the transference as an indication of the level of character organization of the patient. For example, sudden, intense bursts of affect-laden transference expressed early on in the treatment might indicate the activation of a more primitive, polarized representational constellation inherent in borderline pathology. This indication would be especially strong if a variety of contradictory, strongly affective transferences are enacted sequentially but experienced by the patient in a vertically split or dissociated way.

The development of representations by accretions of self-other-affect units that Kernberg described is very similar to that suggested by infant-research-based theorists (e.g., Bowlby, Stern, and Beebe). For Kernberg, such representations are based on actual experiences and are aggregated and averaged to the extent that defensive processes do not keep the sub-models separate. Thus, masochistic enactments would represent the patient's almost literal implementation of a scenario abstracted from repeated exchanges where the caretaker actually injured the patient as a child, either physically or narcissistically by neglect or devaluation. Sadistic enactments would likewise represent a preemptive-strike to head off an attack from a sadistic or devaluing other. The moral masochism (or sadism) that may be evident in harsh superego forerunners represents concrete fragments of punitive parenting episodes introjected as a child. Sadism may also be evident in certain patients whose pathological grandiose selves are infused with aggression in a way that is ego-syntonic; these patients strive to avoid the reemergence of more painful, weak, or dependent self- and object representations.

3. "Object relations" theorists: object-seeking as the primary motive

Section B described the views of several theorists who did not construe sexual gratification to be the primary motivating influence in psychic life (e.g., Sandler, Fairbairn, Kohut, and Bowlby). Rather, they viewed the mind as developing primarily with a view toward achieving satisfying relations with objects. It is not surprising that these theorists would also reject gratification of aggressive impulses as a primary motivator, instead characterizing aggression as the set of innate responses or "breakdown-products" resulting from the failure of the caretaker to meet the child's needs.

Fairbairn's early theories worked within the Kleinian construct that described movement from the paranoid-schizoid to the depressive positions and the conflicts typical of each stage. However, according to Fairbairn, aggression toward objects was always elicited by frustration and never directed by the child at real-life objects without provocation. As Fairbairn stated (1941), depressive position conflicts revolve around the child's first important dilemma: how to love the object without destroying it by hate. Fairbairn elaborated on the various ways in which, for defensive purposes, the good object would be internalized or externalized while the bad object would be internalized or externalized. Thus, for example, externalization of the bad object while internalizing the good object would give rise to a paranoid object relation and consequent paranoid transferences that may feature sadistic attacks on the other. Likewise, externalization of the good object while internalizing the bad object would give rise to a hysterical object relation. Such individuals might present as hypochondriacal or masochistic, where the other's goodness would be necessary to cure them or save them from themselves.

Fairbairn's later explication of the tripartite "ego" as a representational model created three quite interesting categories of the self's orientation to object: satisfying (central ego), longing (libidinal ego), and rage and destructiveness (antilibidinal ego). He also adapted the tripartite ego to his earlier internalizing-externalizing matrix. In a normal relational orientation, only the central ego configuration is conscious. This configuration might describe the original transference of the typical neurotic patient on first presentation for analysis: the analyst has good properties and the patient is allied with the analyst's goodness (although return of repressed bad objects may have somehow caused the presenting problem). So long as the therapeutic dyad is attuned, no change in transference will result. However, a misattunement or break in empathy with the analyst might trigger the activation of another transference scenario.

Fairbairn described a defensive relational paradigm that accounted for certain forms of "acting out" or antisocial behavior: the antilibidinal ego (but not the antilibidinal object) could break through repression into consciousness as a way to localize the origin of the child's (or patient's) bad feeling while preserving his conscious view of the parent as good. Thus the patient's sadistic or masochistic acting out, in or out of therapy, might be his way of enacting the antilibidinal role to preserve the analyst's (or fantasied parent's) goodness after the analyst had activated the antilibidinal object, on some level unconscious to the patient. On the other hand, the patient might identify something in the analyst with the weakness or dependence that is characteristic of the libidinal ego, and thus sadistically attack the analyst. One can also imagine masochistic scenarios in which the libidinal ego broke through to consciousness: the patient might engage in enactments identifying the analyst with the sadism of the antilibidinal ego or with the libidinal object.

Such enactments would eventuate frustrating outcomes for the patient or lead to the patient's superego attack on the analyst for raising the patient's expectations and then failing him. In Fairbairn's system, all such enactments are the patient's way to defend against the most terrifying truth: that the patient's *parents* really were bad, not his own libidinal or antilibidinal ego.

As Fairbairn did, the self psychologists would likewise reject the notion of primary intrinsic aggressive activity: "The primary psychological configuration ... does not contain destructive rage but unalloyed assertiveness" (Kohut, 1977, p. 119). Self theorists regard the transformation of basic assertiveness into the expression of rageful or destructive aggression to be a by-product of the instability or fragmentation of self experience. Such disturbance is ultimately due to a real-life disruption of the selfobject relationship. When the self is in such a state, either as an original state early in childhood, or later in adult regression or adult pathology, it is unable to mobilize effective assertiveness. This kind of assertiveness can only be produced by a self that feels both effective and allied with another. In the absence of such self stability, the self can only respond to relational disruption with "narcissistic rage" (Kohut, 1972). The goal of such rage is to forestall further self disintegration channeling the associated anxiety outwardly via the destructive retaliation against the injuring other. Such rage can be viewed as a sort of omnipotent reaction formation against the painful shame, helplessness and emptiness that resulted from dependence on the failing selfobject (Kohut, 1977; Morrison, 1989). These painful affects are felt to be intolerable, and the defensive explosion of rage serves to wipe them from consciousness.

There are a number of manifestations of what superficially may be described as sadism, masochism or aggression in the selfobject transference. The first manifestation occurs when the patient has perceived some selfobject failure by the analyst. This failure may yield anger, sadism or devaluation on the part of the patient toward the analyst, which can all be viewed as expressions of narcissistic rage. Such aggression may be overtly expressed in an immediate effort by the patient to shore up his self-esteem, or it may be projected into the analyst and first detected by the analyst as an "unexplainable" countertransference. Self psychologists regard such projective identification as a sign that the patient needs to break his mental link with the unempathic object he has just encountered in the analyst, but that the analyst has not yet become consciously aware of this need (Bacal, 1987). Likewise, self psychologists view the "negative therapeutic reaction" to be a result of the patient's protracted experiences of misattunement by the analyst with the patient's selfobject needs (Brandchaft, 1983). Expressions of sexualized sadomasochism are thought to represent a sexualization of the patient's merger needs with a fragmented idealized selfobject. In such cases, the whole selfobject has been fragmented into, e.g., rejecting components or grandiose components as a result of frustrating early experiences, and the patient lives out particular representational scenarios involving these fragmented selfobjects (Kohut, 1977).

Self theorists might view another type of "aggression" in the transference as the manifestation of the patient's bid to be mirrored by the analyst. The analyst may experience the patient as behaving in a controlling, omnipotent, sabotaging, exploitive, callous or "narcissistic" way, e.g., by not acknowledging the analyst as a having a subjective presence or consciousness. Such patient behaviors may make the analyst

angry, but nonetheless cannot be considered to be expressions of aggression by the patient. Rather, these behaviors are experienced by the analyst as narcissistic injuries of his own, and the anger the analyst feels is his own narcissistic rage. To the extent that the analyst has selfobject needs, the patient has the capacity to frustrate and thereby injure the analyst in the sometimes ruthless pursuit of the patient's own selfobject needs: "[T]he therapist is unconsciously sustained by a variety of reactions of his patient to his responsiveness. Specific selfobject needs of the therapist [consist in the way he] expects his patients to behave as a result of his ministrations" (Bacal & Newman, 1991). As Steve Ellman pointed out, issues of narcissistic disequilibrium in the analyst are always present. It is never possible for the analyst to wish nothing for himself within the analytic relationship. At the very least, the analyst wishes to be helpful to the patient, and the patient always has the capacity to frustrate this wish (Ellman, 1998).

Sheldon Bach has made some important observations that relate to theories of Kohut (e.g., 1971) and Kernberg (e.g., 1975). It will be recalled that Kohut and Kernberg both emphasized the role of archaic, polarized self- and object representations in the etiology of narcissistic disorders (although Kernberg paid special attention to the developing internal interplay of these imagoes and the resultant pathological structure formation). Because of particular real-life experiences with objects, such primitive split representations do not evolve in the mind of the child. Rather, they stay static because they are reinforced by confirmatory disregulating interactions with others (i.e., the split models accurately represent and predict the child's real environment).

In Sadomasochistic Object Relations (1994), Bach discussed the meaning of sadomasochistic sexual acting out as the expression of these primitive polarized

representations. As Kohut and Kernberg did, Bach emphasized the activity of idealized or omnipotent self- and object representations in the psychic lives of his narcissistically disordered patients. For the most part, Bach understands sexual sadism as an effort to identify with an omnipotent other and perhaps to externalize the powerless aspects of self. However, Bach blurred somewhat the goals or expectations (destruction versus connection) that are usually associated with the sadistic enactment. In some of Bach's cases, the sadist desires to discharge his accumulated rage and thereby to destroy someone that the sadist implicitly associates with some early frustrating other. In other cases, the sadist wants to make his partner love the sadist or at least to produce some part-object gratification for the sadist after symbolically capturing the partner. Here, the sadist seems to associates the other with some envied unattainable good object that the sadist did not formerly have the power to maintain. In such cases, the sadistic fantasy "glues both participants together" (p. 8). In his discussion of sadistic sexual acting out, Bach focused primarily on the mirroring selfobject function of the sadist's partner, i.e., the fantasied destruction of the partner helps to address a defect in the sadist's omnipotent identifications. (Bach does not use self-psychology terminology, however.) In his discussion of masochistic sexual acting out, Bach focused more on the engagement expectancies of the fantasy, i.e., that in the masochistic enactment the otherwise absent object has been successfully engaged by the masochist. However, Bach never specifically claims that masochism is characterized by the desire to engage the other and sadism by the desire to destroy the other.

Bach does say that it is important to distinguish two levels of pathology in sadomasochism. The less pathological form arises in the context of a relational

connection with parents, where "the parents condemn the behavior but recognize the child as a separate entity" (p. 5). Bach associates this sadomasochism with "neurotic perversions". By contrast, the more severe sadomasochism takes place in the context of relational *disconnection*, i.e., selfobject failure: "parental nonrecognition, emotional absence, or a lack of mutual pleasure between parent and child force the child to flee to [sadomasochism] in an effort to deny the loss and to buttress a failing sense of self" (p. 5). Although Bach only associates the latter form of sadomasochism with loss, there is loss experienced in both forms: in the neurotic form there is contingent loss of the whole-object, while in the narcissistic form there is loss of the selfobject. Elsewhere in his article, Bach makes a more vague paradoxical statement that sadomasochistic relations exist both as a defense against awareness of loss and as an attempt to repair loss.[10]

4. John Bowlby and Joseph Lichtenberg

In describing his approach to psychotherapy, Bowlby acknowledged the importance of the patient's real relationship with caregivers as a child. He also

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[10] In his article, Bach repeatedly refers to character types, i.e., as "the sadist" and "the masochist", thereby bestowing a "syndrome" or characterological predisposition one person. In employing such one-person perspectives, however, Bach shifts the focus away from the particular interactive sequences of events that comprise the two-person system that "the sadist" and "the masochist" jointly create – how they meet, how they engage one another, what the moment-by-moment transactions are that make their system stable as opposed to disregulating. Bach does note that people "oscillate" between sadism and masochism because of the instability of the narcissistic position: "one moment the patient is sunk in masochistic surrender to the idealized lover ..., whereas the next moment she is sadistically manipulating the same lover ... for the pleasure of sexualized power" (p. 10). Bach might say that such oscillation reflects alternating identifications within one representation or perhaps even alternating between two different internal models. What is missing in this perspective is a more micro-level examination of the painful or provocative transaction itself as the currency by which the partners regulate one another. Such exploration might help explain, for example, the commonly observed sadistic expressions of the self-identified masochist, and the masochistic willingness of the sadist to match up with someone who can so expertly provoke his sadism.

emphasized the crucial fundamental task of building the patient's trust gradually over time by means of the analyst's enduring empathic stance. This approach, as he himself stated (1988), has much in common with the British Object Relations school (Fairbairn, Winnicott, Guntrip), the Interpersonalists and the self psychologists. What may distinguish Bowlby from the members of these groups are (i) his comparably greater emphasis on representational models as literal reproductions of actual parenting interactions, and (ii) his focus on the pathogenic role of separation, especially separations taking place in the second through fourth year of life.

For Bowlby, the patient's self-other representations do not contain exaggerations based on infusion of fantasies or innate drive dispositions, nor do they contain significant distortions that might result from the child's immature ego apparatus. Rather, inner models, and their enactments in the therapy, accurately reflect *actual* parent child-transactions or alternatively may convey what the child has been repeatedly told by parents. In the transference, patients may adopt either the child or parent role in the representation. Aggression, sadism, and anger by the patient in the transference may represent accurate replications of the angry or sadistic treatment of the child by the parent. Such aggression may also be the direct expression toward the therapist of the patient's lingering, unextinguished resentment toward parental victimization, exploitation, frustration or neglect. Bowlby might also explain sadistic and masochistic enactments by the patient as manifestations of the child's role in the family as assigned by the parents, e.g., the child is bad, incapable, unworthy or is otherwise the cause of the family problems, or is the embodiment of some transferential feeling of the parent toward the parent's spouse or other relative later displaced onto the child.

Arising out of his emphasis of the primacy of the attachment system, Bowlby regarded separation anxiety as a "basic human disposition" that is integral to the organized system of attachment-related instincts (1980). Separation anxiety is evoked by the perceived potential for pain or danger inherent in the child's separation from the protective, caregiving attachment figure. Bowlby noted the immediate and frequently prolonged pathological impact of mother-child separations, e.g., separations resulting from the mother's hospitalization. Such incidents give rise to anxiety and anger, a period of grief and mourning, and subsequent suppression of attachment behaviors. Bowlby pointed out that a pattern of parental threats to the child to abandon or withdraw love from the child as a means of coercion could have an impact on the child tantamount to actual physical or emotional separation (1988). In adult treatment, Bowlby would recommend that the therapist examine the patient's history closely for evidence of one or more periods of threatened or actual physical or emotional unavailability of an important attachment figure.

Where such actual incidents are found in the patient's past, Bowlby would expect there to be left a characterological residue of the resultant suppression of attachment behaviors. Patients with significant separation incidents or other attachment disruption may show one of four deviant patterns of attachment behavior as adults: anxious attachment (i.e., preoccupied), compulsive self-reliance, compulsive caregiving, and emotional detachment (1978). Such interpersonal styles might be evident in the transference at the outset of treatment. However, all these styles exist as a defense of the underlying anger and anxiety over what the child perceived as a frustration of his need for ongoing care and parental availability. Physical separation of patient and analyst

(e.g., vacation, illness or other scheduled or unscheduled breaks) or the therapist's perceived emotional unavailability may trigger irruption into the transference of the anger at the original failing caregiver displaced onto the therapist.

Joseph Lichtenberg, a theorist who has worked to incorporate infant research discoveries into analytic theory, proposed that there exist five discrete motivational systems (1989) from which transferences evolve, where each system develops from an "innate program in response to a basic need" (1993, p. 23) and each involves particular affects. At any given moment, motives from one of the following systems will dominate the foreground of self-experience: (i) psychic regulation of physiologic requirements, (ii) the need for attachment and affiliation, (iii) the need for exploration and assertion, (iv) the need for sensual enjoyment and sexual excitement, and (v) the need to react aversively. These systems seem to encompass Bowlby's two antithetical instinct groups (attachment and exploration) as well as the two drives (sexual and aggressive instincts). For the purposes of this section, I will only discuss Lichtenberg's view of the fifth motivational system, the aversive motive.

In *Psychoanalysis and Motivation* (1989), Lichtenberg defined the aversive system. In doing so, he distinguished the assertion/exploration motive from aggression, citing Stechler's (e.g., 1985, 1987) proposition that assertion and aggression have different biopsychosocial origins, serve different functions, and are affectively distinct. Accordingly, the assertive system is activated by a great variety of environmental stimuli, especially where the child has some contingent impact on the stimuli. The associated affects are positive ones: interest, excitement, and joy. By contrast, the aggressive system is activated by stimuli the child determines to be threatening to his integrity and

thus induces distress. Lichtenberg preferred to use the term “aversion” rather than ”aggression”: withdrawal and flight responses are included in this system in addition to the actively antagonistic responses that in the most intense emergency applications are expressed as attack modes aimed at destroying the source of the threat.

Lichtenberg emphasized that parents must support and encourage aversive responses in interaction with the child. Such encouragement is crucial in the healthy development of this motivational system:

> [T]he caregiver must be able to suspend “empathy” ... and engage in meaningful controversy. Furthermore, the caregiver must empathically accept that it is to the child’s advantage for the child to suspend the empathic linkage to the caregivers in order to formulate his or her own agenda, and even at times to have a vigorously aversive reaction to interference with that agenda (1989, p. 174).

Lichtenberg found in early infancy the manifestation of the aversive motive in the infant’s crying (a “vigorous protest”) and its excited arm-flapping and head-turning, or its withdrawal into sleep (in his example, a response to a cloth dropped over the face of a three-week-old), and ubiquitously, gaze aversion. Lichtenberg deemed the stimuli that elicited these responses in his examples “straight-forwardly noxious or frustrating”. As he stated, “we can easily sense empathically that for infants these experiences violate the pattern of recurrent, predictable exchanges between mother and infant from which infants derive pleasure in intimacy and ... competence” (p. 176). Lichtenberg called such aversion responses “ineffectual” because they “do little in themselves either to put matters right or to protect against the offending source ... with the exception of some reduction in overall tension through crying, infantile fussiness, rocking and head-banging”. Accordingly, the primary constructive force of the innate patterns of the

aversive system in early infancy is restricted to their success as signals that evoke remedial responses from caregivers.

In Lichtenberg's discussion of the aversive motive in the later infancy and toddler period, he described a 10-month-old who, wearing "a look of mild anger", gave his wagon a vigorous push after it became stuck on the carpet. To Lichtenberg, the child had been implementing his exploratory/assertive motives, the expression of which then became impeded; this impedance gave rise to the aversive motive. "The [aversion] to the dystonic state and the accompanying angry feeling often heightens vigor in overcoming the blockage. The infant learns...that his anger becomes instrumental" (p. 183). Eventually, the child will use the aversive motive to learn to "engage in and regulate controversy". Using a Parens (1979) vignette in which two 13-month-olds tussled over a purse they both wanted to possess, Lichtenberg described how one of the mothers intervened to resolve the conflict effectively, and he discussed what the children learned about conflict resolution as a result. Lichtenberg called this mother's intervention the optimal way for the child to learn deal with controversy; this positive pattern of resolution will not be established if the child's own distress elicits pain or abuse from the parent, or if the child otherwise experiences a narcissistic injury as a result. Though he asserted that a one-year-old is engaged in the process of "learning the instrumental power of anger, learning aversive responses to danger, and learning to engage in and resolve controversy" (p. 188), Lichtenberg did not explore the process by which the early aversive mechanisms develop, organize and reorganize in a way to enable such learning to take place in an older child. Nonetheless, Lichtenberg emphasized that adversarial relationships with parents are not merely unavoidable but essentially serve a positive

purpose: to help the child develop his adversariality in a way that will help him function effectively in the future.

In the introduction to this dissertation, I identified two possible motive forces that engender provocative enactments: the desire to destroy or devalue another, and the desire to repair a connection. The above survey of the various theories of aggression in enactments provides strong explanatory support for the first view of provocative enactments. Some theoretical approaches may emphasize the role of aggression as a drive, a primary energic force which can be channeled and shaped by one's ego functions; others view aggression more as a by-product of frustration – frustration of the need for a particular kind of object or object relationship, or for some set of selfobject functions. There are also divergent beliefs about the role of fantasy versus real experience in the genesis of aggression: some theorists emphasize that the level of an individual's aggression is constitutionally-determined and that the expression of aggression will be determined by the intersection of the individual's fantasy life and ego resources; other theorists emphasize that the level of aggression will be directly proportional to the quantity and magnitude of real experiences of disregulation and frustration. Still other theorists find ways to blend these two views together.

Nonetheless, these views tend to focus mostly on the destructive function of aggression. Very little of the literature surveyed accounts for the role of aggression in the service of forming or restoring affect-regulating connections with others. It is true that Freud did note the nexus of relational expressions of aggression with object choice, though his theoretical explanations of sadomasochistic phenomena seemed to shift over

time; classical theorists would likely view the expression of aggression for such purposes as evidence that the aggression has been changed into something else: drive "fusion" takes place, or aggression is somehow transformed by the ego into a life force that serves the ego's interests. However, it is difficult to find in the literature much elaborated discussion of the role of unpleasant arousal experiences and negative affect as the "currency" that is exchanged in well-regulating dyadic transactions. In the next half of this dissertation, case material will be presented which will illustrate provocative enactments in their function as regulators of underarousal and loss, in addition to the traditionally accepted function of provocative enactments as the patient's means to devalue or destroy an object connection.

