

Reading for subsection 10 (*Classifying Scripts*):

Subject: *Re: Negative affect in therapy*

Date: Monday, 8 Dec 1997

From: Melvyn Hill

To: Tomkins-Talk

Your previous posting raises a variety of issues concerning the relationship of affect theory to object relations theory and morality, and then again raises the issue of regression in therapy, especially when it leads to a “negative transference” (in psychoanalytic terminology an attack on the therapist). Phew. That’s a rich menu.

Actually I think there is a fairly simple way of getting a handle on the issues you raise.

Object relations theory is an attempt (post Melanie Klein and Donald Winnicott and Wilfred Bion, in England, and then post Margaret Mahler in this country) to explore the psychological territory that Tomkins mapped out and called Script Theory. But the problem is that object relations theory has been limited in its attempt both by the fact that its conceptual core is so concrete that it presents a kind of literalism or fundamentalism about the composition of scripts. Without a necessary degree of abstraction, the theory cannot offer powerful enough hypotheses about script formation, and does not therefore allow us to think with sufficient clarity about scripts as they arise in a clinical setting.

In psychoanalysis one has to rely on terms like transference and counter-transference, projective identification, identification, and so on, that literally attempt to reduce the patient’s script back onto the earliest cast of characters in his or her life. And in the process the role of affects is frequently obscured, especially in the sense that Tomkins gives us, that affects are abstract. Script theory teaches us that the mind bundles early scenes according to their salient affects (for the child) and sorts these into scripts that organize not only the environmental triggers but also the child’s (or later the adult’s) responses and reactions into a program of emotional predisposition, motivation, and action. While it is true that many important scripts are composed in the context of relating to early “objects”—what an ugly term for the truly meaningful people in a child’s life—in the end it is not these “objects” or people that the adult seeks to reproduce in his or her life, but rather the script. With his theory of affects and scripts, Tomkins offers a simpler, more elegant, and more powerful hypothesis with which to work.

When it comes to the issue of moral values, I do not believe that we can simply identify particular affects with moral values, and not even the emotions—although that brings us closer to the way Tomkins helps us to think about moral values. Affects as such do not occur in adult life. They have been transformed by the mind into emotions that arise within the context of specific scripts. And it is through an understanding of scripts that we can come to see the role that affects play in our motivation, and hence the revelation of who we are and what we believe in and what we value.

Tomkins’s script theory, in fact, begins with a discussion of two broad ranging scripts that inform the life of a culture: he addresses them under the rubric of Ideological Scripts. Here he distinguishes between Evaluation Scripts that concern our moral, aesthetic, and truth-values;

and Orientation Scripts that concern our cultural maps, theories of knowledge, and necessary social skills. We acquire these scripts in a variety of settings that include the family, community, schools, religious institutions, athletic pursuits, and cultural venues.

The term “regression” implies that some form of representation is taking place. I have found that when I frame “regression” as a way of telling a story through demonstration, the patients no longer feel trapped in the situation that has such a grip on them in the present, and they come to understand that they had been conveying exactly how awful it was to go through this experience as a child. In other words, in so-called “regression” the inarticulate child IS the narrator. This is the child who was probably alone with the experience and did not have the chance to talk about it with another, and could not find words for it at the time. To use the language of anthropology, what we get is a ritual rather than a myth. To use the language of theater, we get a performance rather than a script. Not to confuse matters, in the language of Affect Theory, this is a performance of one or several scenes that have been bundled and compressed during the formation of a SCRIPT.

Frankly, I find the term “regression” regrettable in this context: it has a shaming connotation of going backwards rather than forwards (shaming the patient is so often the undercurrent in psychoanalytic theorizing and practice) when, in fact, it usually stems from remarkable courage on the part of the patient, as well as a profound trust in the therapy, and a deep seated hope of having found someone, at last, who will understand and help me (the patient) understand what the heck happened back there and then. If anything this is a move forward in therapy, since it is one of the few means a patient has to locate memory bundles whose salient features have to be reevaluated in order to transform a powerful SCRIPT.

Finally, there is the issue you touch on, of what happens when a patient “abuses” a therapist, or when there is an ongoing expression of negative affect toward the therapist. I know that there has been a great deal of very complicated theory written to explain this phenomenon, as well as a wide range of therapeutic interventions recommended. Goodness knows, “borderline” patients have been given an extraordinary amount of care and attention in the literature. To my mind there is a straightforward explanation for these swings between love and hate, or idealization and demonization, or kindness and abuse (and the various other terms used to describe this switching back and forth between positive and negative affect in relation to the therapist).

I believe “borderline” patients were cruelly treated by one or another or both of their caretakers. These are the people who, as children, they love and whose love they need in order to feel safe enough to live. So they cannot possibly give them up. But at the same time these are the people who arbitrarily, unaccountably and viciously attack them, and evoke the most intense negative affects. That is the recurrent set of scenes for the “borderline.”

And I believe it leads to an extremely powerful developmental deficit—the child cannot learn how to tell a friend from an enemy, because the environment does not allow it. But in order to survive the child has to make some effort at making this distinction. What falls into place is a script that varies from one “borderline” to another, but that says: as long as this person does not say or do *x*, he or she is my friend; but the second he or she says or does *x*, I am confronted with my enemy.

A “borderline” often initiates a relationship with unconditional idealization and seduction of the other (as Don Nathanson has pointed out) but is all the while vigilantly scanning the other to find that undefined, unarticulated *x* that proves he or she is the enemy. In fact, the kinder and the more loving the other, the more intense becomes the “borderline’s” search for evidence of the *x* that irrefutably proves their enmity. Sooner or later the therapist, as other, turns out to be yet another enemy. Or this can oscillate back and forth.

What this inarticulate child is trying to convey to the therapist is how impossible it was for him or her to know whether he or she was dealing with an enemy or a friend.

Ultimately, of course, a parent who persecutes a child is an enemy. But because the child cannot afford to know that, it is forced into a script that allows it to keep the parent as a “friend” while living all the while in a state of terrified anticipation of the return of the “enemy.” I believe this is what Robert Louis Stevenson conveyed so brilliantly in his novel, *Dr. Jekyll and Mr. Hyde*.

I have found that when I am able to tell a “borderline” patient this story that underlies their anti-toxic SCRIPT—that they have been trying to convey to me through a demonstration—they are profoundly relieved of their terror of imminent betrayal, and can begin to feel safe enough with me to discover that I am, in fact, a friend.