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Sometimes It's Wrong to be Right

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Any two people engaged in a private relationship will develop fixed patterns of interaction that come to manage each of its aspects. Most observers of human behavior believe that such patterns are preordained by the emotional history and cultural background of each partner. Irrespective of origin, it is clear that among the relational patterns found in every dyad are those that enhance and those that impede intimacy. Couples with intimacy enhancing patterns usually develop relationships that feel good and are flexible enough to adapt to the vicissitudes of life. As I have suggested in previous columns, these are the relationships within which the partners are successful at maximizing positive affect, minimizing negative affect, and minimizing the inhibition of affect expression. At the opposite extreme, patterns of impediment to intimacy predominate, the relationship is less adaptable, and the partners neither feel good nor experience each other as an ally. The focus in this communication is on the specific qualities, the scripts found in certain interactive patterns, and how a couples therapist based in affect/script theory might approach them during a session.

There are definite advantages to such an approach when evaluating interaffectivity within couples. These advantages apply whether one is considering a momentary, rather mundane interaction between acquaintances, close friends, or intimate partners or the usually more complex pattern of interactions between two people who are seeking therapy for a troubled intimate relationship. Study, for a moment, this seemingly trivial but nearly universal experience: In love with life, excited by the events of the day, and a bit randy, one partner returns home from work to communicate a day-long, steadily growing interest in sex with the other. "I'd love to," says the other with a face displaying the unmistakable signs of illness-induced distress, "but I've been throwing up for the past two hours, have a fever of 102°, and sure hope you can take care of the kids because I'm exhausted." For a fleeting moment, the aroused partner experiences a nameless negative affect best described as rejection. What is happening? Is the aroused partner an unempathic clod with a deep-seated sexual problem related to serious flaws in psychosexual development? Did he or she hate mother when she was sick?

Everyone familiar with affect theory recognizes this as a simple shame response; rejection is a member of what Wurmser (1987) defined as the shame family of emotions, along with feeling distanced, isolated, embarrassed, and humiliated. There is no need to impute psychopathology in a situation that meets the routine physiological conditions Tomkins established for shame. Here, mild illness had been placed squarely in the path of ongoing interest-excitement. No matter what had triggered positive affect, and no matter what had operated to act block it, shame affect entered the picture as an amplification of that impediment, drawing attention to the nature of that impediment as we develop conscious awareness that something had gone wrong with our best laid plans for sexual connection with a cherished other. Except for that physical illness in the sick partner, even though a negative affect was triggered, nothing out of the ordinary (and certainly nothing psychopathological) has occurred.

The most likely outcome of this interaction – especially in a couple with primarily intimacy-enhancing interactive patterns – is that the well partner will shift from the wish to mutualize sexual interest-excitement to mutualization of distress-anguish and subsequent interest at the task of nursing the sick lover. One of the most fascinating characteristics of the affect system is the plasticity that allows rapid shifts from one feeling to another. Alternatively, however, the formerly aroused partner might

experience a more lingering sense of rejection, as when a momentary shame reaction (the brevity of a normal affect) triggers a memory that is also infused with shame, in which case the present-shame and past-shame interact and "loop" like a computer program that is stuck. Nathanson (1988, 1992) has defined this coassembly as normal mood, characterized by recall of unfinished or unresolved business from the past as a response to any triggered affect. If the present scene is not an analogue of some nuclear scene and part of a nuclear script, it will be regarded as trivial and fade in significance. Brief interpersonal interactions may trigger negative affect over a wide range of intensity with no implication of underlying psychopathology. It is important that the couples therapist identify such interactive patterns in order to emphasize the ubiquity of negative affect and the importance of healthy systems for its relief. Successful couples learn to have little shame about expressing negative affect and can become very proficient at using their own unpleasant feelings to fine tune the relationship as they keep their inmost selves open and available to each other through affect expression.

Script theory can also be used by the couples therapist for rapid understanding and explanation of long-standing interactive patterns, despite how difficult it may be to change what is understood and explained. Consider such one couple in their early 50s, married 7 years when they decided to seek help. They were somewhat unusual in that he had waited until his mid-40s to marry for the first time; this was her second marriage. Early in the first session, he began to criticize her in a very "logical" way, and their predominant pattern of conflict resolution came into clear focus. His voice never rose above the level of normal conversation, and he made it more than clear that he knew he was "right" about what he was saying. He denied that he was being critical, saying instead that he was only trying to help the marriage by pointing out faults she needed to change. She responded to his critical, attacking logic with defensive logic of her own, attacking quietly with a point-by-point rebuttal of each criticism, showing how it was he who had been the cause of every one of her "wrong" behaviors. Her analysis of the changes necessary for an improved marriage centered, therefore, on his behavior. If only he would do such-and-such differently, she would not become upset or behave in ways that upset him. While her presentation conveyed a bit more emotion than his, she too made it clear that she knew she was right.

