

From Our Members

Each of the dozen or so study groups now in operation has its own personality, its own focus of interest within affect and script theory. As you know, group members choose a recording secretary responsible for the monthly reports to the Training Director. The following letter, submitted by Jeanette Wright, of Des Moines, Iowa, was so unique that it is reprinted here for the general interest of the membership.

Subject: Study Group Notes for January, 1995 (Month No. 1)

My colleague Dee Wright and I have spent five plus hours orienting ourselves to how we might best approach the formal study of AIC. We have reread and discussed Part I of Nathanson's *Shame and Pride*, and AIC/Chapter One of Tomkins. Our discussions are quite animated as we have for some time now been teaching our patients about the affect system and doing our best to assist them in affect modulation.

We find that as we talk with our patients about the affect system, they begin to learn a language for understanding their emotional experience and become less overwhelmed by the fear of emotion itself. We find that in teaching a language for emotions, and in using an image-oriented approach, we provide ourselves and our patients with a methodology for understanding affect, emotion, mood, and mood disorders. Among other things, this evolving methodology assists patients in observing current negative life experiences in the light of



Jeanette Wright

triggering affects. Several patients whom we have assisted in understanding their depression and anxiety in terms of an affective experience are now involved in their own study of Nathanson's book.

As you know, the drawn image is fundamental in my approach with patients. And Dee's sessions at times also include an image-oriented process. So if it is OK with you, we would like to incorporate patient drawings into our study notes in an effort to further our assimilation of this material and also to show how we are applying what we understand about affect, imagery, and consciousness. Of course, we welcome your comments and corrections.

Many of our patients have experienced severe trauma during their developmental years, which they have revealed to us by their internalization of dense negative affects. We find that for many of these patients, affect has been pushed from consciousness, or feelings have become somatized, leaving them to make their way separated from information their emotions might give to them.

The following visual vignette is offered as an application of Tomkins's reference to the Image as a blueprint for the primary feedback mechanism and also to show the operation of imagery in sensory and memory matching. Please let us know if we came close to understanding these concepts!

Visual Vignette:

Identification: 34-year old, intelligent, single woman diagnosed with schizoaffective illness.

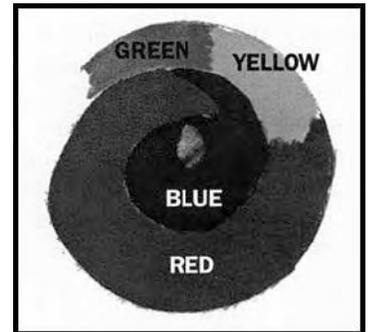
Often this person arrives for therapy visibly distressed, but unable to talk. She has been introduced to drawing as a way to modulate affect during the session. As she has become able to symbolize her experience through line, shape, and color, she has been able to find words for both her nonverbal experiences as an adult, as well as for their developmental derivatives.

In these two drawings, she represents a chronology of the affects interest, enjoyment, startle, anger, shame, and distress as she experienced them within an hour's period of time during a recent visit to the Art Center. She was absorbed, looking at a painting, when three men approached and made a disparaging remark about the painting she liked. The subject matter was a nude girl in a slumped position which she later thought looked somewhat like herself. Later, in the gallery shop, she was approached by these same three guys while absorbed in a book. She looked up in anger at them, and one said "Not this one," and they left.

This series of seemingly mild exchanges affected her strongly, developed into a mood, and when, four days later, she arrived for her session, she was distressed and unable to talk except to ask through her tears if she might draw.

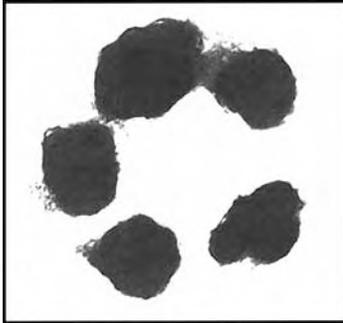
Following is my narrative of the patient's drawn chronology of being hit by six affects:

The circular image takes on the form of a target and symbolizes this woman's perception of herself as a vulnerable target for another's insensitivity. She begins the drawing with white pastel, which she says represents her interest and absorption in the painting. Then she says the white moves into green to show her awareness of feeling pleasure in the moment (*enjoyment*). Then the light green moves into yellow as she suddenly realizes something quite different is going on around her (*startle*). Next, the yellow moves into the dominant red shape which she identifies as intense anger as she senses these male strangers are trying to get some reaction out of her. She says she is angered at their perceived attempts to manipulate her and is visibly distressed that someone would take advantage of her. She expresses disappointment in herself that she wasn't aware sooner of what was going on. The red shape of anger stops abruptly and is juxtaposed with a dark blue shape that turns inward and ends with a small hole in the center of the drawing. . . giving the effect that a painful and lonely target has been hit (*shame*).



As she worked with this material, the patient became aware that the dynamics which triggered these negative affects evoked memories of emotional incest by her father, which have continued into adulthood and are often a major source of humiliation for her. Today she realized further that the startle

response brought her out of her absorption and allowed her to break her pattern of being a sitting duck.



Before talking about her first drawing she begins this second drawing:

In this drawing, the patient was later surprised to see that, with the color green, she had returned to the enjoyment-joy affect originally experienced when looking at the painting. She draws five green cloudlike shapes within

a circle of white which we discuss as a preconscious reference to being hit by those five affects. This very shy person says that, in spite of the upsetting experience which triggered four days of painful scenes of humiliation and anger toward her father, the Art Center is a place she would like to visit again. She said that her experience of being in an interesting place counterbalanced the negative affects triggered by the episode with the strangers.

This person was able to recognize the biographical scenes in the affect-triggering experience. Prior to understanding affective experience, it is likely she never would have returned to the Art Center. As the result of her hard work, she is integrating an understanding of these emotions that once would have rendered her immobile and terribly confused.

We hope this visual vignette conveys what we understand about the image as both a feedback mechanism and its operation in sensory and memory matching. We also attempted to show an application of the analogic function of affect in the narrative describing the patient's drawing. In other words, we see form as an analogue of content in that the form resembles what it contains. Her drawing took on the form of a target which consisted of a storage bin full of nonverbal memories of emotionally incestuous exchanges with her father. That this minor incident at the Art Center carried such affect-laden responses is understandable in the light of the biographical scenes it evoked. We find that when adults begin to represent memories visually, they usually draw the affect first. Like so many others, this patient drew neither the Art Center nor the strangers, but the affects that had been triggered.

Thanks for your time. . . See you in Miami.

*Sincerely,
Jeanette Wright.*