III. CASE PRESENTATION AND THEORETICAL DISCUSSION

The proposal I advance in this dissertation is that provocative enactments can be viewed as regulators of arousal and affect. This view suggests that provocative transference scenarios are triggered when the patient apprehends or actually experiences a state of physiological underarousal. The underarousal is cognized as the loss of a stimulating and well-regulating other – in essence, the loss of a good object – and the actualization of the provocative transference scenario represents the actor's attempt to reregulate, i.e., to increase the stimulation coming from the other, thus staving off the experience of object loss. This formulation not only underscores the strong connection between states of physiological arousal and the formation of representational systems in early life, but also emphasizes the continuing and central role of arousal in the manifestation of transference in adulthood. The perspective suggested in this dissertation may be underrepresented in the set of theoretical explanations of the origin and function of enactments upon which clinicians commonly draw. The theory presented herein may also suggest some useful clinical approaches to a particular subset of "aggressive" transference phenomena that will be discussed in a later section of this dissertation.

Part II of this dissertation reviewed literature relevant to a discussion of the origin and function of provocative enactments. Such a survey is by necessity a broad one, covering a range of psychoanalytic and experimentally-based theories pertaining to (i) physiological arousal, the relationship of arousal to affect, and the development of systems to regulate arousal and affect, including their cognitive sequelae; (ii) the nature and development of representational systems; (iii) the origin and function of transference phenomena; and (iv) the scope of the term "aggression", the origin of aggression, the

internal mechanisms associated with it, and the role of aggression in the formation and function of representations, transference and enactments.

In Part III, a clinical case will be presented in order to explicate the view of provocative enactments as regulators of arousal and affect as a way of augmenting the theoretical discussion. The clinical presentation will begin with a case description, specifically highlighting manifestations of the patient's provocative gestures, his related thoughts and feelings, his expectations regarding the thoughts and feelings of others, and the therapist's own countertransference. The case material will be followed by an application of traditional theories to account for those provocative scenarios that the patient attempted to enact, and the clinical interventions implied by such theories. An alternative theoretical view will then be elaborated upon and applied as a way of understanding the same clinical phenomena. A discussion of the clinical implications will follow.

A. Clinical Case Summary

Cuadli is a single, gay male undergraduate who was born in India and immigrated to the U.S. from Ahmedabad to attend college. He is about 5' 6" tall and slight of build. When he presented for intake, his hair was cut in an almost shoulder-length 1970s style, and he was dressed neatly in a stylish, contemporary way; his manner was described by his initial interviewer as "demure". He was twenty years old when he first presented for treatment in the fall of 1999 for three intake sessions, and was seen by the author in psychotherapy once weekly for the next year and a half – forty five psychotherapy

sessions in total[11]. He had no prior experience with psychotherapy (likewise, the author had no previous experience as a psychotherapist), but Cuadli felt impelled to seek treatment to address his acute "depression, emptiness and loneliness". He reported feeling fatigued, that his mood was quite volatile, and that he was spending a great deal of time in bed. He also said that he was "feeling empty about [him]self", that he was "worth nothing", that he was a "torture for his parents", and that he will "end up a nobody": "maybe there will be an incident in school, and I would have to drop out of school somehow; I would make some mistake eventually, drop out and be seen as a loser; maybe life would be over."

He reported great discomfort among other people, especially in public places. He imagined that strangers harbored critical or hostile thoughts about him, so much so that he felt considerable anxiety, for example, riding the bus, subway or elevator: "You can't escape the attention of the people looking at you. *[What do you think they're thinking about?]*[12] 'Who is he? Why is he wearing that? I hate that.'…Like [they're thinking] whether I'm dressed nice. That I'm ugly, I haven't shaved. Small details, like my shoelaces are too old. It's probably imaginary, but I'm still bothered by it." On those occasions when he had visited bars or coffeehouses in the West Village or Chelsea area, Cuadli believed the other patrons were looking at him and thinking either hostile or sexually predatory thoughts, so much so that he would become too anxious to stay.

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[11] It should be noted that these sessions were not electronically recorded, and as such, session transcripts do not exist. Quotations and other data cited here are taken from the author's process notes that were based on session notes and composed after the sessions had taken place.

[12] Bracketed italicized text will be used in extended quotes to indicate the therapist's remarks to the patient.

Cuadli also spoke about never having had any successful relationships, but rather he felt that they typically ended up unhappy and unsuccessful, in that he had been used or exploited in them, and as a result he felt quite wary and untrusting of potential partners. During the intake, he also described a variety of suicidal or otherwise self-destructive thoughts and fantasies, e.g., that someone will push him in front of a train, or that he will jump from a bridge or the Empire State Building. He reported that such thoughts had started to come to him in early adolescence. For the most part, such thoughts seemed to be fleeting fantasies; he denied forming any coherent plans. However, Cuadli did mention some potentially self-destructive current behaviors, e.g., intentionally jaywalking in busy places, and walking down dark streets late at night.

Cuadli's father worked in the banking/finance industry and his mother is a homemaker. He has two older sisters, and as a child Cuadli admired their artistic and musical talents and felt they shared a special warmth and closeness with him. Indeed, he spent a great deal of time with them when he was small. However, as an adult he is more ambivalent about them. He reported feeling anxious and frightened when they would make pointedly homophobic comments in his presence during his adolescence and feared they would reject him if they knew about his sexual orientation. Cuadli described his father as a "mysterious" figure and as having a vague and disconnected presence in his life nowadays, although Cuadli felt very close and warmly toward him as a young child. Cuadli described his mother as "depressive", uncommunicative and uncaring during his childhood. Cuadli's later descriptions of his contemporary interactions with his mother indicated that she was chronically and actively critical and rejecting of him in ways that pained Cuadli deeply.

Cuadli described himself as a shy and lonely child with few social contacts outside his family. He referred to a period when his family moved once a year for three years requiring a change of schools for him each time. Cuadli was saddened to have to leave his schools, and he reportedly felt hesitant to make new connections at his new schools. Cuadli made the decision to "come out" to his classmates in early adolescence, and he suffered severe humiliation and ostracism because such self-expression of his homosexual orientation was (according to him) highly aberrant in that social context at the time. His depressive mood and self-destructive ideation seemed to have started around this same time, though it is not clear the extent to which this incident precipitated the mood and ideation changes or vice versa. Cuadli did not come out to his family at that time, and only did so to his mother in a rather oblique way in 2001. Cuadli reported great discomfort and anxiety when family members made homophobic comments, though they did not seem to focus specifically on gay people but rather spoke derisively about all sorts of people who are somehow "different".

Cuadli spoke about his past intimate relationships only vaguely. In the early months of treatment, he gave the impression that what few intimate relationships he had were fleeting and more sexual than emotionally intimate in nature. He conveyed that people were only attracted to him as a "boy toy" rather than interested in getting to know him as a person. He spoke sadly about the friendships he had formed in California during his first year in the U. S., saying that most were short-lived, while the remaining few were strained as a result of his move to New York. As part of the intake process, Cuadli was referred to a psychiatrist, who prescribed Paxil to treat the depressive symptoms. Owing to logistical difficulties on the part of the Psychological Center, Cuadli began

treatment in the Spring, 2000 semester, three months after the series of intake interviews. When Cuadli returned at that time to begin psychotherapy, he no longer reported starkly self-destructive fantasies.

Cuadli typically behaved in a polite and agreeable way, and seemed loath to criticize me or to express verbally any disappointment or anger toward me. As will be discussed later, he would sometimes use powerfully imagistic, sometimes violent, primary process language to describe his relational experiences and his self- and object representations. At times there was a vagueness to his speech when he was anxious that seemed on first blush to indicate some fragmentation of thought. Cuadli would later suggest that this way of communicating might be under his conscious control, and he acknowledged a purposeful use of vague speech as a way to remain opaque to others. He would eventually acknowledge that he valued the opportunity to share with me his inner world in his characteristically imagistic way, saying that I was able to listen to him "without judgment" and without my thinking that this way of communicating was "stupid" or bizarre. He also demonstrated an ability to modulate this way of communicating out in the real world.

Cuadli often showed a desire to connect with others, but at the same time, he was reticent to make his needs plain or explicit. This conflict featured prominently in many of the interpersonal interactions that were of concern to him. When Cuadli needed care, attention or help from others, he often attempted to elicit it by adopting a passive or withdrawn attitude toward them, in the hope that others would somehow sense his need and be drawn to him. For example, he recounted an incident at a coffee shop where he was left standing inside by the register, waiting to be seated. Cuadli responded by

wandering around the coffee shop for five minutes until he was noticed and seated. While he felt impelled to behave this way, he simultaneously felt ashamed and embarrassed, believing that he appeared weird to others by wandering around. He often feared that active assertion of his desire for others to fulfill his needs would be felt by others as an annoyance or imposition:

> "I feel like a jerk, because, like, if I want someone to do something with me, I feel like a jerk for asking, because maybe they don't want to.
>
> *[So you feel like a jerk for wanting something from them.]*
>
> Like they don't really want to do something with me, that I'm just wasting their time. Like I forced them to come out for coffee, but it's just for my pleasure…. And then I feel like hesitating, and so I don't call up."

Often his fear of rejection would engender thoughts of extremely bad outcomes – outcomes that seemed out of proportion to the circumstances he faced. For example, certain test scores of his were needed by the registrar, but Cuadli was loath to approach anyone in the registrar's office. He feared he would encounter a "grudgy or angry person who wouldn't want to deal with me"; he also feared that by not going to the registrar's office, he would have to drop out of school and end up being deported. On another occasion, Cuadli was in a cab with his boyfriend, and the boyfriend and the driver began to argue over the boyfriend's preferred route to travel. Cuadli was terror stricken, anticipating that the argument would spiral out of control and that the driver would end up stabbing someone; to Cuadli, this was an example of what might happen when one attempted to assert oneself to others. Because the assertion of his needs always produced anxiety, Cuadli preferred that others take the lead and guide his behavior. However, there were also times when he also spoke of feeling exploited and intruded upon in

relationships. As a result, I initially felt myself in a bind in the treatment: if I were too active with Cuadli, I risked intruding; if I were too deferent, I risked appearing unhelpful or uncaring.

Early on, a pattern began which would recur over the course of treatment: a break in the sequence of weekly sessions would be followed by a gesture of withdrawal on Cuadli's part. Such gestures would typically lead me to feel stirred to reengage Cuadli, but after only a few sessions, there was something about these gestures that led me to suspect that he *wanted* me to feel stirred, though I could not specifically say what it was. As mentioned, treatment with Cuadli was unable to begin until three months after the initial intake. In the first scheduled therapy session, Cuadli arrived twenty minutes late, saying that he forgot about the session; in that session he expressed his desire to be seen weekly. The next week, Cuadli was thirty minutes late (again saying that he forgot), and in that session he repeatedly maintained that he really only wanted to come every other week – that once weekly was "too much". I replied, "If you want to come every other week, that's fine… So you feel like once a week is too much. Too much, how?" Cuadli explained that his "life was not high right now" – that there was not much "content", and implied that he would not have enough to talk about. I was felt skeptical because he had a great deal to tell me in the intake sessions. My further inquiries into his underlying feelings or how he imagined I would react to meeting less frequently produced little more than a simple repetition that he wanted to come in once every two weeks.

I then shared my thought that "maybe when you say you're not ready, you're saying you're not sure you feel ready for the prospect of coming in for therapy as a general matter". Cuadli replied, "Possibly…", and then brought up the long break

between intake and the first therapy session, saying, "Intake was last year; now the therapy is this year," implying that he had changed a bit as a person after three months. I wondered aloud whether the long break made him think "'What's going one? Things start to go forward with the intake and then I have to sit around and wait for three months.' Like, we first get started and then the whole thing cuts off." He replied, "It's like you brought out the ingredients in me to do therapy, about my family, and my childhood…these things were all brought out and then three months later they were pulled back in." He then stated that perhaps he had made a mistake, i.e., that this happened because he came in at the end of last semester, he came too early, and he should have come at the beginning of this semester. He then stated again that he "would like to come every two weeks…. By the way, I stopped taking the Paxil." On inquiry, he explained that he did not like the side effects, so he decided to stop, and then said, "It was silly to make that decision without speaking to [the psychiatrist] because it could be dangerous." By this point, I was wondering whether he was saying certain things in order to get me to worry about him or to otherwise stir me to react.

Although I responded to Cuadli in a relatively neutral way in this early session, I would later find myself responding to Cuadli's passivity by making an active effort to maintain his goodwill and to keep him engaged in the treatment. As mentioned, Cuadli would eventually be able to reflect on his passivity and withdrawal, and could discuss the problematic aspects of his hope to elicit care in this way, as manifested in the transference as well as in other areas of his life:

> "*[I mean, it's okay to have me want to chase after you here, because we can talk about it here and understand what it is you're hoping to bring about. But you know, in real life, putting people in the role of chasing you could be problematic.]*

How can that be problematic?

[Well, for example, I'm not sure it's clear that people know *that you want them to chase after you.... When you run away from people, they might feel like you don't think their company is worthwhile.]*

[Here Cuadli said that he had plenty of examples of that, giving one where he was invited to take a trip with someone, then became anxious that she would not like to spend the time with him; because he was anxious, he ended up not calling her back, and so she assumed he did not want to go.]

[So how do you think people react when they see you shying away from them?]

They will probably think that I don't want to spend time with them and they avoid me.

[So they end up acting in a way that you were afraid they would.]

And I end up alone."

As mentioned, I thought I had detected a provocative quality to his passivity and withdrawal. It appeared that he tried to lever his occasional expressions of enthusiasm for the treatment by subsequently withdrawing his enthusiasm. I wondered whether such withdrawals represented his attempt to (re)connect with me through provocative means, i.e., to get me to reassure him that he was wanted, that I valued him and that I genuinely wanted to help him. There were certainly times when Cuadli questioned whether I genuinely cared about him – especially at those times when he thought very poorly of himself – and he suspected that I was just acting as though I cared because that was part of "doing my job". Cuadli initially seemed to be much less conscious of the provocative aspects of his passivity and withdrawal. After a few months, I had developed the hope that enactments such as these could be made fully conscious and understandable to Cuadli, despite his ambivalent feelings about actively engaging in the treatment.

The logistical issue about the frequency of the session was soon resolved. In the following session, I expressed my concern that such infrequent meetings would make it difficult for us to know one another or to build a level of trust necessary for the therapy to be effective. He replied, "Let me think about it… Would it be all right if I called you on Monday or Tuesday?" Given that our appointments were on Thursdays, I said, "if you feel like calling me for an earlier session, you can always do that – the more notice you give me, the more likely I'll have the time open – otherwise, we'll meet two weeks from now." Cuadli did not call. He came to the following session twenty minutes late, and started by saying that he wanted to discontinue treatment. The motives he spoke about seemed vague, e.g., that "in the last few months [he'd] adjusted better to his environment", and that he was not sure what the purpose of the therapy would be. Over the course of this session, I found myself speaking more, specifically making more interpretive comments, with the hope of engaging Cuadli in the treatment. At one point Cuadli asked, "How would you label me?", saying that he had been thinking about how others see him (although I wondered to myself whether he was also afraid I thought he was crazy, or had bad qualities). I responded:

> *"[That reminds me about times in the past when you asked me my opinion of something you'd said. I wonder if you're feeling like you're wanting something more from me than I'm giving…. To answer your question, I think you're a thoughtful and sensitive person, and that being close to people is very important to you. But at the same time I think that close relationships have been painful for you in the past, and for that reason, you have two feelings about closeness: wanting to be close but also feeling that closeness is very risky. I think this sense of risk is somehow connected to your concerns that others might not think well of you, or be actively thinking bad things about you.]"*

Cuadli agreed, but his subsequent response was mumbled and somewhat disjointed. When I said I had trouble understanding him, Cuadli replied, "I was

mumbling. I know. I was being vague. That's why you couldn't understand." I then attempted to respond to what I sensed he was being vague about, namely, what it was that Cuadli wanted from me:

> "*[When I heard you say 'I (Cuadli) don't make an effort to…' I thought of the times where I asked you to do something, and it seemed like you'd rather* I *did something for you, for* me *to make more of an effort to do something in service of you and the treatment.]*
>
> I am subordinating. That's something I need to work on.
>
> *[Like in the last session, where you said 'Should I call you Monday or Tuesday?', I felt like I responded by saying 'well, you can call me if you feel like it'. But I wonder if you would've wanted me to say, 'Yes, call me Monday or Tuesday!']*
>
> Yes, I would've felt better if you had said that."

Cuadli then returned the focus to his feeling that, by wanting others to take action for him, he is subordinating himself to them. He said, "Maybe that would be something to talk about if I come in next week. I feel like I want to come in next week and talk about this." We arranged a time, and he let me know that he would write down the appointment "in a special section of my notebook that I always check," from which statement I inferred that he wanted to show me his active investment of effort and engagement.

Reflecting on my active response to Cuadli's withdrawal, I realized how my activation led to a repair of the disconnection that Cuadli sensed. Cuadli had described other events in his life involving a similar pattern of disconnection, acting out (especially by causing others to worry), and reconnection:

> (i) "One time, I ran away from home. Just for one day when I was four…. I don't know how I was able to walk five miles with my sister's sneakers on. Finally, I got to this electronics store. The clerk called my parents; my first and last name was on every piece of my clothes. They

> called every [common last name] in the phone book. She contacted my parents. They came to the store and picked me up. They were so worried and paranoid that day, driving all around to find me. *[Why did you run away?]* My father had to take my sister somewhere; I was jealous he didn't take me with my sister. I remember screaming at my father that I hated him. I don't know why I said that…it's a vague memory."
>
> (ii) *[Inquiry about starting school]* "When school started, I was embarrassed. I wet myself on the first day. I was so anxious and nervous. My mother drove me to school, and just after she left I said to myself, "Gosh. What will I do?" Then I wet myself. Someone had to take me to the bathroom to change my clothes. After that it was hard to talk to my classmates."
>
> (iii) [Several months into the treatment, Cuadli disclosed the existence of an intimate relationship with Noel, an antiques dealer in his fifties, which had begun months earlier. Cuadli spoke vaguely but hopefully about this relationship ("maybe my soulmate"), but also described him as very jealous. Cuadli subsequently described a "turning point" in his relationship with Noel:] "I went out with a friend last Saturday night. *(Coyly)* I *assumed* he was not interested in me. I came home at 3:00 a.m., and there were a lot of phone messages from my boyfriend – he was worried. He was furious when I told him I'd be going out with this guy. You and I talked previously about him not trusting me. So we had a three-hour conversation…we had a big argument... *[What was the turning point? Did you break up?]* No. By arguing, we're more honest. We've become closer. I think so… I suppose so…" Cuadli did not allude to any events which might possibly have precipitated his decision to go out with another man that night.

In the last session before summer break, Cuadli spoke at length about his feelings that his relationship with his boyfriend was not going to work out. I felt a strong urge to warn him not to preemptively precipitate a break-up with his boyfriend; in other words, I felt very stirred to rescue him. Though I did not act, I did note to myself that I was more active in this session and that I spent more time reflecting his feelings than I usually do. Cuadli said pointedly that if his boyfriend stood him up that weekend or did not want to spend that weekend with him, "then that's it." He felt strongly that his boyfriend never had an emotional connection to him but really only saw him as a "fuck buddy". Cuadli

then recounted an incident in which he was graphically propositioned in a take-out restaurant, and concluded "maybe I must look like a whore if that's the kind of interest men have in me." However, at the very end of the session, he told me that perhaps he was being too negative and he did not think his boyfriend would stand him up after all; I subsequently wondered whether my activity in this session ameliorated some of Cuadli's anxiety over our separation.

Cuadli returned in September – after a two month break – in a dispirited state, expressing little confidence in the relationship with Noel, still maintaining that Noel was more interested in exploiting him sexually than in having a deep and committed relationship. He spoke about himself in the most debasing terms I had heard thus far: that he was feeling like he had "no brain", and that his mind was

> "empty of contents…like a piece of flesh sold to the supermarket…. I wish I could be sold like a piece of meat, at fifty cents a pound. Then life would be easy. I wouldn't have to face problems or think of people's feelings. I'd rather be a piece of meat… A cow is alive, but a piece of meat is like, 'let's have steak'; the meat has no feelings and [doesn't have to give] a response…. Men want a cheaper version of a blow-up doll; otherwise, there's nothing that they want. Okay, I'll be a blow-up doll. Eventually the air goes out of me…that's the time limit and they can't use me anymore."

Cuadli went on to say that if he needed "cold hard cash", maybe he could go be a prostitute in Van Cortlandt Park: "I thought that'd be a good idea. I could make maybe $200 a night… Men are stupid… I know how much to ask for a BJ or role play…" Cuadli also showed some difficulty getting started in treatment again, e.g., by no-showing for his first two appointments. Cuadli claimed that the appointments slipped his mind, but he also explicitly expressed ambivalence about the treatment. I was not surprised by his ambivalence about reuniting with me in the face of the long break and the

deteriorating relationship with Noel. Cuadli arrived on time for our next three sessions; however, I was twenty minutes late for the last of these (due to a subway problem). The following week Cuadli no-showed. The week after that he arrived on time, and said "I missed you on Friday" in a mumbled way when I met him in the waiting room. In this session we discussed the problem Cuadli was having remembering to keep appointments of all sorts, and his hesitance to be more "responsible", as he put it. Cuadli eventually expressed his concern about disclosure of the contents of his inner life and the destructive effect it might have on others:

> "My relationship with my boyfriend is affecting the therapy… it's not such a good relationship and maybe that affects this [treatment]….and basically the trouble is, men suck…all men suck.
>
> *[So, I'm a man…you're afraid that I'm going to fail you too.]*
>
> [No response; Cuadli appears quite anxious]
>
> *[This is hard to talk about, to tell me this stuff.]*
>
> It feels very uncomfortable.
>
> *[What do you think'd happen if you told me what was on your mind?]*
>
> A heart attack.
>
> *[Like, 'Ahhh!' It's that overwhelming, it'd give you a heart attack.]*
>
> Not just me. You. My friends, my boyfriend, everyone around me. That's why with everybody I'm so secretive. I keep things to myself because deep down inside I'm stupid, I have low worth, I'm lazy, I have a low IQ, I'm just a stupid whore. I project bad aspects of myself onto them. *[?]* I feel that way, and then they feel that way.
>
> *[And then…]*
>
> They leave me.