After observing this pattern for a few minutes, I asked whether they ever raised their voices. They said that if emotion found its way into their discussions, it would be his anger and her tears. However, they both admitted that they were very careful about the overt display of emotion because they knew how much it upset the other, and neither wanted to do anything that would jeopardize the marriage. To the surprise of no therapist, the major concern that had brought them to therapy was a growing awareness that he was spending more and more time away from home and she was acting more and more jealous of what he was doing when not at home. They knew the marriage was in jeopardy and entered therapy to see if they could improve their chances of staying together. In individual sessions, each professed love for the other and a strong desire for the marriage to work.

As an affect/script theory-based therapist, I presume that relationships are most vulnerable whenever an impediment to intimacy occurs. Anything that prevents a couple from maximizing positive affect, minimizing negative affect, and minimizing the inhibition of affective expression will also function as an impediment to intimacy. Intimacy can only be experienced when the inmost self of each partner is open and available to both transmit and receive emotional communications. If there is no positive affect, if negative affect will not dissipate, or if affect cannot be expressed, then we lose the best system for communication about the inmost self. Affect theory allows us to predict that whenever we impede our partner's interest in our own inmost self we trigger shame in that other, making shame the pivotal negative affect of intimate, interpersonal relatedness. Since anything amplified by shame is likely to be hidden from others, the therapist must be ever vigilant to its subtle or disguised influence on

interpersonal affect management scripts. It is this aspect of shame that allowed most of the family/marital/couples therapy community to underestimate or miss entirely its effect on interpersonal relatedness.

Both shame affect and their scripted defenses against it became evident in many levels of the interactive pattern of the couple being discussed. Both people were obviously experiencing impediment to their intimacy. Their daily transactions, exemplified by the one seen in the first session, could be understood in terms of what Nathanson (1992) has explained as the Compass of Shame. Their "reasonable" criticisms involved a subtle form of Attack Other scripts. Neither would take responsibility and accept the attendant (but appropriate) shame for anything that went wrong. Instead, each intellectualized the problem (Avoidance pole) and presented the other with a rational description of what he or she was doing wrong. Each would then feel judged negatively by the other, experience the shame that such judgement engenders, and raise the intensity of their defensive rationalization. Only rarely would these interchanges escalate to the point where affect would be displayed directly. Whenever the shields are up and access to our partner's inmost self prevented, whatever interest in that partner is maintained must be rewarded by shame. These two people were, therefore, triggering and retriggering shame in one another but neither identifying nor solacing it. With each repetition of such a scene, the possibility of intimacy decreases, intensifying the pain of relatedness and therefore magnifying defenses from the Withdrawal pole of the compass of shame. As he withdrew physically from the relationship to spend more time with his friends, she became more and more jealous of him and what he was doing. He insisted that he was not having an affair—a fact he reiterated quite believably during individual sessions. She wanted to believe him also but could not get it out of her mind that she was probably a fool (Attack Self) if she did not follow his moves closely.

In his contributions on script theory, Tomkins (1987, 1991) taught us that one can observe this couple at yet another level and examine their deeply entrenched need to be "right." Raised in a family that valued education and a range of intellectual pursuits, he has been limited by attention deficit disorder (ADD) that had been diagnosed only recently. Even as an adult, he still finds it difficult to concentrate on any source of information, and his ability to read is further impaired by dyslexia. His embarrassing failure to excel in school brought shame (dismay) to his parents, especially his father, and was made all the worse when he was criticized by teachers and parents alike as lazy, failing to apply himself enough, and refusing to work up to his potential. Sometimes the best and most reasonable defense against shame is to leave the field of constant pain, and when, at 16, both school and family became reciprocating engines of discomfort, he ran away from home. He lived and worked in Maine for one or two years but eventually returned home and finished high school. In spite of his academic difficulties, he decided to go to college in order to please his father; while there he began his own motorcycle repair business. By trial and error taught himself how to fix almost any kind of problem on all makes and models of motorcycle, established a successful business that brought him great pride, and laid the foundation of the enterprise for which he is now known and respected.

From this brief sketch, one can see the childhood origins of this man's shame scripts. His choice of intellectualization and Attack Other scripts as defenses against shame were nurtured in the intellectual climate of his family. His intelligent and well-educated father was always very logical (and "right") in his assessment of problems and their solutions, a stance validated further for my patient by contrast with the volatility of his alcoholic mother. Identification with his father helped counter his feelings of intellectual inadequacy and allowed him to cope with the feelings of rejection experienced in his relationship with a mother who seemed more interested in the bottle than a son. His Withdrawal script led him to run away when he could no longer tolerate the impenetrable, shame-inducing wall of his

father's "rightness" or the shame of his continued academic mediocrity. Although he was able to overcome many of his childhood problems and forge a successful business career, this shame-based limitation in his ability to achieve intimacy kept him from finding love until his mid-40s. The mutuality of their love had reduced his susceptibility to shame and the consequent fear of a long-term intimate relationship, thus encouraging him to risk marriage. But from the fact that he spent more and more time away from home I recognized that their failure to negotiate the simple rules for the maintenance of marital intimacy had reactivated his withdrawal script.

