

Where affect fits in psychotherapy

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Tomkins identified the innate affects as mechanisms present from birth and visible on the face of the individual through senescence, their presentation muted or encouraged by scripts. I have likened the affect system to a bank of spotlights, each of a different color triggered by an entirely different set of circumstances. It is only when one of these spotlights illuminates something that it moves out of the background to become a figure, the subject of our attention and conscious thought. It is these physiological innate affects that form the bridge between biology and psychology, for there can be no such concept as psychology until affect has appeared.

They have evolved, these affects, in three distinct forms: Two of them, the range of interest through excitement and the range of contentment through joy, feel so wonderful that they therefore motivate the individual to want more of them for longer periods of time. Positive affect by its nature encourages us to maintain our involvement with its stimulus and perhaps increase it. One affect, the response to a stimulus with sudden onset and sudden offset, occurs so briefly that it cannot be said to be either positive or negative, but only the reset button for the affect system—this is affect over the range from surprise through startle.

There are six negative affects, and they feel uncomfortable in varying degrees and varying ways. Each of them disposes us to pay attention to some triggering stimulus and to do what is necessary to diminish that noxious experience. These nine spotlights, then, comprise a significant portion of our biologically inherited life system. There isn't much we can do about the fact that the spotlights flick on and off all the time, forcing our attention hither and yon and making us aware of our inner and outer environment.

Nevertheless, we do differ in the ways we have learned to handle the information made salient by innate affect. Depending on the milieu into which we have been thrust, we will be exposed to affect-triggering stimuli of varying intensity, duration, and significance, to which we will react with affects that we will learn to handle in ways taught by our caregivers. Some families are really great at teaching us to handle our affects, some are deficient in their ability to work with one or another affect, while other families provide really terrible models for the management of affective life.

In the system of psychotherapy I have developed from the scientific psychology of Silvan Tomkins, we recognize that most people come to us because their affective lives are uncomfortable in ways they cannot alter. We evaluate everybody to see whether the discomfort comes from hardware, firmware, or software, and aim treatment to normalize the affect system. After all, the normal affect system provides a bank of spotlights that flick on and off all the time, allowing us to shift attention from one triggering source to another. Our term for this natural operation of the affect system is "plasticity," and one of our goals in treatment is to return the individual to normal plasticity of the affect system.

Obviously, people who are stuck in one affect or another do not enjoy this plasticity. Only when something has gone wrong does a patient become suffused with one affect that won't turn off. Normal plasticity of the affect system allows each and every instance of affect to be triggered at a level of density that fits the stimulus situation.

Actually, those cases in which a biological glitch is responsible for the problem are the easy ones, more or less solved by alterations in neurotransmitter physiology. The real grunt work of psychotherapy comes when we recognize that an individual is stuck in a script, a more complex mechanism that prevents the normal function of the affect system. Our job is to allow that individual to unwind the sequence of events that had led to script formation, or to teach new ways of handling the intense affective experiences that presently are daunting for the individual.

Our role, then, is not to impose on the patient any scripted system of our own, but to allow each and every individual who comes to us the type of therapeutic experience through which s/he can enjoy a fully functioning affect system, a series of innate mechanisms that provide the motivation to examine one's own life and deal best with one's own experience.