During this semester, Cuadli also began to fall behind in his session payments ($10 per session). During a particular session, he put forward a number of reasons why it was difficult for him to pay: he was "poor right now", he was too embarrassed to ask his parents for more money, all the while nervously giggling and covering his mouth. I did not find these reasons completely credible, since he told me his parents were covering all his monthly expenses – a total of about $1200 per month; I also had the sense that he did not skimp on small luxuries, e.g., books, CDs, cable television, internet service, restaurants, bars, cafes, movies (although his boyfriend might have paid for some of these). After exploring this with him, and expressing some skepticism, I asked him in a friendly but direct way if he was telling me that therapy was the least important of all these things. Cuadli replied, laughingly, "but I want everything!" Nonetheless, Cuadli called me before his next session to tell me that he would have to terminate because he could not afford to keep coming.

In the next session, I wondered aloud whether Cuadli again wanted me to chase after him, to show that I cared enough to stop him from leaving the treatment. I did not consider at the time how the course of his relationship with Noel may have affected his desire to act out in the treatment. As it turns out, Cuadli broke up with Noel a few days later. According to Cuadli, he and Noel had gone out, Cuadli wanted to accompany Noel home and spend the night with him, "but Noel said no, he was tired he wanted some time alone. And I was just, 'Oh, okay.' He's older and wants solitude and I should compromise." Cuadli talked about Noel wanting to take the "not-living-together approach" (this was the first that I had heard that Cuadli wanted to live with Noel) and he described how Noel is "not arguable…he doesn't discuss things like that". I recalled a

phone conversation Cuadli had with his mother: "You wanted to talk to her, she didn't, and you said, 'Oh. Okay. Bye.' In both these cases it seems like you were reaching out to the other person and they put up a wall." Cuadli agreed, "A wall so high you can't see the top."

Two weeks after his break up, Cuadli came in looking noticeably different: not only had he cut his hair short, but he seemed more mature and confident in his bearing. He spoke about feeling more responsible and interested in the possibilities of a new relationship, saying that there were people out there who would value him more than Noel did and would want to spend more time with, and that he was "worth the attention… This time I'm going to be more picky." I commented that he seemed like a new Cuadli, and he agreed. I asked how the old Cuadli was different from the new, and he replied, "The old Cuadli is involuntary, submissive, naïve, dominated, emotionally dependent, weak", saying that he had stayed with Noel for as long as he did because he felt bad about himself and he depended on Noel for his own sense of worthiness. He continued, "The new Cuadli is not … weak and emotionally dependent. From now on, I can be more independent. Someone who has worth for some people. I'm not going to be a cheap date, a cheap whore." It is also worth noting that immediately after his break up Cuadli began to make regular fee payments – we agreed he would bring double the fee ($20) to each session to make up the missed payments.

In another session soon afterward, his responses to me were short and vague, with a nebulous, "far away" quality. At the time, his demeanor was rather silly and giggly. After conveying that I had trouble following what he was talking about, Cuadli replied that maybe he was being mysterious. He conveyed this with a hint of pride. He went on

to say that he thought others found him to be mysterious and unpredictable, but in a way that made him interesting and attractive to them, i.e., he felt his "mysteriousness" was enticing. He certainly seemed to be in good spirits at that point and was clearly enjoying himself. However, later in the session, he acknowledged feeling more disconnected from me: "Today I feel more like I want to withdraw." When I asked why, Cuadli told me he was anxious about Tony, a man he met on the internet whom he was supposed to meet in person; he was being mysterious with him as a way to make Cuadli seem more interesting to him: "It created a craving. With Tony I used an aggressively mysterious strategy. It worked…" However, Cuadli denied that his vagueness in the session had anything to do with me; rather it was merely a "wave" of what was going on with Tony washing into the session. I asked about another man about whom Cuadli had been very excited for several weeks and who Cuadli thought was almost certainly gay. Cuadli now regarded that man dismissively: "I have no interest in him. He's too closed to come out." It should be noted that Cuadli had neglected to bring payment to this session; it was the first time he had broken our payment agreement.

During this first year of treatment, Cuadli had struggled with his ability to maintain "the right distance" from people, including Noel and me. On the one hand, Cuadli expressed his desire for someone on whom he could rely for caring and nurturance. At times his fantasies of a merger with a perfect caretaker seem to manifest in his interpersonal expectations in quite a primitive or childlike way. Cuadli touched on such fantasies when he wished I would treat him for free, saying "I want everything!" On the other hand, he usually followed any explication of such fantasies with a complete

dismissal of them as "wrong", "vain" or "selfish". Later in the treatment, Cuadli would paint a colorful picture of one such fantasy:

> "I would be in a featherful bed, in a nice bedroom, with scented potpourri. There would be a delicious French course meal, there is a water fountain and beautiful furniture; there would be a beautiful creature feeding me.
>
> *[What does that feel like?]*
>
> 46 percent contentment.
>
> *[46 percent contentment… so that makes 54 percent…]*
>
> Insecurity…about my self confidence. Then suddenly the beautiful creature – that would be Eric [a later boyfriend] – turns into a three-headed monster, like on Buffy the Vampire Slayer. The French dinner turns into two hundred maggots. The beautiful castle turns into the haunted house on the hill….
>
> *[How does that scenario relate to the hope of coming in for free?]*
>
> The French bed is like the therapy and the tidal wave that comes to destroy it is me…No, wait. The nice little chocolate town is the sweetness that is coming for free. The tidal wave drinks up the chocolate town and melts it. The tidal wave is the procedures of the Counseling Center. The debt, the irresponsibility, came from the fantasy. The fantasy led to me being an irresponsible person
>
> *[So in a way, the tidal wave* is *you.]*
>
> Like, the peaceful baby turns into the monstrous baby that eats up the town."

For most of his treatment, Cuadli would be quite vocal in his belief that his needs and values would be intensely repellant to others if Cuadli made them known. Moreover, Cuadli was quite sensitive to any sign of personal rejection, and readily construed ambiguous or minor gestures as major rejections, at times to a degree that seemed bizarre or paranoid. Once Cuadli detected rejection, his self-esteem would plummet and he would be filled with empty, worthless and helpless feelings. Depressiveness and malaise

might then set in, or Cuadli might instead protect his self-esteem by devaluing his real or imagined rejectors in a high-handed and wholesale dismissal of them. Most poignantly, Cuadli seemed to try to head off rejection by presenting himself as unassertive and compliant.

Given that Cuadli's expectations of people at times seemed childlike or primitive, and his self esteem quite fragile, his interactions with people were often risky or disappointing to him. When Cuadli was around people, his anxiety could become very high. His desire to withdraw might lead to lonely and fearful feelings. On the whole, Cuadli preferred to be with people even while anxious, despite the fact that his conflicts about intimacy could give rise to some dystonic paranoid or masochistic fantasies (and sometimes enactments). Thus, the sessions during the months prior to the breakup with Noel were filled with masochistic imagery about the relationship and with mildly devaluing remarks about Noel. After the breakup, the devaluing remarks became much more intense while the masochistic ideation abated; however, Cuadli also felt ashamed and frustrated with himself for lacking the courage to end the relationship sooner.

In that month or two following his breakup, there was quite a marked variability in Cuadli's overt presentation from week to week. One week he might behave in a confident, "empowered" way and speak dismissively of the vulnerable, needy parts of himself. In the next he might present himself as weak, helpless and victimized. In other sessions he would appear to be aloof, speaking in a vague, elusive way, and would interact with me in a sometimes seductive, sometimes child-like manner. Regardless of his presentation in any given session, Cuadli seemed distinctly disconnected from the self experiences conveyed in the prior session. Cuadli was conscious of this fragmentation of

his self experience, to the extent that he would describe himself as having a "chameleon"-like personality, "almost like multiple personality but not quite".

In December 2000, Cuadli began a relationship with Eric, a writer in his early thirties. In the last session before winter recess, Cuadli spoke proudly of the fact that this relationship was the first in which he felt equal to his partner rather than "subordinate" to him: "That's totally new. Each one thinks about the needs of the other. In other relationships, I was always victimizing myself, like with that stupid old man [Noel] …putting myself into the weaker [role]." However, Cuadli's demeanor conveyed a good deal of anxiety and tension. He would soon be facing a number of interpersonal challenges: modulating his hopes and fears in his new relationship over winter break, his feelings about a visit by his mother in three weeks, and the impending breaks in the continuity of treatment.

The next session followed a week off – the clinic was closed Christmas week – and Cuadli denied any reaction to the break in treatment; he said he "was fine with it". Cuadli spoke glowingly about Eric, saying he felt more open and communicative with him than he had with any previous partner: "I'm learning to be more vulnerable, to lean on someone other than myself…we seem to be compatible… we are able to talk to each other." He said he usually expected someone to be secretive with his emotions, so being with Eric has given him some good feelings and raised Cuadli's hope that they could be successful as partners. However, the next week Cuadli told me that he and Eric were breaking up. As it turned out, Cuadli had ended a phone conversation with Eric by saying "so what time are we getting together tomorrow?", though they had not made a plan to do so up to that point. Evidently, Eric declined to make a date for the next day.

Cuadli then became sure that his own expression of need was too pushy, and that in response Eric would want to reject Cuadli completely; the shame and self-loathing that was characteristic of the "old Cuadli" poured forth freely. In this session, he explicitly said to me, "You're probably thinking what a pitiful person … what a hopeless, sad excuse for a person I must be." However, Cuadli was amenable to the idea that he might be able to repair the situation with Eric by expressing some of his regret directly to him, rather than wait passively and silently for a rejection.

Although they were romantically involved for the duration of the treatment, the extent of Cuadli and Eric's commitment to one another was never entirely clear to me. Cuadli's description of the relationship tended to swing between a zen-like sense of harmony with Eric on the one hand, and on the other a fear that Cuadli was taking too many risks by revealing himself and would eventually be rejected. Beginning in February 2001, Cuadli began to voice concerns (i) that the connection between them was much less important to Eric than it was to him, worrying "Am I his steady one? Is he sleeping around?" (ii) that Eric was actively keeping Cuadli at arm's length, and (iii) that the way Cuadli expressed his needs to Eric was certainly burdensome and "smothering" to Eric, and therefore Cuadli had caused Eric to be repelled; for example, Cuadli described an occasion where he took the initiative to invite Eric out on a Friday night (where Eric had usually taken the lead), and he and Eric ended up spending the whole weekend together. Afterward Cuadli regretted his assertiveness, and could not stop himself from worrying that it was "too much". According to Cuadli, these worries often became "obsessions", i.e., ruminative thoughts and fantasies. At the end of February, Cuadli again expressed his desire to terminate treatment in order to save money, but it

was his most half-hearted attempt to date, and he decided against it midway though the session. The next week, Cuadli told me that he had slept with another man, and he felt very ashamed and disgusted with himself, especially because he ended up catching crabs. But he also regretted that he was again adopting an approach to life that he considered "weak and irresponsible".

Cuadli's attendance and payments had been good during November and December 2000; however, this changed after his return from winter recess in January. During this five-week period, there were actually two pre-negotiated missed sessions: not only when the clinic was closed Christmas week, but again two weeks later when Cuadli's mother was in town. After these two interruptions, there began a period of six weeks during which he no-showed for the first session, and came late for the rest. He also "forgot" to bring payment for four out of these six sessions. Though Cuadli never no-showed again, he continued to arrive late and missed payment about half the time through the remainder of treatment.

The series of disconnections Cuadli experienced – the winter break interruptions, the departure of his mother, and the conflicts or misunderstandings with Eric which led Cuadli to question his future with him or expect rejection by him ("sometimes I think 'maybe next week he'll disappear'") – may have prompted Cuadli to resume his acting out around the frame. His desire to avoid me may have been exacerbated by his acknowledged anger at me for "not giving him enough time", that is, not allowing him to do a fifty-minute session when he came late. Nonetheless, during this semester, Cuadli and I discussed more explicitly, how I might react to his showing me the "negative", aggressive parts of him that he worked so hard to keep hidden, and how it might be useful

to reveal those sides of himself by speaking about them rather than acting on those impulses. At the same time, the motivation to keep his "negative" side hidden and to firmly present a rosy, salutary view of his life during some our sessions may have felt false and dissonant to him. For example, in a session following a no-show, Cuadli said he was feeling drained and robotic lately. When I asked how that might play out in the session, Cuadli replied,

> "I felt like I was trying too hard. I'm tired of having to go places, fake myself, always having to smile and laugh…it's exhausting.
>
> *[You feel like you have to smile and laugh here?]*
>
> No, but I feel like I was faking myself.
>
> *[Are you thinking about the last session?]*
>
> Yes, that's what I'm referring to… I was trying to reinforce myself, to have a positive outlook…but it was just too much to deal with…."

In one session immediately preceding spring break in April 2001, Cuadli was first able to express how such breaks in the treatment left him feeling empty and alone. In that session, Cuadli acknowledged that his contemporary responses to loss were associated with his longing as a child for contact with his father. Cuadli described how important his father's attention had been to him as a child, how his father had been absent during Cuadli's waking hours during the work week, how their separations at that time were extremely painful for Cuadli, and how Cuadli felt an emptiness as a result of his father's absence. It is interesting that Cuadli again recounted the story of his "running away from home" as a small boy; however in this telling, his father left by himself, not with his sister, and Cuadli did not run away from home but rather ran after his father's car and kept on going down the road, thinking his could catch his father, until he wandered into

an electronics store. The competitiveness and anger present in the old version of the story was replaced by more direct expressions of need and longing toward his father in this version. Cuadli associated these past experiences of separation with emptiness that he felt in contemporary scenarios involving both the treatment and his relationship with Eric.

Back in February 2001, I had begun to make a determined effort to help Cuadli reflect on the meanings of the enactment patterns in which he would find himself engaged, and on the external events that might trigger them. It was difficult for Cuadli to step back and examine his thoughts and actions in this way. Yet the development of this kind of reflective ability would be of great help to him if he were to adopt more functional substitutes for some of his more problematic action patterns. During this time, Cuadli and I identified and explored one repeated scenario: when Cuadli feared a break with an important other, he would attempt to draw the other person to him by withdrawing and by eluding the other's initial attempts to (re)connect. We discussed the idea that, implicit in this scenario was Cuadli's hope that his elusive behavior would energize the other to make active efforts to chase after Cuadli in order to reconnect. In our sessions, I referred to this enactment in its many manifestations as "the Elusive Scenario". I had hoped my steady reference to the Elusive Scenario as such, and an exploration of Cuadli's role as the Eluder, would help Cuadli begin to disengage from the enactment, to reflect on it as a strategy implemented to repair breaks, and to put the fears and feelings that precipitated the enactments into words instead.

Cuadli showed a readiness to entertain and discuss the meaning of his acting out per se, although he was always reticent to discuss the meaning of those enactments that

specifically involved me (though he did take small steps in that direction). For example, following breaks in the treatment, Cuadli seemed to have trouble remembering to come in on time or to come in at all. On further exploration, he would show great difficulty entertaining the possibility that he valued the caring parts of our interactions and that the conscious experience of separations from me would be painful for him. He would typically have less difficulty acknowledging these feelings in relation to other people, e.g., his friends, boyfriends, parents, etc.

The following session excerpt (taken from a session in the first semester of treatment) illustrates the extent to which the topic of desire for intimate connections had an anxiety-producing and disorganizing impact on Cuadli. In this early session, we had been talking explicitly about Cuadli's disappointing and fearful experiences with intimacy. Cuadli suddenly stated, "Intimacy is a breakable glass in the shape of a unicorn." He then explained that there was an important moment in the play The Glass Menagerie when the withdrawn girl and the gentleman caller start warming to each other and then dance energetically. According to Cuadli, their enthusiasm causes an abrupt interruption:

> "The glass unicorn falls from the table and the horn breaks off, then everything stops and the whole gentleman caller situation is over. He leaves forever. A relationship is like that. That's what happened in my past.... There shouldn't be expectation in any relationship. That's the force that breaks the glass, and there will be no one. [However,] when you put [the expectations of connection] aside, that creates another force that breaks the piece of glass inside my head. I feel hurt and the pieces of glass are so sharp it cuts my head open. [Cuadli then referred to The Picture of Dorian Grey]…one of my favorite books. The painting got so rotten and bruised and decomposed. It feels like broken pieces of glass breaking through the skin of the blood vessels, of guts. On the outside he is hiding it, but the picture is showing it. It hides the gross portrait of raw silk covered…and ... when I'm by myself and look at myself, I feel gross; there are cuts and bruises and pieces of skin hanging down....

> Pieces of glass of the relationship is, like, replacing everything inside my body. I bleed constantly like I might die. Not physically ... emotionally. Like the apples and the honey inside is going to be rotten *[Q?]* There are fruit flies…and ants. Ants love honey. The apples and the honey are hiding inside the glass. Before the glass breaks they were perfect; now they're broken, they're unprotected, and there are ants and it decomposes and there are germs."

As shown here, the idea of desire for intimacy gives rise to powerfully primitive and grotesque images, about which about which meaning one can only speculate, e.g., (i) that expression of desire for intimacy leads to destruction of an already fragile phallic instrumentality ("I threw the expectation on the glass; inside, the glass is broken by the ugly expectations"), and (ii) that disappointment or giving up on intimacy creates another powerfully destructive force, i.e., frustration/aggression, that produces such pain or anxiety that Cuadli's sense of physical integrity is shattered and leaves his precariously preserved idealized object vulnerable to contamination.

Cuadli would become visibly anxious when we would examine what he felt he needed from me as well as those parts of himself that he felt he must not show me. He did express feelings of wanting to be better known by me, and my helping him to "open the box of his emotions". However, he feared what he might do to me and to our relationship by sharing the "bad" inside him. He sometimes implied that I would be repulsed by those parts of him or find him too burdensome; perhaps he feared that I would ultimately reject him. Those fears may have prevented him from more fully verbalizing those needs and fantasies involving me. When I brought up enactments involving me, fear about the power of his "badness" led Cuadli to respond in self-castigating terms, e.g., saying that he must tell himself to try harder to be more responsible and to keep the "bad" in him locked up. At the same time, Cuadli showed a

strong desire to keep me connected and affectively engaged with those needs and fantasies. It may have been this desire to remain connected that continued to drive him to express himself to me through action.

In June, 2001, Cuadli took a month-long trip to India. Beforehand, he would not commit to any sessions in July, and he did not attempt to schedule any on his return. On September 10, Cuadli and I met for our first session since late May. In this session I asked Cuadli if he had any thoughts about the goals of our future work together. He spoke about the usefulness of our sessions as a place in which he could "cleanse himself" of his problems. However, he also made it clear that there were other places in his life where he could enjoy benefits similar to those offered in therapy. He also said quite pointedly that he is functioning much better nowadays, and that if he were to continue, it would be as a result of an "autonomous" choice made by him rather than feeling "forced" to come in because of his own desperately unhappy feelings, as had been the case. Midway through the session he expressed a desire to terminate at the end of the month. In the last ten minutes he expressed the desire to terminate in the next session.

I had a sense that Cuadli might be trying to engage me in our familiar enactment: rather than articulate a need or desire for a connection with me, Cuadli would try to withdraw from me or elude me, hoping that I in turn would become engaged, activated, and would pursue a connection with him. To be more explicit, rather than repair the rupture by telling me that he missed having contact with me or that the separation was painful for him, he would try to reengage me or reactivate me by initiating the Elusive Scenario, where he would float off or become inaccessible and I would make great efforts to reconnect with him. I wondered aloud whether this might be the case.

At the same time, I sensed more strongly than before that Cuadli's attempt to separate from me and the treatment was at least partially an expression of his desire to live independently and to take control over the course of his life. Attempting to serve a mirroring selfobject function, I also explicitly agreed with him that it was important for me to respect and support him as a responsible, autonomous and capable decision maker and purchaser of psychotherapy, and that in light of any improved functioning, I could understand his desire to be free of the treatment. It should be noted that Cuadli did not bring in payment for his outstanding charges to this session, as we had agreed he would when we set up this appointment. It should also be noted that this session took place on September 10, 2001. Cuadli "no-showed" for his following appointment the next week, did not contact the clinic and did not return my phone call. I was left to speculate about the relationship between Cuadli's lack of communication and the impact on him of the events of September 11th (which speculation I will not undertake here). After a few weeks without contact, my supervisor and I determined that it was appropriate to consider Cuadli to have terminated the treatment.