It was for a completely different set of reasons that his wife developed her need to be right. Her physician father died when she was young, leaving her to be raised by a dependent and quite paranoid mother who monitored all of her phone calls by listening on another extension. Once, when she was 14 and motivated by an adolescent's normal need for privacy, she asked her mother not to listen in; this triggered so powerful an explosion that the request was never brought up again. Even today, anything that resembles such a request for independence is taken by this mother as reason to bombard her with a list of faults defining her inadequacy as a daughter. Recently, in response to a minor incident, her mother explained at length how my patient is the worst among the daughters all her friends, telling story after story of acts "good" daughters perform for their mothers. As a grown woman with her own cluster of successes from which to form an identity, my patient finds ever-new analogues of a nuclear script in which she is bullied constantly by a mother who uses shame to keep her fighting to prove her worth by catering to mother's needs.

It is not difficult to understand why this woman is always unsure how she is viewed by others, or why she attempts to undo her chronic feelings of inadequacy by pleasing everyone. The intellectual gifts that allowed her to enter college after her children were born and graduated Phi Beta Kappa are used to find new ways of pleasing others and to help maintain the stoic, intellectual front that she hopes will distract others from seeing her underlying "bad" self. This intellectualization, an identification with her deceased idealized father, also allows her to keep calm in the face of her mother's emotional storms, and is both tool and source of her need to be right. From her jealousy about her husband's absences (a fallback position, an unwanted paranoid script handed down from mother to daughter) I surmised that her stoic scripts were failing because of some shift in their normal patterns of affect management.

The absence of one partner creates an impediment to intimacy in any relationship; when the partner has decided to escape the relationship because it is troubled, the impediment triggers more shame for several reasons. First of all, any old unresolved feelings of inadequacy and unloveability will resonate with the current shame and produce an affect loop between past and present and a mood that can dominate one's thinking and become very difficult to modulate. This woman vacillated between two categories of shame: feeling like an abject failure whom no one could love; and fury at a husband whose supposed infidelities made her feel like a fool.

Secondly, the intensity of initial interest-excitement diminishes naturally in successful intimate relationships as the partners learn that they can depend on one another to be there and to be close; novelty must decrease over time. Recall, too, the process Tomkins (1992) defined as habituation – the learned capacity to perform daily repetitive actions with such skill that they require little conscious attention. These are the actions that he described as occupying the "valley of perceptual skill" because what we do works without further "thinking." The advantage of habituation is that it keeps our limited channel of consciousness relatively free of the mundane, allowing attention to be more easily directed toward stimuli that might carry important messages about survival. When the troubles in a relationship become prominent and the possibility of a breakup is near, habituation is reduced as one pays more

and more attention to each and every little detail in the interactions with the other, looking for clues about where one stands with the other and where the relationship is headed. The resulting increase in stimulus acquisition is experienced as interest-excitement, and fear-terror if the increase is too great. Since the intensity of a shame reaction will be directly proportional to the intensity of the interest-excitement impeded, intense shame is triggered under these conditions. Coupled with whatever degree of fear she experienced as insecurity within the relationship, my patient's intense shame reaction produced regression from her script of intellectualization to a more primitive jealousy response based partly on the paranoia learned from her mother.

From these brief biographical sketches, one could see from their very first session that this couple demonstrated an interactive pattern obviously damaging to their intimacy but that also provided clues to the scripts most in need of change. This is frequently, but not always, the case. The affect/script-based psychotherapist can use the Affect Pattern Chart (Nathanson 1993) to check out which affects are expressed and which suppressed, a simple task that allows rapid recognition of interactive patterns for affect management and the scripts that underlie them. This is a special advantage in these times of managed care and the pressure to use increasingly brief and less costly modes of psychotherapy. If a couple can benefit from brief psychotherapy, then they need to be advised as soon as possible about damaging interactive patterns. They need a clear explanation of the dynamics of those patterns and must be taught how to recognize them. Each must accept responsibility for his or her own contribution to any unhealthy patterns, and learn to pay special attention to whenever shame is triggered. Finally, they need instruction toward change, education that is especially helpful if it works immediately to reduce any of the impediments to intimacy that have brought them into treatment.