B. Traditional Theoretical Views of the Clinical Case

Cuadli presented a wide variety of clinically meaningful characteristics: there were periods of pronounced dysthymia, episodes of self-destructive fantasy, enduring expectations that others would regard him callously, critically or exploitively, self representations that were quite polarized, and chronic manifestations of the schizoid dilemma – a strong desire for human connection (born out of fear of complete isolation) concomitant with a strong desire to stay separate from others (born out of fear of painful

interpersonal outcomes), along with a fragility of cognitive function exacerbated by his anxiety about human connections.

In exploring Cuadli's provocative behavior – e.g., his vagueness, secrecy, passivity and withdrawal, as well as his episodic lateness and non-payment – it would not be surprising to find multiple motives or goals at work, or to identify multiple explanations for his thoughts, feelings and behavior. The theories about enactments explored in Sections C and D of the literature review present a rich assortment of traditional lenses through which to view Cuadli's psychic world. In this section, these theoretical perspectives will be applied to the facts of this case. The traditional theories for the most part would describe the behaviors in question as efforts to *disconnect* from another. I will argue that provocative enactments can be viewed as efforts to *recruit* others to modulate arousal and affect states, and that this approach can provide a useful, additional lens by which to view some of Cuadli's fantasies and behaviors.

Cuadli was quite convinced that others would reject him if they knew who he was. He specifically identified the needy parts of him as quite repellant and took great pains to avoid expressing his needs. There were many examples: his aversion to asking someone to help him, his fear of asking others to spend time with him or inquiring into how they felt about him, and his difficulty in describing himself as needing anything from me. It seemed as though he believed that his needs were so great that they would overwhelm everyone, "you, my friends, my boyfriend, everyone around me", like the peaceful baby turned into the ravenous baby who eats up the town. In addition to the shame he seemed to feel about his needy side, Cuadli at times viewed himself in a generally debased way, as a "stupid whore" who is "lazy [with] a low IQ". He suspected

that if he felt that way, others must see him that way too, and they would eventually be repelled and leave him. Given these beliefs on Cuadli's part, it would not be surprising for him to want to be disconnected from others, either because (i) he feared rejection after building up hope that his needs might be met, and/or (ii) he feared that his own aggression would emerge and have a destructive impact on good relationships with others.

An early Freudian view might focus on Cuadli's paranoid ideation and his willingness to be "subordinate" and used like a blow-up doll, as Cuadli put it. Such a masochistic orientation might be viewed as evidence of a fixation at the narcissistic stage of development, where Cuadli's adult experiences of object decathexis (via empathic breaks or real absence from me or his boyfriend) would rekindle more intense expressions of the immature object choice. Freud (1911) posited that such fixation would lead to choice of an object bearing similarity to the ego, i.e., a homosexual object choice. The dammed-up libido would emerge causing a "return of the repressed" in the form of homosexual impulses ("I love him"). If such loving impulses caused Cuadli a great deal of fear or anxiety, then a defensive transformation of homosexual desire might take place: reaction-formation ("I hate him"), followed by projection ("He hates me"), which would result in paranoid beliefs about that homosexual object. Likewise, Freud circa 1919 might view Cuadli's masochistic orientation as a sign of repression of genital desires and the return of regressive anal sadistic ones, where his guilt over his entertainment of such desires would represent a punishment both for forbidden genital love for his father and for the regressive sadistic substitute for that love – sadism "turned round upon the self" –

and expressed via the adoption of a primarily "feminine", i.e., passive orientation toward the object.

A more modern classical theorist might wonder whether Cuadli's conflicted feelings also revolved around his aggressive wishes, where the expression of such wishes with others might produce so much anxiety that Cuadli would prefer to separate from his objects when his aggression was stirred. Ego strength can be gauged by the extent to which the ego has the capacity to neutralize aggression (e.g., by using it to further mental integration, superego formation, or mastery of the environment) rather than to turn it against the self in an unmitigated form. In this way, Cuadli's intense masochism would be a manifestation of ego weakness, in that Cuadli's aggression would produce so much self-loathing and impulses so intensely self-destructive. Other signs of ego weakness – e.g., impairment of memory, intention, speech, reality testing, and judgment – might be found in Cuadli's difficulty keeping appointments, difficulty managing his anxiety to accomplish necessary life tasks (dealing with the registrar, keeping in touch with friends), and his propensity to lapse into incomprehensible speech and occasionally primary-process thinking when anxious.

A Kleinian approach might emphasize equally the loving, idealizing fantasies Cuadli maintained toward the good object as well as his fearful and destructive fantasies involving the bad object. The fantasies that Cuadli expressed in such powerful, primary process terms reflected "paranoid-schizoid" fears, i.e., that the bad object will inevitably blot out the good. By contrast, "depressive anxiety" is reflected in Cuadli's fear that his *own* reaction to bad objects may cause a loss of the good object. Such anxiety would give rise to feelings of guilt should Cuadli show a reaction to his bad objects. Cuadli did

not show much confidence in his ability to repair or reactivate the good object (at least through overt expressions of his desire to repair.) He seemed more comfortable dealing with depressive anxiety via the "manic defense", i.e., by devaluing the importance of the good object, for example, by turning to other people or inanimate objects and treating them all as equivalent, and through such means gaining a sense of power over the object world and a respite from the potential for helpless, ungratifying dependence on a particular individual identified with the good object. Such devaluation can be found in Cuadli's repeated desire to leave treatment, in his unwillingness to find the treatment more valuable in dollar terms to common consumption purchases, in his devaluation of Noel as soon as he broke up with him, and in his quick substitution of new relationships without any sign of mourning.

To the Kleinian, the aggressive content of enactments, as well as splitting and projective defenses, highlight not only the vicissitudes of the aggressive drive but also the representations involved in the patient's problematic object relations early in development. Sadism may be viewed in this light as the expression of destructive wishes engendered by actual early experiences with a caretaker who embodied a bad object. Sadistic attacks might also represent an envious attack on the wholesome but unavailable qualities of the good object. Similarly, for Kernberg, good and bad self- and object representations are based on actual experiences. What Kernberg would call moral masochism may be evidenced by harsh superego forerunners representing concrete fragments of punitive parenting episodes introjected as a child. Thus, Cuadli's masochistic ideation and enactments may represent his almost literal implementation of a scenario abstracted from repeated exchanges with a caretaker where he was

narcissistically injured by neglect or devaluation. Sadistic or disparaging ideation may likewise represent his way to preempt an attack from a sadistic or devaluing other. It may also be useful to view Cuadli's vague or idiosyncratic speech and occasional circumlocution as "attacks on linking" – one way to break mental connection with a potentially disregulating other whom Cuadli believed had no capacity to contain or modulate his own painful feelings.

Unfortunately, Cuadli did not recount many specific childhood interactions with his parents and older sisters, so one can only speculate about the narcissistic injuries he suffered in development; however, other theorists would also infer that his harsh view of himself and his expectation of harsh treatment from others have their roots in the way Cuadli was treated by caretakers. For example, Fairbairn's approach might view Cuadli's devaluing descriptions of himself as his defensive internalization of the antilibidinal object – his locating the bad object in himself – as a way to preserve his conscious view of the parent/boyfriend/therapist as good. If the theories of Klein, Kernberg or Fairbairn are applied, Cuadli's elusiveness and withdrawal may be seen as his attempt to keep himself apart from those he identified with the good object, out of fear of he might destroy the good that they have to offer.

Bowlby, as well as the self psychologists, might have noted that Cuadli described two distinct aspects of his own "badness": (i) a debased aspect (e.g., stupid, lazy, whore, piece of meat), lacking in power, and (ii) a destructive aspect (e.g., the baby that devours the town, the parts of himself that could give everyone a heart attack if he showed them). These theorists would focus on the intense rage that fueled Cuadli's destructive feelings. Bowlby might view the rage as a vestige of the underlying anger and anxiety over what

Cuadli in childhood perceived as a frustration of his need for ongoing care and parental availability. His physical separations from me (e.g., vacation, scheduled or unscheduled breaks) may have triggered irruptions into the transference of his anger at the original failing caregiver; it may have been Cuadli's fear of the destructive force of this anger that led him to disconnect from me following such breaks. Similarly, self theorists regard the expression of rageful or destructive aggression to be a by-product of the instability or fragmentation of self experience. Such disturbance is ultimately due to a real-life disruption of the selfobject relationship. Where there is a fragile and easily undermined sense of self, such disruptions result in narcissistic rage, the goal of which is to forestall further self disintegration by channeling the associated anxiety outwardly via the destructive retaliation against the injuring other. Such rage can be viewed as a sort of omnipotent reaction formation against the painful shame, helplessness and emptiness that resulted from dependence on the failing selfobject. This rage can then create a difficult conflict, conceptually similar to the depressive position: how was Cuadli able to reconcile the desire to devalue, and in effect destroy, an object from whom he might still hope to receive something good.

The discussion thus far has emphasized those aspects of himself that Cuadli identified as "bad". However, Cuadli did not always describe himself by reference to his debased or destructive attributes. There were other times when he spoke very disparagingly about others, and on rare occasions he acknowledged his disappointment in me. At times he seemed quite pleased with, and proud of, his ability to be manipulative or seductive as a way to control the feelings of others or to control the extent to which he could be seen and understood. Bowlby was another theorist who believed that inner

models and their enactments in the therapy accurately reflect actual parent child-transactions or what the child has been repeatedly told by parents. In the transference, patients may adopt either the child or parent role. In this view, both the elevated and devalued senses of himself that Cuadli demonstrated would reflect an actual role adopted in childhood by either himself or on the part of a caretaker.

Self theorists might view Cuadli's attempts to be vague, "mysterious" and elusive as a bid for a mirroring selfobject function. To the extent that Cuadli's behaviors and ideation reflect a fantasied sense of omnipotence and grandiosity, as manifested in his need to display his evolving capacities and to be admired for them, a self theorist might infer that he had suffered a deficit of the mirroring selfobject function in development. His elusiveness in the treatment as well as his techniques for it (lateness, non-payment while disclosing regular expenditures on restaurants, Starbucks, CDs, etc.) may have represented his attempt to elicit recognition for his talents and his ability to be instrumental out in the world. It was noteworthy that discussions of his elusive and devaluing tendencies produced an open, playful attitude in Cuadli, rather than a mean-spirited or defensive one. These discussions sometimes led Cuadli to describe some grandiose fantasies; a self theorist might see such thoughts and gestures as manifestations of Cuadli's bid to have me (or others) show positive regard for those states of mind – the implication being that Cuadli suffered a deficit of this kind of positive regard in childhood.

C. Alternative View of the Clinical Case

In the previous section, I attempted briefly to survey those theoretical views that would explain Cuadli's enactments as a manifestation of his aggression. The classical

views focus more on the role of the two drives and their concomitant wishes, while the relational and self psychology views place slightly more emphasis on the destructive impulses that derived from actual early interactions. Nonetheless, these views have one thing in common: they maintain that the goal of the provocative enactment would be the devaluation or destruction of the relational connection between the individual and the enactment partner; the existence of a connection would bring about anxiety in apprehension of mounting unpleasure and/or shameful outcomes, and the break or devaluation represents an attempt to stave off those unpleasant outcomes. However, in my work with Cuadli, I wondered whether the enactments were effected with a different motive and goal. Rather than disconnect or devalue, it seemed that some of the provocative gestures and behaviors took place at times when unwanted disconnections were feared or were taking place. Cuadli seemed to expect that his gestures and behaviors would stir me or others to act in a way that would somehow repair the break or reverse an impending loss, an expectation he was eventually able to verbalize.

Clearly, there were times when Cuadli's desires to keep himself separate led him to behave evasively. But at other times, he seemed to believe that his evasive behavior was enticing to others; these beliefs suggested that he may have had past experiences of success with provocative scenarios, such that he felt he could rely on these scenarios to regulate his anxiety over the painful anticipation or experience of disconnection and loss. In fact, it could be said that such opposing motive forces might have existed in Cuadli simultaneously, as part of a presentation that might be well described as manifesting various aspects of the schizoid dilemma (see Guntrip, 1952) – his desire for connection and his desire for independence existed in a dynamic tension because each had equally

attractive and frightening connotations for him. In this section I will present the case data that provide support for this alternative view of the motives and goals behind Cuadli's provocative enactments; in the next section I will suggest a theory – synthesized from selected theoretical and research literature – to account for the developmental origins of the representations inherent in those provocative scenarios.

This alternative view of the enactments is supported by the consistently close timing of Cuadli's experiences of disruption and loss in the treatment and the relationship of such timing to his provocative gestures, as well as his explicit comments about his motives and the outcomes he expected his behavior to produce in contemporary interpersonal contexts. There were many provocative behaviors in Cuadli's history that could also be construed as responses to loss. Another important source of data is my countertransference, my choice of responses to Cuadli's gestures, and his reaction to my choices. In examining this data, two themes clearly emerge: (i) Cuadli showed that he expected others to pursue him or reassure him in response to his withdrawal gestures, and (ii) he acknowledged feeling very uncomfortable directly asserting his needs with others because he feared rejection and loss would result; as a result, he preferred that others assert themselves with him. The existence (and indeed historical persistence) of this discomfort in expressing his needs may explain why Cuadli believed the provocative scenario to be the best way to react to his anxieties about rejection and loss..

My sense that Cuadli wanted to provoke a response in me – specifically, by overtly withdrawing from me or eluding my attempts to understand him – arose quite early on, and in the context of the first interruption in the treatment. Recall that the psychotherapy sessions did not begin until three months after the three intake sessions.

Cuadli arrived twenty minutes late for the first scheduled therapy session, and thirty minutes late for the second. In the latter session, Cuadli requested that we meet only every other week. What was most striking to me in that session was that, after I agreed to meet every other week, he nonetheless kept stating his desire to meet every other week over and over again; each time he would do so I would respond with what I had hoped was a measured and empathic exploration of this desire. My attempts elicited what seemed like superficial discussion on Cuadli's part, but he would always pointedly reiterate his desire to come in only every other week. I felt as though Cuadli wanted something from me, but I was not sure what. Finally, Cuadli himself drew an association between the frequency of the sessions and the three month gap, saying "It's like you brought out the ingredients to do therapy…and then three months later they were pulled back in." Clearly, Cuadli was acknowledging that he was "pulling in" as a result of the break. What he did not explain was why he needed to keep repeating his desire to do this over and over again.

It is noteworthy that, after his above remark, he immediately followed up with, "By the way, I stopped taking the Paxil," volunteering that it was "silly" to make that decision without consulting anyone "because it could be dangerous". Again, I had to ask myself why Cuadli was informing me of this. Here he was asserting that he was withdrawing from another form of treatment, and this time he wanted to make sure I knew that he was putting himself at risk in the way he did so. I wondered whether this latter statement was, in a sense, an escalation of his preceding evident desire to not just withdraw, but to repeatedly make overt withdrawal gestures to me. I began to wonder whether he wanted to stir in me some particular sort of response. I had similar thoughts

during those times in the sessions when Cuadli would be vague and his narrative difficult to follow. He acknowledged that he had some control over his vagueness, although undoubtedly Cuadli's thinking and speech became "looser" when he was anxious. He had alluded to his ability to purposely behave "mysteriously" and his belief that such behavior had an alluring quality.

Over the course of his treatment, Cuadli expressed the desire to terminate three times; all three times occurred after there had been interruptions in the treatment as well as feelings of disconnection from important others in his life. I have described how his first attempt to terminate had an activating effect on me: I made a concerted effort in that session to stir some degree of hopefulness in Cuadli and to make clear how I thought therapy could help him in his feelings about himself and in his relationships. I remember drawing an analogy to his story about wandering away from home when he was small, and wondering aloud whether he hoped to have me chase after him; he seemed to resonate with the idea that his withdrawal gestures presented an opportunity for me to show that I cared enough about him to pursue him or to otherwise try to stop him from acting against his own interest. I noted that his second attempt to terminate several months later was distinctly half-hearted, and seemed to me a gesture to get me to pay attention, encourage him to be more hopeful or otherwise become more active in the session. I mentioned in an earlier section how I made consistent efforts to identify the enactment scenario explicitly as the Elusive Scenario – where his elusiveness would cause me to actively pursue him – and Cuadli appeared to find this description of his motives true to life.

The Elusive Scenario seemed to capture the paradigmatic enactment of the treatment, in a way that reflected the "model scene" (Lichtenberg, Lachmann & Fosshage, 1992) quality of Cuadli's childhood "running-away-from-home" incident. Just as important, his deeply held belief that direct expression of need would be repellent to others explains why a competing, more functional interpersonal scenario had never taken root as a practical alternative for him. Cuadli clearly felt confident that his vagueness and "mysteriousness" had an alluring quality and would draw others to him; when I began to explore this issue, Cuadli at first could not see the problematic aspect of expecting people to chase after him. However, he could readily see that expression of his needs directly to people entailed (in his eyes) a high risk of pain and loss; expression of his needs of me in the therapeutic setting connoted that same high risk. As he conveyed in his vivid, imagistic remarks excerpted above, such expression to others would be tantamount to releasing the bad that he kept sealed off and hidden within him; if released, the bad would injure people, contaminate relationships and lead to rejection and loss. Such expression would also shatter the "glass" that protected the good within him and kept it pure and pristine. It was obvious to me that these dual beliefs – in the efficacy of the Elusive Scenario and in the destructiveness of the expression of needs – went hand-in-hand and reinforced one another; these beliefs also engendered interpersonal scenarios and outcomes that confirmed his expectations.

Cuadli's "elusive" behavior in contemporary relationships also suggested a provocative motive on Cuadli's part. There were certainly times when it was clear he hoped the other person would make efforts to chase after him. I have recounted an episode in which Cuadli went out with another man on a Saturday night in a manner that

seemed to elicit an agitated and angry response from Noel. Cuadli had already described Noel as "jealous" to me, and described Noel as becoming "furious" with Cuadli over this behavior. The incident also led to a long phone conversation between the two that Cuadli felt strengthened their connection. Although this episode suggested to me that Cuadli went out with another man as a way to activate Noel and induce a reconnection to him, it cannot be proven from the data I have. Likewise, I cannot prove that Cuadli initiated this episode because he apprehended a sense of loss in his relationship with Noel. Cuadli had described with some frustration that Noel had kept him at arm's length though Cuadli seemed to maintain strong positive feelings toward him ("maybe my soulmate"). But I did not gather enough information about Cuadli's feelings prior to his provocative acts to prove that his anxiety about loss always preceded the provocation, and therefore I do not have a full and detailed picture of the way the distancing behavior on both their parts had escalated, or why it escalated. As a result, I cannot determine whether Cuadli's gestures were motivated by a fundamental desire to create more distance between them or to draw Noel closer to him, or both. But there was enough in the way he recounted this episode to make me suspect that Cuadli was trying to provoke a jealous response in Noel – at least in part – as a way to get Noel to show he cared.

While it cannot be proven which motives were primary in the *above* episode, Cuadli consistently offered evidence of his acute fear of being left or rejected by people he needed. More to the point, he strongly believed that others would either find expressions of need to be repellant or burdensome, or else those expressions would provide others an opportunity to exploit him. The last thing he expected was that people would try to help meet those needs. It is not surprising, therefore, that he was extremely

hesitant to express those needs to the person who could possibly fulfill them. There are many examples: his hesitance to approach people at the registrar's office to work out a problem because he feared they would be "grudgy", his anxiety about being exploited by real estate brokers when he searched for a new apartment, his unresponsiveness to a friend (who had invited Cuadli to take a trip) because Cuadli was not sure if the invitation was genuine, his overwhelming anxiety that the men he met in cafes and bars only wanted to exploit him sexually and then discard him, etc. Most poignantly, when he uncharacteristically asserted his desire to spend the evening with his new boyfriend Eric and they ended up spending several days together, Cuadli worried that he had initiated something that was "too much", i.e., burdensome and smothering to Eric, and he was quickly overcome with ruminative thoughts and fantasies that Eric would shortly leave with him (e.g., "maybe next week he'll disappear.") I encouraged Cuadli to speak directly to Eric to get more information about Eric's reaction; in this way Cuadli could actively confirm or refute his presumption that the experience was too much for Eric, rather than simply withdraw and wait around to be rejected. Cuadli acknowledged that speaking to Eric might be a good idea; however he could not bring himself to do so. (Fortunately Eric did not disappear but rather initiated contact soon afterward without conveying that anything was wrong; whereupon Cuadli stopped worrying that Eric would disappear.)

Some of the historical incidents that Cuadli recounted suggested his belief in the efficacy of loss-induced connection-reparative provocative scenarios. The childhood "running-away-from-home" scenario seemed paradigmatic of this approach to loss, where his running away led others to worry, come to his aid and initiate a reunion.