Recall, from your study of Tomkins's (1962) work on affect dynamics, that the reduction of any negative affect triggers enjoyment-joy (contentment). For many couples this is analogous to the old saw that it feels good when you finally stop banging your head against a wall. For this reason I directed this couple to spend time together engaged in mutually interesting activities, and, since they were locked in a pattern of talking that could only cause them both shame, I asked them to give up their skills in this area and forebear from discussing their relationship. Having experienced a great deal of shame during prior discussions and come to understand the sense of isolation and rejection it engenders, both agreed readily that they were not good at talking without inducing pain in one another and that a temporary hiatus from such discussions would be welcomed.

My next task was to describe the flaws in their interactive pattern that they could observe with the greatest ease. and chose the need of each to be "right" during most interactions. They saw immediately how having to be right closed off their inmost self to the other and how both of them experienced it as an impediment to intimacy. Neither felt able to penetrate the wall and connect emotionally with the other when the other was locked the script of being right. I closed the first session with a very brief, didactic presentation of affect theory in order to clarify why each felt so deeply hurt when impediments to intimacy arose.

It has been my experience that almost everyone is relieved to know that we humans are innately wired to experience shame when an impediment to positive affect occurs. This knowledge reduces shame about feeling shame because the emotion is seen as a simple biological response rather than a weakness in one's character. All at once, our exploration of those defenses becomes less shaming as patients become curious about the origins of their scripted defenses against something they had only a moment ago tried to disavow. This is exactly what happened in the individual sessions with each member of the couple I am describing. We were able to look at the past history of those childhood

interactions that had triggered shame and at how the corresponding defenses were natural developments in their personalities. This made it easier for them to accept and be open in the couples setting about the defensive interactive pattern that each brought to the marriage.

The need to be right is a defense against shame. In an Attack Other script, one disavows shame and triggers it in another by battering that person with information about how correct one is and how incorrect the other must be. Through an Avoidance script one can disavow shame within the self by powerful self-aggrandizing intellectualizations about one's rightness. This is one origin of self-righteousness, and the combatants in arguments about religion are often caught in one of these two scripts. Rightness is also an effective method of keeping one's inmost self closed. Once this couple understood its effect, both attempted to diminish their use of it during difficult discussions. They focused instead on trying to express the affect that they were experiencing at the moment without blaming what they felt on the other. They found useful and amusing the directive in my favorite quote about being right: "In a family argument, if it turns out you are right, apologize at once!" (Heinlein, 1973). As soon as they began to apologize to one another, it became an in-joke between the two of them. In part this was because neither was completely sure why they were apologizing, only that they had caught themselves being right and knew that to continue such a defensive posture would produce impediment to intimacy. Humor helped relieve negative affect and promoted a more positive approach to difficult communications.

The treatment of this couple went beyond the limits of brief therapy because they discovered that it was more difficult to change their scripts than originally anticipated. Nevertheless, from the first session on they worked to reduce their use of intellectualization and overcontrol of affective expression as a weapon, and were rewarded by an immediate increase in both safety and intimacy. They felt warmer toward one another and more able to be open about vulnerable feelings. Some therapists disparagingly call this the "honeymoon" phase of therapy, implying that nothing has actually changed. In my experience, couples cannot change anything unless they experience therapy as able to provide them with positive interpersonal affect. In my diagnostic schema (Kelly, 1995), these people were suffering from both a failure to maximize positive affect and a failure to minimize negative affect that had to be addressed immediately. Only then could they find within themselves the resilience and the depth of relatedness that allowed them to begin work on their scripted patterns. Therapy has been able to proceed because they have both worked hard to learn how to discuss marital problems as mutually uncomfortable experiences for which neither should be blamed but for which each is willing to take responsibility and look inside the self to discover the cause.

In summary, this article has presented some specific details of the ways an affect/script-oriented couples therapist is able to view interpersonal interactions. In this paradigm, every interaction is motivated by affect and triggers affect. Readily discernible interpersonal patterns arise from repeated interactions between two people and the scripts each brings to the relationship. Even though the patterns of interaction may be complex, our analysis of them is simplified by our ability to identify the affect triggered and the scripts active in each during these interactions. This process is simplified further if the therapist remains attuned to the role of any interaction in promoting or hindering a couple's ability to maximize positive affect, minimize negative affect, and minimize the inhibition of affect. Through such simplification of interactive patterns that are befuddling to those encountering problems of intimacy, the therapist can provide clear methods of pattern alteration. And when special attention is paid to the action of shame on an interaction, the therapist can focus on the primary goal of removing impediments to intimacy. Shame, like all of the innate affects, is an amplifier of its stimulus; thus, it turns all impediments to intimacy into further and more serious impediments to intimacy. In its presence, even

small issues become impossible to resolve because both partners feel shorn from the other, isolated, distanced, and as if the other is not an ally. Remove shame, and new alliances appear.

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