Cuadli's anecdote about wetting himself on the first day of school contains the same elements: separation from his mother, followed by an action that worried someone, which action led that person to initiate caretaking. It should be noted that this episode resulted in a good deal of social embarrassment for Cuadli, according to him. One also wonders about the impulses behind Cuadli's decision to "come out" in junior high school, a social act that was highly unusual and had disastrous social consequences; indeed, Cuadli stated that his suicidal/self-destructive ideation first arose as a result of the social marginalization he experienced during this period. Had it occurred to me, I might have asked Cuadli whether he had feared or experienced any loss or rejection immediately prior to his coming out, which feelings might have led him to put himself at risk socially in hopes, on some level, that someone would appear, show that they cared about him and rescue him. Alternatively, fear or loss at that time might have led him to assert his object choice publicly because it was comforting for him to do so, regardless of the social consequences. (Nonetheless, it is hard to imagine that he was unaware that asserting his sexual identity in this context would lead to his own victimization, although he indeed implied that he was unaware.) I do know that there were times in the sessions in which he seemed subtly to imply that he might be at risk, at which times I felt stirred to come to his aid. This was certainly true in the intake sessions when he described his active self-destructive ideation and behavior, but also during the many times he spoke about himself in demeaning terms, e.g., as a piece of meat or blow-up doll, and suggested that he could turn tricks in Van Cortlandt Park. I felt similarly when he would threaten to drop out of treatment, when he informed me that he stopped taking Paxil without medical

consultation, and even when his anticipation of rejection by his partners seemed so strong that I feared his resultant actions would sabotage these relationships.

As I have mentioned, the data gathered in Cuadli's sessions is neither exhaustive nor unambiguous enough to prove unequivocally that many of his provocative gestures were triggered by a sense of impending loss and were implemented in an attempt to reconnect. However, I detected what I thought were patterns in his beliefs, statements and behaviors which gave rise to particular interpersonal outcomes outside our sessions and particular countertransference feelings on my part during the sessions. As a result, I formulated a hypothesis about the enactments upon which Cuadli seemed to rely but which were causing problems in his current functioning – namely, that there was a scenario, the Elusive Scenario, that Cuadli habitually tried to actualize as a way to regulate his affective reactions to separations and loss.

I presented this hypothesis to Cuadli to see whether he also thought he might be applying this set of expectations and behaviors in ways which were problematic. He seemed to think there was some validity to this construct, and so I encouraged Cuadli to reflect on those situations in which he felt the desire to manifest this enactment pattern. (But Cuadli's acknowledgement is not proof that the set of emotional triggers, behaviors and outcomes that I identified was actually in effect. One could argue that I identified the enactment and labeled it, and that Cuadli accepted it only because I suggested it and it seemed at least plausible to him.) It suffices to say that I suspected that his provocative enactments might have been triggered by anticipation of loss with the belief that a reparative outcome would result. I then began to wonder what sort of developmental precursors might lead to the representational components of these sorts of enactments. In

the following section, I attempt to synthesize some of the theoretical and experimental literature to suggest how such enactment patterns may be based in particular sorts of physiological experiences – and caretaker responses to those experiences – in early childhood.

D. Provocative Enactments as Regulators of Underarousal and Associated Affects

In the literature review, I discussed the established theoretical approaches to representations, transference and enactment by surveying a range of approaches derived from psychoanalytic theory and infant research. Traditionally, provocative enactments have been viewed from these perspectives. The psychoanalytic approaches surveyed make important contributions to our understanding of provocative enactments generally, and provide a useful theoretical foundation by which to understand some of the motive forces at work in the clinical case discussed above. But as I have been suggesting, these approaches leave some aspects of provocative enactments less than fully explained.

Ideas about dyadic affect regulation that are elaborated upon in the infant research literature suggest a view of provocative enactments as the byproduct of the patient's effort to utilize the therapeutic dyad to modulate his or her own arousal level – specifically, level of underarousal – and affect state, specifically the affects associated with separation and loss. This view has implications for the theoretical understanding of transference and enactments, as well as the clinical efforts to work with transference phenomena. In this section, I will enumerate a series of premises upon which this proposed alternative theory is founded.

1. Arousal and affect states can be divided into two categories: positive valence and negative valence; these bodily states give rise to positive and negative wishes

    a. Valence

This premise is a core assertion that is difficult to prove using psychoanalytic constructs. To what can valence refer except to either pleasure or displeasure? Classical theorists allude to pleasure, displeasure/unpleasure and pain; though some may seek to contextualize such phenomena, for example, by exploring the phylogenetic origins of motivational systems, the experience of pleasure and unpleasure is usually taken as a given and treated as elemental and irreducible. Such theorists define it using a simple "economic" paradigm: it is the by-product of drive discharge or lack thereof (e.g., Freud, 1905), to be measured in a unidimensional, scalar way. The economic model was a reasonable provisional construct in 1905, and since that time classical theory has continued to find it useful as a psychological concept (e.g., Brenner, 1982). Moreover, nonclassical analytic theories and attachment theory similarly view pleasure and pain as the result of the fulfillment or frustration of the individual's particular primary instincts or motives, as defined by those respective theories (e.g., Bowlby, 1973; Fairbairn, 1951; Kohut, 1971).

In keeping with this consensus, a similar view of the valence of affect states will be adopted, i.e., that the valence of an affect state can be measured in a scalar way. Further, it is suggested that the valence of an affect state is determined by the individual's arousal state, where the arousal state can also be measured along a single axis. In essence, this is an economic view of affect valence, where affect valence is a function of arousal level, and consequently, regulation of arousal level will impact the regulation of affect.

b. Motive

Rapaport (1960) made a strong case that motivations should refer to causal forces that are "internal forces, thereby distinguishing them from external stimuli, ... [that likewise] cannot be equated with any specifiable physiological process, thereby distinguishing them from any internal stimuli" (p.864). In other words, psychology is concerned with what is construed to be "the mind" as compared with the body, so a psychologically-relevant definition would equate "motive" with the causal forces of the mind, and so it seems reasonable to adopt this definition. Unfortunately, such a definition is only as certain as the boundary that can be identified between the mental and the physiological.[13]

Although neurobiologists understand the biochemical elements of pleasure and pain, the biochemical substrates of the *motivational* aspects of pleasure and pain are still somewhat a mystery. A variety of neurochemical pathways of pleasure and pain have been identified. It is assumed that some kind of activation of such pathways in higher-level organisms gives rise to motive, which at the most rudimentary level can be equated with the desire to implement immediate attraction or avoidance behavior. Psychoanalytic and attachment theories treat wishes as givens, specifically as the byproduct of instinctual or fundamental organismic processes, and so it seems reasonable to adopt this view.

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[13] Rapaport's further limitations on the definition of motivation, which limitations serve to place classical drive theory at the center of his suggested theory of motivation, are as follows: a motive must be (i) peremptory: produce involuntary behaviors that the individual "cannot help doing"; (ii) cyclical: show "the accumulation and discharge of energies of the motive force"; (iii) selective: "direction of the motive force is determined by its object and varies with the changes in ... the path by which the object is attainable"; (iv) displaceable: "if the object is not available, objects lying on the path toward it ... become its substitutes in triggering the consummatory action, that is, the discharge of the accumulated drive energy" (1960, pp. 865-866).

However, it will be useful to assert explicitly that positive and negative arousal and affect states give rise to two motives that can be viewed as the most basic motives: (i) the desire to preserve or maintain the positive state, and (ii) the desire to shift out of the negative state into the positive. Thus, the connection of arousal level with the most basic human wishes and motives represents the nexus of physiological regulation and psychological experience, i.e., affect.

2. Negative affects have their origin in the experience of underarousal or overarousal

A particular set of negative affects can be thought of as attendant to the anticipation of underarousal or the actual experience of it. These affects can range from feelings of emptiness, deadness or boredom, to a painful longing or deep sadness. It can also be argued that feelings of being smothered, intruded upon, irritated, overwhelmed, panicked to the point of exploding, etc., are affects associated with actual or impending overarousal. The challenge of this premise is to prove that a physical state *causes* a specific emotional experience. Although arousal can be described in purely physiological terms, it is hard to say whether emotional experience is based more on physiological sensation or on some primeval psychological phenomena. Moreover, there is a higher-level cognitive component to emotion as well. The James-Lange, Cannon-Bard, and Schachter and Singer models all suggest different causal relationships between external data, physiological state and the experience of emotion. These theories all posit a mediating role for cognitive processing, if perception is considered to be a cognitive function. However, this premise (and subsequent premises) will suggest that disregulated arousal is at the root of the experience of unpleasure, and that the motivational qualities of the unpleasure predate the development of the kind of cognitive processing to which

these theorists allude. No doubt that as cognitive abilities mature, affective experiences become elaborated and distinct from one another, regardless of which of the three theories is applied.

In any case, this premise adopts the view that Hebb and Eysenck advanced (as discussed in Section A of the literature review) – that affect valence is related to arousal level in a bell-shaped function, i.e., "hedonic tone" reaches its highest level at moderate levels of arousal and decreases as arousal becomes higher or lower in intensity (Hebb, 1955; Eysenck, 1967, 1981). If pleasure and unpleasure are considered to be motive forces, then there can exist in the individual's mind the construct of a desired arousal baseline, as distinct from the current felt level of arousal; in such cases there would exist a motive to have actual arousal be in line with the desired arousal baseline. Such a motive would be manifested as either (i) the desire to *maintain* arousal within particular bounds, neither too low nor too high, when actual arousal is felt to be "moderate", i.e., the desired and actual arousal levels are not too far apart, or (ii) the desire to *shift* out of an arousal state that is felt to be unpleasant, because the actual arousal is too low or too high.

This view of motivation is related to Freud's view of the motivational sequelae of the energic forces that give rise to wishes. In that model, the energic forces create motivation only when they rise too high, whereupon they cause the individual to desire to discharge those forces. This premise attempts to address the question, what if unpleasure arises when the energic forces rise too high *or fall too low*? A classical theorist might say that underarousal leads to unpleasure (and/or anxiety) as does overarousal, that the unpleasure and anxiety in either case create an energic force that, unless discharged,

threatens to overwhelm the psyche, and therefore the unpleasure and the affects that arise from underarousal and from overarousal are psychically equivalent. What this premise begs the reader to consider is that bodily states of underarousal and overarousal are physiologically different, and thus phenomenologically distinct, and that these distinctions will have important implications for the way representations of arousal states and affect begin to cohere in early development. (These points will be considered further in Premise 4.)

As described earlier, Hebb and Eysenck's model can be elaborated upon as follows: (i) The absolute measure of the desired arousal baseline in a given individual will itself vary over time. This baseline level is undoubtedly influenced by cyclical physiological changes as well as exogenous events; (ii) the quantitative attributes of the change in actual arousal level over time may help define the particular qualities of the positive or negative affect. In other words, the perceived *direction* of the change in arousal may influence the quality of the affect, as might the *rate of change* of arousal level; and (iii) apprehension of the potential for underaroused or overaroused states may give rise to a component of the negative affect that can be conceptually compared to signal anxiety, with all the representational implications elaborated upon by Freud (1926). Such apprehension implicates the importance of the cognitive component of the experience.

3. Early regulation of arousal and affect typically takes place in a dyadic context, and information about dyadic activity is sensed as part of the phenomenology of the altered arousal and affect state

a. In infancy

The human organism shows signs of some self-regulatory capacity pre- as well as post-natally. However, no mammal is capable of autonomous function at birth; rather, it must maintain regulatory connections with its mother. To encourage such connectedness, newborns possess the "inborn" capacity to produce behaviors that enable them, in effect, to seek out and respond to environmental stimulation. These capacities have been highlighted in various ways in the literature, e.g., in the British object relations school's central principle that the primary human motive is a fundamental "object-seeking" drive (Fairbairn, 1941). Similarly, attachment (i.e., proximity-fostering) motives have primacy in Bowlby's theories (e.g., 1969). As Freud did, Bowlby identified a group of phylogenetically-defined, innate instincts that comprised the human organism's essential motive system, which system Bowlby termed the attachment instincts. These component instincts all predictably produced physical proximity to the organism's caretaker as their byproduct. Implicit in Bowlby's views is the idea that dyadic regulation systems cohere around interpersonal signals and responses, the most important of which are affective displays (Bowlby, 1973).

In addition, infant researchers have long adopted a systems perspective of the dyad members' regulation of their own and their partners' arousal level and affective state (e.g., Beebe, Jaffe, et al., 2000; Brazelton, Koslowski & Main, 1974; Gianino & Tronick, 1992; Stern et al., 1986). Most researchers agree that both the mother and infant potentially possess the tools for self-regulation and mutual regulation. The system itself

is dynamic, in that the system can remain stable while flexibly handling the variety of self-regulatory and mutual-regulatory strategies of each partner, given the predispositions of the members as well as the vagaries and exigencies of real-life circumstances.

b. In adulthood

People do not lose their capacity to enter into effective mutually regulating dyads as they mature. Beebe & Lachmann (e.g., 1996) and Steven Knoblauch (e.g., 1998) among others, studied the analyst's use of synchronized nonverbal communications in their analytic technique as a way to regulate the patient's level of arousal. In addition, the literature exploring the significance of attachment behaviors and attachment style in adulthood and the impact of adult attachment on adult interpersonal relationships presumes that attachment behavior in adults exists, primarily to regulate the individual's affect states. Along the same lines, the Boston Process of Change Study Group has focused on the development of implicit relational knowledge (taking place during "present moments" (Stern, 1998)) in the therapeutic dyad, specifically on the mutative impact of emotional reciprocity as constructed via the patterned exchange of nonverbal microgestures (Lyons-Ruth, 1999, 2000). It is not a far stretch to infer that the implicit procedures co-constructed out of these microtransactions are, at bottom, dyadic procedures to regulate the arousal, and later the affect states, of the dyad members.

4. Dyadic regulation of arousal is remembered, represented, abstracted and stored as internal models

The regulation of arousal in humans requires more than simple stimulus-response reflexes to effect varying levels and qualities of interaction with their environment. The more the stimulus information can be processed in a rich and complex way, then the more the information can be analyzed in a meaningful and organized way, and the more likely

the individual can successfully negotiate changing environmental factors. If changes in stimulus information *over time* can be stored, and if various abstractions and inferences about it can also be stored, then the organism can have the capacity to form flexibly organized strategies to adapt to and work with the environment. As the individual forms adaptive strategies, various pieces of information about self in interaction with environment must be represented in the individual's mind. As such points, the individual can be said to form mental models of experienced reality: stimuli, stimulus patterns and categories, traces of experiential episodes, stimuli associations and inferences all have to be represented and "modeled" in the psyche.

Analytic theorists, attachment theorists and infant researchers all have views of the processes that comprise this representational system and of the contents of such representations. In every view of this system, all representations have affective components. For example, according to Dan Stern (1985), the building blocks of representations are memories of bits of real-life experiences stored in episodic memory as associated "clumps" of "sensations, perceptions, actions, thoughts, affects, and goals, which occur in some temporal, physical and causal relationship" such that they begin to seem coherent to the infant. At some point in early development, generalized categorical representations are formed. Stern focused upon those episodes involving *interactive* experiences and their abstracted representations – Representations of Interactions Generalized (RIGs). Similarly, Bowlby (1973, 1988) suggested that early instinctually motivated interactions with attachment figures are encoded in Internal Working Models of self and others, where such models include expectations, beliefs, emotional appraisal and rules for processing attachment-related data.

Internal Working Models of attachment have some equivalence to Kernberg's (1976, 1980) Self-Object-Affect units (Diamond & Blatt, 1994), comprised of (i) an object-image, (ii) an image of self in interaction with object, and (iii) the affective coloring of both the object-image and the self-image present at the time of the interaction. There is also some similarity to Joseph Sandler's model of representations (Sandler & Sandler, 1978) which likewise includes self, object and affects elements. Sandler also identified one further representation element: the *wish* spawned by the self-object-affect experience. Sandler explicitly rejected libidinal and aggressive drives as the impetus for these wishes. He believed wishes to be comprised of the desire to maintain and prolong a relationship to a pleasurable dyadic constellation, and the desire to obliterate from experience unpleasure and pain. In this way, Sandler described a motive component to representations that sounds very similar to the primary motives that I have described as inextricably connected to positive and negative affect states. Though Sandler's wish component is rooted in one of the two primary motives he described, such wishes become associated with specific dyadic scenarios through real experiences. According to Sandler, the represented scenarios – or roles – that have proven to be successful in the actualization of the primary wishes are also stored as part of the representation.

According to Sandler, the motive (or wish) aspect of affect is the degree to which it reflects the feeling of safety or conversely the frustration in the experience of an obstacle to the feeling of safety (e.g., Sandler & Joffe, 1969; Sandler & Sandler, 1978). This feeling is not merely the absence of discomfort or anxiety but its own distinct feeling-state of which people are motivated to maintain a minimum level (Sandler, 2003). Accordingly, the most common affects which generate wishes are

> anxiety and other unpleasant affects, but we must equally include the effect of disturbances of inner equilibrium created by stimuli from the outside world (including the subject's own body) as motivators of needs and psychological wishes.... [In the experience of safety,] the individual is constantly obtaining a special form of gratification through his interaction with his environment and with his own self, constantly providing himself with a sort of nutriment or aliment, something which in the object relationship we can refer to as 'affirmation'. Through his interaction with different aspects of his world, in particular his objects, he gains a variety of reassuring feelings. We put forward the thesis that the need for this 'nourishment', for affirmation and reassurance, has to be satisfied constantly in order to yield a background of safety (Sandler & Sandler, 1978, pp. 274-275).

It certainly seems reasonable to adopt Sandler's main point – that representations include wishes, and that all wishes can be reduced to the fundamental wish to preserve "good" feelings and to eliminate "bad" feelings. In the explication of this premise for the purpose of this dissertation, it is important to focus on the connection between arousal regulation and affect regulation: arousal states associated with the individual's environmental experiences – underarousal, overarousal, moderate arousal – are central, organizing elements of representations. In keeping with the emphasis on arousal regulation as a basic life process and as the primary motive force behind dyadic interaction, it is important to stress that representations do not merely include arousal (and thus affective) information as one of many pieces of experiential data. Rather, representations first cohere around core arousal experiences, i.e., experiences of successful and unsuccessful arousal regulation, such that they are *categorized first and foremost by the arousal qualities*.[14] This position is not very different from Stern's

[14] This view of arousal regulation as central to the formation of representations can be distinguished from the classical drive theory of memory (Rapaport, 1950, 1951, 1953) which views the formation of ideas and memory as a separate process from the formation of affects, both of which flow from the existence of some obstacle to immediate drive discharge. Accordingly, such "safety valve" affective sensations do not impact the

theory that the infant forms categories of patterns of interpersonal experience (RIGs) based on certain shared sensory qualities of the experience. However, Stern does not claim that arousal experiences are central in the formation of the first categories; he does not assert that the infant favors any particular sensory data when it forms RIG categories.

I have earlier suggested that arousal states impact the mind, giving rise to motives specifically relating to arousal state and to expectations and internal models regarding future arousal states. I am also suggesting that positive valence is not associated with simple arousal *reduction* but rather with maintenance of a *moderate* level of arousal within particular bounds. Likewise, negative valence is not associated simply with rising excitation; rather it is a function of an actual or expected shift of arousal level to a point either above or below these particular bounds. Representations of real-life experience are then organized around the arousal-regulating motives. My claim about the importance of the experienced arousal patterns (and thus the affective content) in the early and ongoing categorization of representations is crucial to my larger argument, i.e., that patients manifest changing transferences and behaviors patterns when they detect changes in their own affects states, and that they enact in order to modulate these affect states. A similar claim is found in Beebe and Lachmann's (1996) discussion of the "three principles of salience", where they enumerate the experiential cues the infant uses when processing and representing information about the experience.

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formation of ideas and memories. Only displacement of drive energies do. Later, as the ego develops, it becomes able to "tame" such affect into "signal affect" to be used for ego purposes. Thus the affect becomes "structuralized" and can be reproduced as a signal without "affect discharge" taking place. Such ego-produced signal affects comprise what the individual consciously feels as valenced affect, whereas the "safety valve" affect is unconscious affect (Rapaport, 1953).

I have already proposed that representations have at their core the bodily experiences associated with various arousal states and the expectations formed from arousal-modulating outcomes. Further, there is some experimental support for the idea that the physical discomfort of underarousal is experienced as something distinct from the discomfort of overarousal. As mentioned in the literature review, experimental research indicates that the experience of understimulation impacts the developing brain and body in a way that is distinct from overstimulation (see Schore, 2003). Such research has shown that experiences of maternal deprivation and hypoarousal have led to significant elevations in the secretion of glucocorticoids (e.g., cortisol) and ACTH (Zhang et al., 2002), whereas hyperarousing stressors cause the elevation in the secretion of not only glucocorticoids, but also of the catecholamines – epinephrine, norepinephrine, and dopamine. Only increases in the latter neurotransmitters initiate the "fight-or-flight" response: increased heart rate, increase in blood pressure, dilation of the bronchioles, and increased metabolic rate. (Studies have also found that chronic overstimulation and chronic understimulation lead to two distinct patterns of cell death in the brain, and so one might wonder if the impact on cognitive functioning and personality are distinct as well.) Based on these studies, one might reasonably infer that the pain resulting from disregulated arousal is not physically experienced as simply one sort of pain, but that very early on, the infant can distinguish the pain caused by understimulation from the pain caused by overstimulation. Although both arousal states are obviously aversive and both are motive forces behind the desire to change the arousal state, studies suggest that these two forms of pain are of different physiological origin, and as such they could be

detected as distinct physical experiences as soon as representational systems begin to cohere.

The above experimental literature also supports a related point: an infant can distinguish between the physical feeling of understimulation and overstimulation. Because it would soon become apparent to the infant that the ways to relieve understimulation are very different from the ways to relieve overstimulation, one might assume that very early in development, the individual organizes arousal regulation strategies into two distinct groups based on two different goals: strategies that lead to increased stimulation and strategies that lead to decreased stimulation. When set in the dyadic context, these would be clustered as strategies either to elicit/increase stimulation from the dyadic partner or to prevent/reduce stimulation from the dyadic partner. Regulatory successes and failures during attempts to organize such strategies, along with the concomitant cognitive processing and affective environmental cues, will color the affective correlates of disregulated arousal. Thus, what start out as two distinct forms of pain give rise to two branches of negative affective experiences – for example, boredom, deadness, melancholy and longing in the case of underarousal, and feeling smothered, intruded upon, irritated, overwhelmed, panicked in the case of overarousal – as well as the wishes that accompany these feelings.

At this point, it is important to emphasize an observation about representations that was central to Bowlby's understanding of Internal Working Models of attachment. For Bowlby, Internal Working Models exist so that the individual can not only understand the environment, but can also go on to form strategies involving the environment in the successful pursuit of instinctual desires. Bowlby emphasized that

Internal Working Models include *probabilistic expectancies* about the outcomes of various interpersonal strategies and scenarios. Bowlby's focus on outcomes can be seen as a logical extension of Sandler's idea that representations contain wish-fulfilling scenarios. Internal Working Models contain a variety of scenarios that may effect wish fulfillment, where each scenario is associated with some experience-based expectancy about outcome. It is also important to note that shifts in affective experience could be linked to shifts in *expectations about* arousal outcomes in addition to the sensation of shifts in actual level of arousal or in baseline (desired) arousal.

To summarize, this premise argues for a view of representations as the organization of self-object-affect-wish units into a range of self-object scenarios, where each scenario has a probabilistically associated arousal-state (and thus affect-modulating) outcome. For convenience sake, these amalgamations of self-object-arousal/affect-wish-scenarios-outcomes will be referred to as "Internal Models". They are similar to Bowlby's Internal Working Models of attachment in that the models of interactions with regulating others involving probabilistic expectations of outcomes are derived from real experiences with caretakers. It is mainly the emphasis on arousal regulation as the key correlate of motive that is different. In Bowlby's model, the affective wish component is derived from (and secondary to) a hypothesized primary proximity-maximizing instinct. In Sandler's view, the motive force is the nourishing "feeling of safety" that comes from proximity to caretakers, from positive interactions with the environment, and from freedom from anxiety and from the bodily experiences commonly observed to be painful. By contrast, this premise argues for a view of arousal regulation as the foundation of the most primary force of all and can be viewed as an ontogenetic (and perhaps phylogenetic)

predecessor to the desire to maximize safety or proximity, and as such, the entire array of positive and negative affects would be founded on changes in arousal states.

5. Transference phenomena can be understood as the manifestation of these "Internal Models" in interpersonal settings

The above premises posit that early dyadic systems exist to regulate the infant's level of arousal, and later, as the child's cognitive abilities grow, dyadic systems regulate the level and quality of affects as well. The strategies, techniques and heuristics that develop as part of those regulatory systems are stored as representations. As Bowlby described, these representations cohere to constitute models useful in explaining and making predictions about regulatory outcomes in a variety of interpersonal contexts. As development proceeds, the individual's capacities change, and as real-world interaction with others continues, representations may incorporate and be shaped by new reality experiences. On the other hand, successful adaptation to old environments may in some cases hinder subsequent adaptation to new, substantially different environments.

Early classical theorists viewed transference as the patient's defensive transfer toward the analyst of previously repressed impulses, where such impulses were too fraught with conflict to direct toward the original love object (e.g. Freud, 1915). Thus, repression gives rise to the "repetition compulsion": "The greater the resistance, the more extensively acting out (repetition) will be substituted for remembering (Freud, 1913b, p. 150). Such a definition implies the existence of an original internal model that is repressed and of another "compromise-formation" internal model that has been activated. Object relations, self psychology and attachment theorists would probably not view transference as *necessarily* a defense against forbidden or repressed impulses, but rather as a more general expression of the continuing influence of "organizing principles and

imagery that crystallized out of the patient's early formative experiences" (Stolorow et al., 1987, p. 36). In this more modern, broader definition of transference, the patient "assimilates" the analytic relationship to fit into a coherent preexisting representational system, where the original formative impulses, wishes and real experiences may or may not be repressed. Boesky (1982) cited Loewald (1971), Weiss (1942) and Sandler (1970) to support this view that patient "acting out" is not necessarily a measure of the patient's inability to consciously access memories.

This latter, broader view of transference supports this fifth premise which implies that, in any given individual, some Internal Model is always active; thus there can always be identified some transferential aspect to an individual's interpersonal transactions. To be more explicit, if people are always motivated to regulate their own level of arousal and their affects, and if people always rely on Internal Models to guide their regulatory efforts, and if representations of self-in-interaction-with-other are always components of these Internal Models, then some particular Internal Model is always active in any interpersonal context. Further, if all interpersonal transactions can be viewed as some sort of enactment of an activated Internal Model, then all enactments[15] have an arousal- and affect-regulatory purpose. This conception of transference and enactment is very similar to Sandler's concept of "role actualization" (Sandler & Sandler, 1978). As discussed, Sandler viewed every representation as having a wish component as well as self, object and interaction (i.e., role) components. Accordingly, the patient is always attempting to actualize one of these roles by seeking to enact it with the analyst.

6. Shifts in arousal states trigger shifts in the activated internal model

[15] Here I use the broad meaning of "enactment", i.e., as any interpersonal scenario initiated by a manifestation of transference.

Given that an Internal Model is always active in the therapeutic setting, and indeed in any interpersonal setting, it is clinically meaningful to ask "When does transference shift?" or in other words, "When is one Internal Model discarded in favor of another?" Using the combined aspects of the representation theories of Kernberg, Sandler and Bowlby, I have posited that every Internal Model contains a wish component arising out of the individual's current arousal state and that the wish component is linked to a number of scenario outcomes where each scenario has a range of outcomes associated probabilistically with it. If these Internal Models cohere around core arousal experiences, then they are categorized in the mind of the individual first and foremost by the arousal attributes of the affective experience. If it is true that there are only two basic groups of arousal (and thus affective) experiences, then there are likewise only two basic groups of Internal Models.[16] It can then be argued that an expected or actual shift in the core affective experience (i.e., from positive to negative or from negative to positive) will cause the individual to abandon the Internal Model applied from one group in favor of an Internal Model from the other.

If there are important sensory differences among, for example, the negative affective experiences, then distinct subgroups of negative-affect Internal Models may form at some early point in development. In Premise 1, it was suggested that an algorithmic relationship exists between actual arousal level, "baseline" arousal level, and affect valence; several different arousal levels can all be identified as "negative" yet may

[16] This is not to say that only one type of Internal Model must be active at one time. It is possible for both to be activated, e.g., where there exists the risk of overstimulation and understimulation are both significant, and thus the affective experience at such a time would be complex and mixed.

also be experienced as qualitatively different, for example, gross underarousal as compared to mild underarousal or gross overarousal. If such distinctions among these negative arousal states were sensed by the individual early enough in development, then early subcategories of Internal Models may have developed along those lines. As described above, three affect categories of Internal Models would form: one for positive affect, a second for the negative affects produced by underarousal, and a third for the negative affects produced by overarousal.

Given the represented relationship of arousal level to affect valence, an expected or actual shift in the physical arousal experience will consciously or unconsciously trigger a shift in the Internal Model that is active, as the individual attempts to apply the Internal Model's strategies to regulate arousal and affect in the dyadic context. Shifts in arousal and affective experience can be caused by a number of factors. Steven Ellman (1998) has written that enactments (i.e., shifts in enactments) occur when "analytic trust" has either been disrupted or has not yet been firmly established. As Ellman stated, premature interpretation can create a disruption in the patient's sense of the therapist's empathic attunement with the patient. Such a disruption may be experienced as a loss of the therapist or as an intrusion by the therapist, and the disruption may shift the patient into the apprehension or actual experience of a negative affect state that would result from either an underaroused or overaroused state.

Along these lines, *any* single bit of data received by the patient from the therapist e.g., a facial expression or some seemingly neutral comment by the therapist – can potentially cause the expectation or the actual experience of a disregulated, negative affect state. The negative affect state may or may not be perceived by the patient to be

directly caused by the therapist. Such perception depends on the patient's past experience and level of reflectivity. In such a case, the patient could expect or experience a shift from a regulated arousal state to a disregulated one, and at that moment, a different Internal Model would become activated as the patient seeks to reregulate arousal level and affect state. When a different Internal Model is activated, it can be said that the transference shifts and a new enactment is manifested.

However, it is important to emphasize that the transference paradigm can also shift based on information that has nothing to do with the therapist. A patient's affective state can be different from one session to the next based on the extra-therapy impact of outside information or events, transactions in other relationships or changes in life circumstances, etc. If a patient is in one arousal/affect state at the end of one session and comes to the next session in a different arousal/affect state, then the patient will present with different regulatory wishes or motives in this second session. The Internal Model applied in the dyadic context to actualize the resultant wishes may appear to be drastically different from the Internal Model active in the first session.

7. Some Internal Models require the patient to induce negative affect in the other person to impel the other's participation in the regulating scenario; manifestations of such scenarios emerge as provocative enactments

Another way of stating this premise is that if patient-therapist scenarios emerge as provocative enactments, it can be inferred that the patient's active Internal Model requires that the patient kindle negative affect in the dyad partner in order for the patient's own successful affect regulation to take place; the goal in such cases would be either reconnection with or disconnection from the other. The most important implication of this definition of provocative enactment is that regulation of arousal and

affect need not take place via scenarios where the patient elicits concerned, rescuing, soothing or empathic expressions by the therapist. If the patient can provoke, e.g., angry or sadistic expressions by the therapist, successful regulation can possibly occur as well, if dyadic reconnection is the goal. (Regulation can also take place if the therapist feels bored, confused, or overwhelmed, if dyadic disconnection is the goal.)

As has been emphasized in previous sections, some provocative scenarios are triggered when the patient expects or experiences some form of underarousal, the negative affective correlates of which may mild or severe emptiness, loss, longing, sadness, deadness, etc. The implication is that, at bottom, what the provocative patient hopes to elicit from the therapist in such cases is simply stimulation – a stimulating response that will have the effect of raising the patient's arousal to a moderate level or at least reassure the patient that the risk of impending or continued understimulation, rejection, loss, etc., is significantly less than was first feared. Unfortunately, the Internal Model that is active in these provocative enactments requires that the patient kindle negative affect in the therapist to elicit the therapist's stimulating response. As will be explored more fully in the next premise, these provocative Internal Models incorporate low expectations of success for those scenarios that involve the kindling of positive affect in the therapist; in other words, a high level of comfort with provocative scenarios reflects the expectation that non-provocative scenarios will not yield the best-regulating outcome.

To restate, when reparative provocative scenarios are manifested, the most important part of the actualized scenario is the activation of the therapist by the patient's provocative gestures: the therapist is activated, the therapist then provides stimulus or

reassuring information to the patient, and through receipt of such stimulus or information, the patient shifts out of the negative affect state associated with underarousal. It is the kindling of underarousal affects that makes this sort of patient want to provoke the dyadic other into producing more or "better" stimulus. An interesting implication is that the stimulus that is received by the patient that increases arousal (or reassurance that future underarousal risk is reduced) is sufficient for affect regulation even in those cases where the stimulus the patient receives back from the therapist appears to be painful stimulus.

8. When individuals implement reparative provocative scenarios, it can be inferred that the associated internal models were indeed the best-regulating models at the time the models were formed

Individuals who implement scenarios involving the kindling of negative affects in the dyad partner do so because such interpersonal scenarios indeed yielded the best affect-regulating outcomes in earlier times when the Internal Model was formed; moreover, those particular Internal Models are still believed by the patient to yield the most successful affect-regulating outcomes. Implicit in this statement is that all other gestures by the patient to dyadic partners in the past tended to produce (and, in the patient's mind, may continue to produce) poorer outcomes. These other gestures are all associated with scenarios having a higher risk for outcomes that are ineffectively-regulating or disregulating. Any apprehension that these poorer-regulating scenarios may become actualized will make the patient anxious, and this anxiety is directly proportionate to the degree of disregulation feared. Thus, this anxiety – based on the feared return of bad outcomes of the past – will limit the patient's ability to attempt, consider or even entertain in consciousness scenarios involving successful applications of these other solutions to regulation problems in the future. It might even be that the

degree of anxiety in such cases is directly proportional to the poor "expected value" of the worse-regulating scenario: the more *likely* the regulatory failure of the scenario seems to be, the more anxiety will be associated with the idea of the scenario's actualization; likewise, the more *extreme* the regulatory failure associated with that scenario, the more anxiety will be associated with the idea of the scenario's actualization. As will be discussed in the "clinical implications" section that follows, the patient's contemporary beliefs about the likelihood and degree of regulatory failure for any given set of Internal Models may or may not be accurate.

The points made in the above paragraph are not controversial per se. When applied to provocative scenarios that are connection-destructive, few would dispute that the represented scenarios are derived from past experiences of dyadic connection in the context of particular arousal and affect parameters that led to bad outcomes. Perhaps overstimulating outcomes and affects are implicated, so disconnection is the outcome sought and inducing pain in the other is one way to achieve it. However, it is less commonly argued that the best way for some people to regulate underarousal and its associated affects is to kindle negative affects in someone else. Yet there undoubtedly exists some subset of parents who become the most reliable, predictable and successful regulators when the child elicits a negative affective response from them. As suggested previously, with such parents, subtle shifts in the child's affective expression may not be responded to; the child's attempt to elicit friendly engagement as a way to achieve successful regulation may too often lead to rejection, humiliation or in any case, to bad regulatory outcomes; the simple, direct expression of need and unedited affect may carry the same risks. In such cases, the child may be able to actualize a well-regulating

scenario most predictably and most successfully by making the parent feel guilty, angry, ashamed, irritated or frightened.

Reference was made above to "other gestures" that had proven to be more risky for the patient to make when the patient experienced underaroused negative-affect states. As a general matter, these other ways to remedy underarousal and its associated affects can fall into two groups. The first can be called direct, explicit, undefended expressions of the need for affiliation and attunement, and this group would include all forms of straightforward expressions of desire for a pleasurable, comforting, intimate connection with the dyadic other. An important element of the direct gesture is the unfiltered expression of the affects associated with actual or anticipated disregulation of arousal. Direct gestures include explicit expressions of desire for dependence, nurturance and soothing, as well as active expressions of fondness and caring for the other. These gestures would not be described as "provocative": although the patient is trying to get something from the therapist, one would not expect such expressions to kindle negative affects in the analyst, nor would one think the patient would expect it. Some of these gestures could be termed "seductive", and some of them would probably considered to be expressions of "positive transference" or the undefended expression of desire for intimacy and support from the analyst.

The second group of solutions to underarousal can be called self-regulating behaviors. Such behaviors are not gestures; they are not meant as communications to an other with the desire that the other react. Just the opposite, attempts to self-regulate in response to an underaroused affect state imply that the patient has little confidence in *any* dyadic affect-regulation strategy as a way to shift out of that state. Rather, past

experience has created the expectation that *any* gestures to the object would either elicit nothing useful (and therefore lead to continued understimulation), or lead to a response so excessively stimulating that the patient would shift into an overaroused state. Given such experiences, detaching from the dyad and implementing a purely self-regulating scenario is most likely to lead to the best-regulated outcome. Such behaviors would have both a self-stimulating and a dyad-detaching quality. For example, they may appear to be "attacks on linking" (Bion, 1959) through the presentation of vague, disconnected or idiosyncratic thoughts or speech, or the communication of information that is meaningful or interesting only to the patient, through denial of negative affect, or through denying or actively devaluing the analyst's potential regulatory impact on the patient's negative affect. Such devaluation can range from the subtly dismissive (where there exists a representation of a neglectful ineffectual object), for example, by adopting the "manic defense" to ward off depressive anxiety (Klein, 1940) to the openly disdainful, rageful and destructive (in the case of a representation of an actively withholding or frustrating object); in either case, there is both a detaching and a self-stimulating aspect. Similarly, the schizoid patient's expression of intense interest in and overvaluation of his own internal processes and creative products might serve the same function.

The disconnecting behaviors in this latter category might indeed lead the therapist to experience negative affect and to react to it. Or to otherwise view it as a connection-destructive provocative strategy. In one sense, such behavior can be called "provocative" because it would seem so obviously obnoxious to the dyad partner; in another sense, calling it "provocative" is not quite apt because the patient is not trying to provoke the therapist into doing anything and because the patient's activated affect-regulating Internal

Model does not include a scenario that requires any affective experience in the dyad partner, negative or otherwise. Self-regulating scenarios require the absence of involvement of a dyad partner. Although activation of such scenarios might have a *de*-activating impact on the therapist, it might also be highly frustrating for the therapist, depending in part on the therapist's temperament and needs. In any case, it is important for the therapist to think carefully about the patient's goal in devaluating the therapeutic connection and attempting to disengage the therapist. Devaluing comments made with the expectation that the comment will elicit an energetic response have quite a different clinical meaning from devaluation as a way to disconnect from the therapist and to "inflate" the self independently. Likewise, disengagement sought as a way to elicit pursuit must be distinguished from disengagement sought because engagement is worrisome to the patient.

When a patient implements a provocative scenario to regulate underarousal and the related negative affects, it can be inferred that the patient's past experiences, as represented in Internal Models, justify greater confidence in provocative strategies to produce affect regulation, as compared either to direct gestures or to self-regulation strategies. Given such experiences, the latter two strategies can be said to be so fraught with conflict and anxiety that the patient cannot or will not apply these non-provocative strategies.

Strategies to regulate arousal and affect, and attachment classification

If arousal regulation strategies can be identified as one of three subtypes – (1) explicit/direct, (2) indirect/connection-reparative, (3) self-regulating/connection-destructive – then one might wonder whether a particular strategy might be characteristic

of a particular attachment category. As described earlier, the Strange Situation studies present the child with an experience of decreased stimulation and loss – the initial separation from the parent – followed by a reunion and the potential to renew the parental connection as a source of stimulation, soothing, etc. These sorts of studies have yielded inferences about mothers' differential reactions to their children's affects and behaviors among attachment categories (described in literature review Section A), and about the way such reactions translate into the children's affective expressions and attachment behaviors. One might speculate about the relationship between attachment classification and preference of regulation strategy, as follows:

a. Anxious-resistant pattern and regulation strategies

Recall that parents of these children are unpredictably and insensitively responsive to the child's bids for comfort, more disengaged from and less responsive to crying, discouraging of autonomy, and unresponsive or unavailable in free play. However, in contrast to parents of avoidant children, they are not physically or verbally rejecting (Ainsworth et al., 1971, 1978; Cassidy & Berlin, 1994); rather, their responsiveness is merely impaired. The affects conveyed by the child seem to have varying impacts on the parent, spurring the parent to act (or perhaps overreact) on some occasions, but overwhelming the parent into inactivity at other times. Resistant children seem to have adopted a strategy of exaggerating attachment behaviors as the only way to elicit the comforting or protective parental responses that the child desires (Main & Hess, 1990).

It would not be hard to draw an association between unpredictable or insensitive caretaking and bids for attachment that feature the exaggerated affective displays

characteristic of insecure-resistant children. Among such children, one might expect a good deal of reliance on the connection-reparative provocative strategies that have been the subject of this dissertation. One must presume that the unpredictability and insensitivity of the parents are overcome by the child's exaggerated affective displays; otherwise it seems unlikely that the resistant response to loss would be so stable and unyielding. Parents of resistant children have been shown to have lower reflective function than parents of securely attached children (Fonagy et al., 1991; Slade, 2005), and thus would manifest a lower degree of empathy and interest in the child's mental states. One might suspect that these parents wait to become well-regulating caretakers until their child's expressions of disregulation simply become too noisome or painful for the parent to tolerate; those expressions, however, seem to dependably push the parent into action as a predictable and effective reregulator. But when these parents are presented with more measured gestures or subtle signs that the child is just beginning to become disregulated, they probably respond ineffectively (i.e., by being underresponsive, misresponsive or overstimulating). With a parent like that, the child's attempt to get dyadic affect regulation through direct, measured gestures or through genuine verbal or affective appeals to the parent's empathy will probably yield poorer, or at best, more unpredictable outcomes; to the child, this strategy will be cognized as a high-risk strategy, as compared to the more predictably effective connection-reparative provocative strategy.

One can imagine that these insensitive or erratic parents would allow their infants to lapse into highly disregulated states a greater percent of the time, as compared with parents of the children with the other attachment styles. When such disregulation-

reregulation scenarios are played out repeatedly, there might form in the infant's mind a representation of the entire cycle of the scenario from the beginning disregulation through to its reregulating outcome. This is a somewhat tortuous regulatory scenario, yet the infant would probably store it on some level as part of a coherent, single model. We might speculate that, as the infant develops cognitively, the infant's reflexive production of disregulated behaviors might be co-opted as the child becomes more instrumentally-capable, and these behaviors might be actively implemented in *emulation* of the extreme disregulated state. Or if not in emulation, there might be some process by which the child stirs up an actual disregulated state for instrumental means. In any case, the resistant child has learned, on some level, to automatically exaggerate the level of disregulation to effectively engage the parent.

One can further speculate about the causes for this parent's characteristic inability to attune to a well-regulated child. Some parents might be made anxious by the independence and curiosity of a well-regulated child, i.e., the child's relative lack of need of the parent. A depressed, substance-abusing or chronically fatigued parent may "come-to-life" as an effective caretaker only after a great deal of agitation on the infant's part. A parent who is made anxious for whatever reason by the parenting role itself might be similarly disconnected. In all these cases, the parent may not be attuned, e.g., to a baby in quiet wakefulness, but may nonetheless be effective at soothing the baby if it is overaroused or cranky.

b. <u>Anxious-avoidant pattern and regulation strategies</u>

Recall that these parents are made anxious by the child's affective life (and especially by the attachment-related affects and behaviors) and thus try to avoid the

experience of it because it is too painful (Main, 1985). As a result, they do not construct a responsive relationship featuring genuine affective engagement, freedom in play rather than parental control, and effective soothing of their children during times of stress; rather, they are actively rejecting of attachment overtures (Ainsworth et al., 1971, 1978). Their children adapt by avoiding attachment behavior, and instead tend to produce indifferent, autonomous behavior and untroubled affective expressions; in interaction, both mother and child appear to act in concert to avoid affective engagement (Lyons-Ruth, 1991). Avoidant-pattern children appear very independent, and though internally disregulated after separations, they do not appear to register feelings of loss. Rather, they divert their attention, continue active exploration while the parent is gone, and are equally friendly to an unfamiliar adult as they were to the parent. On the parent's return, these children provide little acknowledgement in response and tend to avert their gaze when the parent enters.

If parents of resistant children are poor at maintaining the child in a well-regulated state but are good at reregulating the child after it becomes very disregulated, then parents of avoidant children are just the opposite: they can maintain a good connection with the child so long as the child is in a well regulated arousal/affect state, is able to rely on exploration instincts while keeping attachment impulses inhibited. However, as described, these parents cannot tolerate their child's attachment-related affects. When coping with separation, loss and reunion aspects of the Strange Situation, avoidant children have been described as independent and calm and friendly in presentation. This behavior suggests that they have a great deal of faith in self-regulating, connection-destructive strategies, and less faith in explicit/direct strategies

and connection-reparative provocative strategies. In fact, studies have shown that avoidant children tune-out mother's gestures, initiate fewer interactions, and instead implement mostly self-regulation strategies (e.g., Tronick, 1989).

In contrast to resistant children, avoidant children do not believe that their highly disregulated states can be effectively managed in a dyadic context. One might expect that any overtures which reflect their disregulated state will elicit parental reactions that are underresponsive, misresponsive, or overarousing. One can further speculate about the causes for such parental inability to attune to a disregulated child. It would not be surprising for a parent with a dismissive adult attachment style to be made anxious, angry or frightened by the child's strong expressions of under- or overarousal; after all, these parents are made anxious, angry or frightened by their own affective experiences of disregulation. Or the parent, though not necessarily dismissive, may nonetheless be mainly interested in the pleasing or "ego-boosting" expressions or qualities of the child. These parents might be enraged by or ashamed of any other of the child's expressions, perhaps being narcissistically injured by evidence that the child is disregulated and thus inferring that their child is not a "perfect" child or that they are not "perfect" parents.

One might imagine that an avoidant infant was left mostly to self-sooth, relying on whatever reflexive, homeostatic mechanisms of its own to effect reregulation. To such an infant, reregulation may be sensed as happening in some diffuse, global way, but not as the result of any affectively-engaged interaction with a real-world caretaker. In fact, interactions with a caretaker may have actually interfered with the progress of efforts to self-regulate, in effect prolonging and perhaps exacerbating the disregulated state. During those times when disregulation takes place while the parent is present, the

infant will learn to produce behaviors that emulate the infant's well-regulated behaviors, because those behaviors will bring out what is most helpful or least harmful from the parent. In the same way that resistant children have co-opted their reflexive disregulated behavior to create a tool by which they can manage their parents, so too have avoidant children learned (consciously or unconsciously) to suppress disregulated behaviors and emulate a well-regulated state as a way to manage *their* parents so that the parents will not hinder the child's efforts to self-regulate.

E. Theoretical implications

The literature review section on representations explored the views of classical analytic, object relations and attachment theories, as well as the research involving infant affective and cognitive development. This dissertation proposes a particular configuration of Internal Models that is implicated in provocative responses to underarousal and its associated affects. This proposed approach incorporates the idea inherent in object relations and attachment theories that representational systems emerge from the vicissitudes of innate motivational systems as the child develops cognitively and affectively in the context of early relationships with caregivers. Included is Bowlby's (1969) idea that representational systems are more adaptive if goal-correction is not merely based on immediate real-time data but also based on accurate predictions about likely future events. With such system, the individual can assess, internally and ahead of time, the likely outcomes that would be contingent on the behavioral choices available. The proposed approach to the development of representations from simple to complex is a commonly accepted one among both analytic theorists and infant researchers; for example, Blatt has written that representational systems become "increasingly accurate,

articulated and conceptually complex" over the course of developments. "[H]igher levels of representation evolve from and extend lower levels; thus new representational modes are increasingly more comprehensive and effective than earlier modes... [Representations] can range from global, diffuse, fragmentary, and inflexible to increasingly differentiated, flexible, and hierarchically organized" (Blatt & Levy, 2003, pp. 121-122).

The proposed approach also incorporates some qualities shared by drive theory: it hypothesizes that a homeostatic, energic control system, and the bodily experience of this system, is at the root of affective experience and at the core of the representational system. This approach to the development of representations has two advantages over existing relational and attachment models. Boesky (1983) criticized the early Sandler model (Sandler and Rosenblatt, 1962) and especially the Jacobson (1964)/Kernberg model (1976, 1982) of representation-formation as lacking an account of any overarching guiding force: "[they describe] the reified self- and object representations undergoing all kinds of amalgamations and regrouping without much discussion of the organizing influence of unconscious fantasy in forming these self- and object subsystems (p. 577)". The organizing force for which Boesky would like these theorists to account is the drive system. Boesky is not unreasonable in his request since the authors of both these models claim to have founded them in drive theory. It is one of the benefits of the proposed approach that it does present an overarching guiding force in the formation of representation systems, which force includes deeply-rooted, primary wishes and fantasies. It is another benefit that this approach need not be reconciled with drive and structural constructs; one can simply describe the primary motive force as the desire to

regulate arousal and the affects that arousal states engender. Drive theory could exist coextensively with the theoretical approach proposed, although it is outside the scope of this dissertation to describe how such an integration might be accomplished.

The role of unconscious fantasy in the proposed approach should also be addressed. Most living organisms show biologically-based approach and withdrawal behaviors in response to system variation. However, psychology is concerned with the study of "the mind" of the human being, and thus with the mental manifestations of regulation of physiological states. In the motivational system proposed, physiological regulation of arousal states creates in the "mind" the motivating "wish" or "desire" to maintain a moderate arousal state. Likewise, disregulated arousal states create the wish or desire to obliterate or shift out of the present arousal-state. Such wishes, in their earliest form, are one-person, passive wishes set in no temporal or historical context, and other animals may in fact have "minds" in which such wishes exist as well. However, in human infants, many analytic theories suggest that this motive system is represented as polarized mental images of an all-good state and an all-bad state, and so the proposed theoretical approach does not differ from these widely accepted concepts, e.g., as reflected in Kleinian theory and the Jacobson/Kernberg models. As infants advance cognitively, and as they develop some concept of cause-and-effect relationships and a sense of goal-oriented action, such ideas might possibly be represented in the mind as an all-good object and the wish to merge with it and maintain it, and as an all-bad other and the wish to obliterate it. All such wishes can exist in the proposed system as unconscious

fantasy[17]. However, because the proposed theory does not attempt to address motives that are associated with the drives, there has not been identified a role for drive-determined discharge fantasies, i.e., fantasies of how sexual and aggressive energies might be discharged.

As mentioned, Internal Models are organized around the apprehension or detection of changes in the patient's own arousal state. Each Internal Model has associated with it a scenario designed to produce an affect-regulating outcome. Although a given scenario has a number of outcomes associated with it, it may be that the scenario associated with the best affect-regulating outcome is more conscious than the scenarios associated with more poorly regulating, more painful outcomes. Nonetheless, memories of failed scenarios and poor outcomes must be stored so that these outcomes might be avoided[18]; one might suspect that memories of these painful outcomes are defended against and thus less available to consciousness (because the memories of disregulation are too painful to be held in consciousness). The proposed approach incorporates the idea that the mind implements defenses as mechanisms to minimize or eliminate the experience of negative affects (e.g., Brenner, 1982), specifically those affects associated with the recollection of experiences of the affects associated with disregulated arousal. These negative affects can be kindled when interpersonal cues cause the individual to

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[17] See also Sandler (2003/1995): "The homeostatic, balancing functions of the phantasies ... are directed toward the doing away with unpleasure and the gaining of pleasure... as well as safety and reassurance... and in particular bring about intrapsychic adaptation through the use of various mechanisms of defense and the creation of dialogues with phantasy objects rooted in childhood introjects" (pp. 23-24).

[18] See Bowlby's review of a number of studies, discussed in *Separation* (1972), that suggests his belief that internal working models cohere into two, horizontally split models: (i) a conscious model of the caregiver as "good", where painful interactions are caused by "bad" aspects of the self, and (ii) an unconscious model containing the hated or disappointing qualities of the caregiver.

anticipate or experience worse-regulating scenarios or failed outcomes. Such "bad" scenarios may be dealt with defensively via repression, denial, reaction formation, projection, etc. (although something akin to signal anxiety may result when the patient is reminded of these scenarios.) These defenses serve to block the negative affect associated with conscious awareness that a failed outcome is actually materializing or that a disregulating scenario is playing out. Such defended-against scenarios and outcomes could still exist unconsciously as futile good fantasies and related unconscious bad fantasies, comprised of feared (rather than wished-for) outcomes.

F. Clinical Interventions

It can easily be argued that Cuadli invoked withdrawal or disconnecting gestures to meet different goals at different times, or to pursue seemingly opposing goals at the same time. As discussed, there were times in which he felt that sharing himself with others would open himself up to rejection and loss. At such times, his desire to create distance between himself and other was intended to protect himself from loss and protect the other from the destructive effects of exposure to his bad qualities. Similarly, Cuadli had also conveyed that staying connected with others required that he present a false self and/or keep the "bad" parts of him hidden; Cuadli implied that there were times when he withdrew simply because it was too draining to keep constructing this sort of presentation. Cuadli was certainly sensitive to rejection and loss, and was vigilant for signs that he was being judged poorly by others; he may have attempted to create distance as a way to preempt the rejection by others that he often felt was imminent. So there were probably times when his desire to keep others at bay was evident and straightforward: he did not want to "elude" them as a way to goad them into chasing after

to him; rather, he really wanted them farther away because he feared the destructive consequences of his connection to them and the pain of abandonment that would inevitably follow. However, there is no reason why both goals – connection-destructive and connection-reparative – might not have been on occasion operating simultaneously. The fear of rejection and the wish for acceptance are not mutually exclusive. Each might wax and wane, e.g., in proportion to Cuadli's self-loathing or self-pride.

In constructing a view of the interventions of choice associated with traditional analytic theories, it must be acknowledged that most psychodynamic practitioners would use a combination of transference interpretation and empathic reflection as part of their clinical technique. Most would acknowledge the importance of the therapeutic alliance and the crucial fundamental task of building the patient's trust gradually over time. Moreover, most practitioners would try to come to some sort of position, in consultation with the patient, as to the sort of change that would alleviate the patient's suffering and improve functioning. In Cuadli's case, he first came for treatment because he was depressed and lonely to quite an acute degree. However, by the time the treatment actually started, it was clear that Cuadli was having some discomfort in his interpersonal relationships, especially the more intimate ones. He felt that others would judge him and treat him poorly or that others would treat him callously and exploitively; moreover, he tended to judge himself harshly, which reinforced his expectation that others would abandon him once they experienced a real connection with him. Yet at the same time, it was clear that Cuadli deeply wanted to be connected with others; his dread of loss confirms the intensity of his desire. It is outside the scope of this dissertation to survey thoroughly the views of therapeutic change associated with different schools of theory.

That being said, I will try to describe the interventions in Cuadli's case that might be chosen by clinicians of different psychoanalytic orientations.

1. Interventions indicated by traditional theories

Classical theorists, including ego psychologists, might view the therapeutic goal as the strengthening of the ego. They would identify Cuadli's problematic withdrawal behaviors as a conflict involving Cuadli's aggressive wishes, his sexual wishes and the superego. Certainly Cuadli would acknowledge that his aggressive impulses were very troublesome to him. When they were stirred, Cuadli feared their destructive impact (thus these impulses conflicted with his desire for affiliation); moreover, he probably felt unable to modulate those feelings and, overwhelmed with anxiety, he had difficulty bringing about satisfactory resolution of the events which kindled his aggression, implying some impairment in ego function. Thus, classical theorists might interpret along these lines. It is not clear how much of these conflicts really took place on an unconscious level; Cuadli seemed quite aware of a good deal of this material, although he had great difficulty talking about it because it made him so anxious. Therefore, exploration of the transference would not really be in service of "making the unconscious conscious" – one of the classical goals – but rather would help in strengthening his ego: by enabling Cuadli to talk more and more about the aggression that made him anxious, he would be able to tolerate the anxiety better (especially once he would see that his aggression did not produce the destructive effect he feared), and he would develop the skills to be able to convey his thoughts better and negotiate interpersonal solutions more effectively. Exploration of the erotic transference would likewise improve anxiety tolerance; Cuadli's fear that his expression of need or desire would be destructive

likewise induced great anxiety. By encouraging discussion about this transference, anxiety tolerance would improve, and problematic actions based on primitive fantasies and fears might give way to more realistic, modulated transactions with people. Empathic attunement is seen as important because the ego apparatus can best develop in a context where primitive wishes per se do not lead to destructive outcomes, and so the risk of object loss is lowered, leading to a greater feeling of safety and improved anxiety tolerance.

Practitioners of the British Object Relations school might make interpretations that frame the central conflict as a depressive-position conflict – how to love without destroying by hate. In this view, the treatment should provide a place where the patient can experiment with the experience of love without his hate actually destroying anything. There were also signs that Cuadli felt his needs would be overwhelming to others, and therefore he would also be grappling with the problem of how to love without destroying by love. Encouraging the patient to be able to reflect specifically on these conflicts would be important; just as important, the therapist has to be able to tolerate the patient's aggression and/or overwhelming level of need without being destroyed, i.e., without the therapist-patient connection being unduly disrupted or left unrepaired. Likewise, a therapist influenced by Bion would make special efforts to "metabolize" the patient's anxiety, i.e., not to simply resonate with it to the same (or greater) degree that the patient feels it, but rather to resonate with it less, while providing for the patient explicit language, affective constructs and cause-and-effect explanations so that the patient can better understand and cope with his anxiety.

The central conflict may also be framed squarely in terms of the "schizoid dilemma" (Guntrip, 1969). This construct describes the schizoid individual's constant oscillation between the two poles of affiliation and alienation: although the schizoid individual has a desire for human connection, there is also a fear that connection necessitates a dystonic self-devaluation or loss of true self; but while withdrawal from human connection removes the emotional burden of suppressing true-self in favor of false-self, such withdrawal also stirs an intense loneliness and anxiety associated with the disconnection from humanity, social reality and the potential for social validation. Thus, the schizoid individual is constantly and uncomfortably buffeted between these two poles, driven from each to the other as the anxiety associated with existence at a given pole becomes too great. Indeed, Cuadli found this construct an apt and pithy account of his difficulty with individual relationships and his own functioning within the constraints of social norms, which norms Cuadli often railed against. The central conflict can be framed as one that exists between his ability to accept and foster his true-self and his ability to affiliate; to Cuadli, the achievement of one necessarily connoted the sacrifice of the other. From this perspective, the treatment should provide a place where Cuadli can find empathy with, and respect for, the contents of his true self, such that he would become confident that he could maintain human connection without an enormous sacrifice of self.

The focus on the articulation and acceptance of Cuadli's true self could also be found in the approach of self psychologists. They might say that Cuadli's problems in social functioning are rooted in his variable and easily undermined self-esteem. Self psychologists might infer that Cuadli experienced a deficit in the mirroring selfobject

function. They would find the schizoid dilemma an apt construct, but might refine it to say that his desire for social connection is not a general one, but rather a specific need to connect with those who could serve the mirroring selfobject function he needs – the provision of admiration, approval, respect, empathy, and the ability to be tolerate and support those times when Cuadli's sense of self is inflated. By the same token, failure of this selfobject function when sought would fill Cuadli with an intense feeling of shame and the resultant narcissistic rage. As discussed, this rage (i.e., aggression) is quite frightening to Cuadli, both in the experience of it and in the feared destructive consequences. A self psychologist would say that Cuadli was loath to create social connections and was quick to dissolve them because he perceived the risk of selfobject failure, shame and resultant rage to be very high. In addition to interpreting along these lines, the self psychologist would work to provide the mirroring that Cuadli needed, making sure to address and alleviate any feelings of shame that Cuadli might experience in the transference, and to respect and tolerate the rage that would inevitably arise from those feelings of shame.

In Kernberg's approach, focus is placed on building reflectivity in the patient about the specific problematic transference dynamics that may be at work in the therapeutic setting. This emphasis can be described as one approach to the strengthening of the patient's ego apparatus. Central to this approach is an articulation of the self- and object representation at play, as well as the affects experienced by the scenario participants and a subsequent explicit exploration of the role relationships constructed in the active Internal Model. In Cuadli's case, one Internal Model might be comprised of a weak, disappointing self, a judgmental and rejecting other, where the rejection would

inevitably result, and shame and rage would follow. Another scenario might be comprised of a hungry, needy, devouring self, and a smothered, overwhelmed other, where abandonment would inevitably result, and shame and rage would follow. Yet another might consist of a vulnerable, "longing" self, a selfish, exploitive other, where exploitation and abandonment would inevitably result, and shame and rage would follow. Given any manifestations of these transference scenarios in the treatment or outside, the Kernbergian therapist would foster the patient's ability to reflect on the contents of the self- and object representations and the linking affective experience, eventually moving on to reflect on these transferences as such by steadily reminding the patient that he is experiencing what is, in fact, transference phenomena. As the therapy proceeds, the therapist might draw connections between contemporary transference manifestations and original interpersonal scenarios that gave rise to these transference models; such interpretations are often effective in vitiating the affective charge of the contemporary manifestation of the transference and in strengthening the patient's ability to reflect on the transference and its precipitants rather than enact it.

Clinicians who adopt Bowlby's theories of motivation might simply note that as anxiety levels increase – specifically, anxiety about loss – the exploration motive diminishes and the secure-base/proximity motive increases. This is another way of saying that elevated anxiety impairs the ability to go out into the environment, meet challenges posed by the environment and solve problems. Elevated anxiety encourages the patient's withdrawal from the environment and his return to whatever the patient identifies as a secure base. Some patients, such as Cuadli, may not feel that secure base properties can be counted on from people. Rather than seeking emotional support and

"recharging" from people, some patients may instead attempt to self-regulate as a way of modulating their anxiety. Such self-regulation can take the form of "self-medication" (i.e., food/drug/alcohol abuse) or withdrawal into independent or solipsistic activity of varying levels of functionality. In such cases, interpretations may be made along these lines. Likewise, interpretations about the transference would highlight the expected failure that might occur should the patient rely on the clinician to help modulate the patient's anxiety states.

Recall that Bowlby viewed aggression and anger by the patient in the transference as replications of the angry or hostile treatment of the child by the parent, or it may reflect that patient's lingering, unextinguished resentment toward parental victimization, exploitation, frustration or neglect. Such anger and anxiety result from frustration of the child's need for ongoing care and parental availability, and therefore, interpretations along these lines would be indicated. Bowlby recognized that experiences of separation and loss in the treatment are significant transference triggers. In Cuadli's case, vacation, illness and other scheduled or unscheduled breaks, or the therapist's perceived emotional unavailability or potential to be rejecting, should be carefully examined for their relationship to Cuadli's withdrawal or perceived disconnection behavior. As would be the case in most of the theoretical contexts described above, provision by the therapist of empathy, respect, "metabolism" of the patient's anxiety and hostility, and efforts to repair disruptions in the alliance are considered mutative. Such measures would help change the patient's expectations about interpersonal outcomes, i.e., they would help alter the patient's Internal Working Models such that he could have faith in those scenarios that modulate his anxiety without requiring withdrawal from the interpersonal field.

2. Clinical contributions of the proposed theory

As discussed, Cuadli's withdrawal behaviors could have been implemented as a way to destroy connections, but also could have been intended to further the repair of connections by spurring the other to initiate such repair. I have argued that the provocative scenario as means to dispel a sense of loss is the enactment of choice only when experience has taught the actor that other means of eliciting stimulation and repairing disconnections will not be as effective as the provocative gestures. I have grouped the other means of regulating arousal into two categories: direct gestures, which rely on direct, explicit expressions of need and depictions of affect to an other, and self-regulatory measures, which are meant to exclude participation by an other. Thus, where problematic provocative enactments are manifested, the therapist might at some point explore the patient's feelings about each of the three methods of regulating arousal and the affects related to loss.

However, it first must be established that the provocative patterns in question have been problematic for the patient. Exploration of *any* particular transference pattern will be seen by the patient as useful only when the patient believes that there might be some connection between the pattern in question and the patient's life problems. Next, it must be established that there is some nexus between the enactments in question and experienced or anticipated underarousal and its associated affects – specifically, that the feelings states preceded the enactments. It can then be hypothesized that the enactments were implemented with the belief that the actualization of those scenarios would change the feeling states. In other words, once a problematic action pattern has been identified, one must ask what sorts of situations and feelings immediately preceded the action

pattern, and then suggest that the latter might have precipitated the former. Given that an anticipated or actual sense of underarousal and loss preceded the provocative actions, it might then be useful to explore the patient's feelings about each of the three methods of regulating underarousal affect states.

One might ask at this juncture, how does the therapist determine which regulatory strategy or strategies are in effect at any given point in time? More specifically, how can one tell when a gesture that feels provocative is meant to serve a connection-reparative versus connection-destructive function? To answer this question, more basic questions must be addressed: how does the therapist know that a given transference scenario is being played out? What sort of evidence is required before the therapist can draw a conclusion or at least go forward with a construct that is clinically useful? How much certainty does the therapist need to possess before a helpful clinical intervention can be made? Indeed, many clinicians might say that relevant transference metaphors are co-constructed in a dialogic process, so that it is clinically sufficient for the therapist simply to suggest that a certain line of thought about transference be reflected upon and discussed. In other words, it is not necessary (and indeed, it might be impossible) for the therapist to "know" anything for sure in order to provide a useful clinical intervention.

That being said, the literature review section covering representations provides support for a view of the representational schema underlying any given transference scenario as an agglomeration of representations of (i) self, (ii) object, (iii) arousal state and its concomitant affect, (iv) role relationships, and (v) expectancies about the various arousal-modulating and affect-regulating outcomes possible in the actualization of the transference scenario. Exploration of any of these components will yield some evidence

about the affective goal of a transference scenario that is being manifested. However, the patient's initial experience of underarousal and the associated affects could give rise to either the connection-reparative or the connection-destructive transference scenario, or both. The components that would most readily distinguish a connection-reparative provocative scenario from a connection-destructive one would be the representation of the role relationship and of the expectancies associated with the possible affect-regulating outcomes.

Given a connection-reparative scenario, there would be evidence of a high expectation of predictable, well-modulated reactivity from the enactment partner; by contrast, in a connection-destructive scenario a modulated level of predictable engagement is not expected or desired. Information about roles and expectancies regarding outcome can be uncovered in many ways. The patient might describe his contemporary expectations about the reactions of others to particular provocative gestures. The patient might also talk about the predictable patterns of provocative interaction with important early objects upon which the contemporary expectations might be based. The therapist could also ask about the patient's expectations *in vivo,* for example, "so when you told me about X, did you have any thoughts about how I'd react…what I might say?"; the response might indicate whether reconnection or disconnection is the expected outcome. Note that the focus of inquiry would not be on the patient's expectations about the therapist's thoughts and feelings per se, but rather on the way the patient expected the stimulating aspects of the therapist's dyadic participation – e.g., speech, tone, animation, synchrony – to be caused to change.

Moreover, in the connection-reparative scenario, one would expect that the therapist's predictable, well-modulated reactivity to be followed by an actual shift in the patient's affective state – the patient would begin to display "positive" affects and signs of decreased anxiety – whereas the same sort of reactive response to a connection-destructive overture would be frustrating for the patient and cause the patient's unpleasant affective state to persist or to become exacerbated. In the connection-destructive scenario, the patient seeks to reduce or shut down the therapist's participation, such that the patient could be then free to self-regulate without hindrance. By contrast, a non-response to a connection-reparative overture would yield overt signs that the patient's unpleasant affective state is persisting or intensifying

Self- and object representations may or may not serve as evidence for the primacy of a connection-reparative scenario over a connection-destructive one. Awareness that the patient maintains a representation of the object as caring, worried, aloof, selfish, disgusted or ashamed may help explain why the patient expects the therapist to *feel* a certain way. However, such awareness on its own will not shed much light on the patient's expectations of change in the therapist's dyadic participation. For example, a therapist who is disgusted by the patient might on the one hand be expected to express disgust in an animated and affectively charged way, but on the other hand, might be expected to withdraw from or reject the patient or shift the focus of conversation elsewhere. The contents of self- and object representations are quite important, however, in understanding the narrative that has been created to account for the way the scenarios unfold, especially the unquestioned causal links that drive the scenario forward.

Over the course of treatment, Cuadli did convey some of his expectations about the relative efficacy of explicit/direct strategies, connection-reparative provocative strategies, and self-regulating/connection-destructive strategies. He explicitly evinced some confidence that the provocative gesture would elicit activated responses by the therapist and others, i.e., the outcome sought in the Elusive Scenario. By contrast, he was quite afraid that direct expression of need and would be met with indifference or exploitation, and eventual rejection. A future therapist of his might wonder aloud about the origins of such convictions, which origins no doubt could be found in early dyadic interchanges. One might also explore the patient's expectations about self-regulation scenarios. In Cuadli's case, he evinced a conflict over such solutions characteristic of the schizoid dilemma: disconnection would produce both a sense of satisfaction and intensely sad sense of aloneness. In sum, it was clear that Cuadli believed (at least some of the time) that the outcomes of both direct reparative gestures and self-regulatory methods would produce worse outcomes than provocative gestures; when Cuadli consciously entertained the possibility of implementing scenarios involving direct gestures or self-regulatory methods, he would become quite anxious (although moreso for the former than the latter.)

All of the exploration and interpretation described thus far would be in service of strengthening the patient's ability to reflect on the enactment scenarios and their triggers. It would be hoped that the development of reflective functioning will enable the patient to better exercise ego functions, i.e., the strength to delay the impulse to enact, and the ability to assess consequences, consider alternative approaches, and choose the actions that best serves the patient's own long-term interests. However, it is arguable whether

the mere development of self-awareness and reflective skills would be sufficient to change the patient's expectations about the outcomes associated with the various approaches to the regulation of arousal and affect. One can argue that the patient's expectations will change only when enough real-life experiences accrue to support such a change in the representational scheme.

In this case, both psychodynamic and cognitive-behavioral approaches may be effective in generating these mutative experiences. The goal of either therapeutic approach would be to alter the specific Internal Models triggered by the patient's underaroused affect state. Ideally, the Internal Models would evolve to a point where flexibility of regulation method is maximized, such that the patient could manage the anxiety associated with different affect-regulating scenarios and consciously implement the strategy that is most adaptive or desired, given the specific real-life situation. Therapeutic change is effected in both approaches by bringing about interpersonal experiences, the outcomes of which discomfirm the expectancies contained in the existing Internal Models. The patient attempts to implement new strategies for arousal and affect regulation – strategies which have failed in the past and which now go unused because they engender great anxiety. When successful outcomes are achieved, the relevant Internal Models will accommodate the new experiences and produce revised outcome expectancies.[19]

In what may be considered a CBT-like approach, the therapist could encourage the patient to achieve insight through a sort of Socratic method with the therapist and

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[19] See also Weiss and Sampson's (1986) view that enactments comprise important "test-passing" experiences that can serve to disconfirm a long-standing "unconscious pathogenic belief".

through autonomous record-keeping. The therapist would then convince the patient gradually to try particular new "cognitions" and gestures with people in the real world, confident that the patient will be able to elicit a series of new, mutative, affect-regulating outcomes in day-to-day life. In more traditional psychodynamic treatment, insight is likewise achieved through a dialogic process in which the therapist makes interpretations, including transference interpretations. The therapist may convince the patient to gradually try new behaviors with people in the real world. The therapist will also use the therapeutic relationship itself to encourage the patient to try particular new communicative gestures with the therapist in the session. Once the therapeutic alliance is sufficiently strong and analytic trust is established, the patient will begin to feel safe enough to take risks with the therapist. The enduring empathy and attunement of the therapist evident in the therapist's responses to the patient's new gestures create new outcomes and cause the patient's Internal Model of affect regulation to revise its outcome expectancies. Psychoanalytic treatment may have an advantage over CBT approaches in that the therapist can monitor the patient's response to the interchange in real time and so has much finer control over the outcomes and their affect-regulating quality (whereas interactions elicited in the real world are more unpredictable); as such, the therapist can produce a very consistent, responsive, and highly attuned level of affect-regulation.

Once the patient develops the desire to regulate arousal and affect through non-provocative means, the therapist can encourage the patient to attempt the other, non-provocative strategies with the therapist, so that the therapist can respond in ways that help to regulate the patient's affect and thus reinforce the non-provocative solutions; in this way, the therapist can provide a "new object" experience. The therapist's mission

would be to provide outcomes for the patient's direct-gesture and self-regulation strategies that are always more effective (in their appropriate contexts) than the patient's tried-and-true provocative strategies, such that the patient has sufficient incentive to keep trying new strategies rather than continue to over-rely on provocative strategies. In other words, the therapist sets up something akin to an extinction paradigm, although in this case the goal is to reduce problematic reliance on the provocative solution rather than extinguish it completely (because there are times when it is functional) and to enable the patient to feel less anxious and more comfortable with other solutions such that the patient has the freedom and capacity to choose the most functional solution in any given context.

One important clinical implication of such a mission is that the analyst would implicitly adopt the view that positive change can be brought about by means outside the rubric of classical interpretation as well as within it. The goal of classical interpretation is the undoing of a repression followed by the patient's recollection of a once-unconscious memory or representation. In other words, insight in an affectively-charged context would make the unconscious conscious and thereby strengthen the observing function of the ego such that the stronger ego can better delay, control and relinquish drive aims. By contrast, it can be said that the goal of more relational clinical theories is the creation of new representations via the "corrective" aspects of the therapeutic relationship. That is to say, the therapeutic relationship itself provides some functions essential to the patient's psychic growth that were not available in early development. Given this kind of salutary interaction, developmental processes that had been "stuck" can resume.

One extension of the relational approach to therapeutic change has been the exploration by the Boston Process of Change Study Group of the mutative impact of moments of nonverbal attunement between therapist and patient. According to Stern et al. (1998), the mutative impact of therapeutic exchanges occurs primarily in the sphere of "implicit relational knowledge", a nonverbal realm that he presents in contrast to the domain of explicit verbal knowledge. These researchers draw an analogy between such "present moments" of change and the moments in which mother and infant do not merely construct and repair dyadic affect-regulating systems, but somehow initiate developmentally appropriate epigenetic shifts in the organizational structure of such dyadic systems. In a similar emphasis on change through non-interpretive means, Lyons-Ruth (1999) suggests that real therapeutic change takes place when procedural rules are unconsciously enacted in the context of, and altered via, patient-therapist interactions, and that therapeutic progress does not require that the procedural changes be reflected on and translated into symbolic language.

There is an "integrative" quality to therapeutic change in the proposed approach: it can be said that insight and relational factors interact, and that both factors simultaneously impact the complex interpersonal system by which Internal Models are created, maintained and changed. For example, Ellman (1998) has emphasized that interpretations will only have a mutative impact once "analytic trust" has been established. Without analytic trust, the interpretation will be "premature", i.e., will only be incorporated by the patient as part of the manifest enactment. Such analytic trust requires the establishment of a pattern of attunement and constancy on the therapist's part. And as Bromberg (1979) put it, "the deeper the regression *that can be safely*

allowed by the patient, the richer the experience and the greater its reverberation on the total organization of the self" (italics added). Making a similar point, Loewald (1960) noted that the patient resumes ego development though integrative experiences where the therapist functions as a representative of a higher state of organization and mediates this function to the patient. However, the patient can only internalize the relationship with this new object when "the patient, through a sufficiently strong 'positive transference' to the therapist becomes available for integrative work with himself and his world.... The therapist must also be in tune with the patient's productions, that is, he must be able to regress within himself to the level of organization on which the patient is stuck" (pp. 404-405). These then are the relationship factors implicit in classical interpretation.

By the same token, relational approaches acknowledge that the goal of therapy is not the provision of missing interpersonal experiences merely for the sake of relieving the patient's distress or to be otherwise supportive. Rather, it is for the sake of changing conscious and unconscious self- and object representations and the motivational systems built around them, such that these new Internal Models will function independently of the therapeutic relationship and can be applied by the patient in real life (see, e.g., Kohut's (1971, 1977) view of "selfobject" and object functions; Bion's (1959) "containing" function; Winnicott's (1972) "holding", Bowlby's (1988) "secure base", and Fonagy's (2001) "mentalizing" function of the analyst). This dissertation describes an arousal- and affect-regulating function that is manifest in the interpersonal field that likewise can be used to further intrapsychic change. It is important to note that relational approaches (such as the proposed approach) consider it a crucial aspect of therapeutic relationship to evince attunement and constancy in the context of an explicit dialogue about the patient's

inner world, which dialogue the therapist seeks to foster, and therein lies the interpretive element of the relational approaches.

Applying the alternative theoretical approach proposed, the therapist may use any means at her disposal to produce reliably arousal- and affect-regulating outcomes. Such means may include nonverbal techniques to regulate arousal (see e.g. Beebe & Lachmann, 2001), or interventions that may seem more supportive or even directive than psychoanalytic, including those that in some way encourage the patient to alter something about his life or his external environment. For example, in Cuadli's case, I had encouraged discussion of his needs of me; a great deal of sensitivity empathy was required to be able to broach this subject without engendering too much anxiety, because such discussion made Cuadli acutely anxious. I also encouraged Cuadli to express particular feelings to his partner when it seemed to both of us that it would be helpful to do so; to help reduce his anxiety, I discussed with him, and even roleplayed, what sort of approach he might take. It was just as important that I worked to create a general expectation in Cuadli that I would care about what he was feeling and that I would treat him with respect rather than judge him. Indeed, such a general expectation must exist before one could have expected Cuadli to take any risks with me or tried to utilize me in a way that was new and potentially uncomfortable. (Again, such attuned interventions are meant to complement ongoing transference interpretations.) It is important to emphasize that the therapist must be sensitive to the timing of the affect-regulating responses so that the patient's non-provocative strategies are encouraged but that the provocative gestures are not.

It may also be true that the therapist ought not produce responses to provocative gestures that are as helpful at affect regulation as his responses to non-provocative gestures. In this sense, the therapist must work against the primacy of the patient's comfortable provocative strategies. While interpretive efforts in response to provocative gestures are certainly indicated, affect-regulating responses might not be. To be more explicit, the therapist's responses to provocative enactments in underarousal contexts, once these enactments are clearly identified as problematic, must be ones that do not add liveliness and energy to the interaction. (Indeed, one might wonder whether the therapist response should be, in a sense, deadening, to the extent that such a response does not unduly tax the alliance.) The lively, energetic, engaged responses should be reserved for the patient's non-provocative attempts to cope with underarousal and the loss affects, which attempts the therapist must actively and regularly encourage because they are less habitual for the patient. My reactions to some of Cuadli's provocations, namely his threats to quit treatment, unfortunately betrayed a good deal of my own anxiety about a sudden termination. Such anxieties were rooted in my own needs, specifically in my need to be successful in my first treatment and to convince my supervisor of my abilities, and therefore my reactions to Cuadli's termination attempts might have undermined the treatment in two ways. First, my activation and attempts to encourage him to continue might have indeed been reparative and effectively modulated Cuadli's sense of disconnection and loss, and thus merely reinforced to Cuadli the efficacy of his provocative strategies. Second, by betraying my anxiety, I could not help but convey to Cuadli that I needed something from him, which would encourage him to wonder about my own agenda in the treatment, and potentially present a false-self adapted to what he

might imagine my agenda to be. Aside from the reinforcement of Cuadli's false-self presentation, the imposition of my own agenda would create more layers for me to understand and would probably add to my confusion rather than clarify my understanding.

As mentioned, there exist real-life interpersonal settings in which provocative strategies are still the most appropriate, best-adapted strategies, e.g., when it is appropriate to express anger or to make the another person feel anxious, guilty, embarrassed, etc. Norms vary widely across subcultures and social contexts. For example, socially acceptable teasing and ribbing can be seen as a mild, adaptive form of a provocative enactment. There are certainly interpersonal settings in which direct gestures are most effective, for example, in those relationships or on those occasions where it is appropriate to make warm, dependent, nurturant, or otherwise affectively transparent disclosures of need. Likewise, there are social settings in which most of the individual's needs must be regulated on one's own. However, in all real-world settings, the adaptiveness of direct, provocative or self-regulating strategies is more or less circumscribed; a fully functional individual must be able to implement any of the arousal- and affect-regulating strategies when it is in the individual's interest to do so. If one goal of psychotherapy is to help the patient to be as free in the choice of problem-solving strategies as possible, then the therapist must encourage the patient to rely not only on direct strategies but on self-regulating strategies as well when the latter are most adaptive. How would the therapist encourage the patient's confidence in self-regulating strategies? The implication in such cases is that the therapist must be only a "good enough" regulator of the patient's affect, i.e., by not helping the patient regulate his affect on some

occasions except by supporting her efforts to self-regulate, or by otherwise doing what is necessary to encourage the internalization of the therapist's affect-regulating function.

G. Conclusion

This dissertation attempted to assemble a cluster of ideas or arguments, some more speculative than others as a way to explain a particular set of enactments; these ideas could have been organized in a number of different ways. A good portion of the ideas discussed involved speculation about events taking place very early in development, namely, early arousal states and the way in which they form the core of mental representations. This dissertation attempted to address a number of questions regarding the regulation of arousal states, and then weave these thoughts together into a coherent whole:

(1) What if the painful experiences of disregulated arousal can be equated with the psychoanalytic construct of "bad object", and the pleasurable experience or reregulated arousal with the "good object"? Different analytic theorists have proposed subcategories of bad object. I have suggested that it would be useful to consider two subcategories of bad object: the bad object associated with understimulated arousal states and the bad object associated with overstimulated arousal states; I have argued that the pain of understimulation is phenomenologically distinct from that of overstimulation, and thus representations of those experiences separate out into these two subcategories quite early in development.

(2) What if there are certain sorts of caregivers who allow their young children to chronically lapse out of well-stimulated states into understimulated states, where the caregivers were perhaps unreactive to initial, subtle cues of the child's discomfort but

reacted when the child communicated more extreme disregulation? One might wonder whether such caregivers were less empathically attuned and responsive to their children, at least with regard to the child's experience of understimulation and its affective sequelae, e.g., the child's anticipatory anxiety or discomfort with physical or empathic breaks. I have tentatively explored in this dissertation what sort of parents might react this way by reference to attachment style.

(3) What if some set of these slow-to-react parents would eventually react to their child's extreme understimulation, not out of empathy but because the child is emitting communication that is noxious to the parent and the parent simply wants that noxious stimulus to stop? In such a case, the parent would have the incentive to become activated and to interact with and stimulate the child. These are caretakers who, in cases of their child's understimulation do not react in a subtle, attuned, empathic way, i.e., in way that anticipates their child's underarousal so as to be ready to address it. Rather, they only respond to the extreme, pain-inducing communications that arise from the child's extremely understimulated states. It is only at that point that these caretakers offer the stimulation that will return the child to a well-regulated state.

(4) What if some of these children learn to co-opt the affects and the communications that, early on, arose involuntarily? In other words, what if they learn to stir up these affects in themselves "on demand", such that the affective experiences and communications associated with understimulation and loss are wielded instrumentally *in anticipation* of these understimulated arousal and affect states? And what if the resultant communications became the most reliable tools of these children in eliciting the stimulation from others that they needed to dissipate their anxiety over impending loss?

What this dissertation argues is that there is a class of provocative enactments that are manifestations of the representations abstracted from this set of arousal- and affect-regulating experiences, where there are particular self representations, object representations, arousal and affect components, and contingent expectancies with regard to good and bad outcomes. The good outcome for the transference scenarios associated with these representations is increased stimulation from, and reconnection with, the transference partner. In this dissertation, I sought to contrast such provocative enactments from those in which the good outcome sought is the disconnection from the transference partner (and perhaps the actor's desire to reduce stimulation is implicated).

If there really do exist these two classes of provocative enactments, then the clinical intervention indicated would obviously depend on which sort of enactment was in effect. Provocative enactments initiated with the hope of drawing stimulation and repair of breaches with others can potentially have unfortunate consequences when manifested in adult life. As one can easily imagine, because provocative gestures can be obnoxious to others or otherwise viewed as hostile gestures, they can elicit either hostile or abusive responses from others (which can be grossly overstimulating not to mention dangerous) or rejection and further disconnection by others, exacerbating the unpleasant loss-related affects that the provocative gestures were meant to dispel. With either sort of response, reregulation of arousal and affect is not achieved, and the individual who has habitually relied on such methods will be unhappy and hopefully detect that something must change. On the other hand, where the "provocative" enactment is meant to further disconnection from an other, the hostile or distancing behavior elicited will enhance the actor's sense of instrumental ability to push away people whose proximity makes the

actor anxious. A clinician working with the former sort of enactment would attempt to make the patient conscious of the meaning of the enactment, mindful of the potential precipitants of the enactment, and aware of the discrepancy between the fantasied and actual odds of a successful outcome. Just as important, the therapy would explore the sources of anxiety that prevent the patient from choosing more functional ways regulate arousal and affect; the therapist and patient would try to construct an environment where reliance on those less functional approaches to reregulation can be reduced, and the more functional approaches attempted and their feared bad outcomes disconfirmed.

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