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A Goal is an Image

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More and more I've been thinking in terms of Script Theory, trying to reconceptualize my practice in this new language. For the first few years I was involved in the study of Affect Theory, I kept a list of the nine innate affects in view at all times while I was working in therapy. The Affect Pattern Chart came out of that period of study; after using it for a while, I learned to identify the affects as they came and went. Now I'm doing the same thing with Script Theory – I keep close at hand a list of all the scripts Tomkins described and try to see which of them fit best the life of my patient, or which may account for certain "habits." I thought some of you might be interested in these examples of my current (beginners) understanding of this difficult area of thought.

Surely no question is as likely to stupefy me as the simple requirement that I state my goals in the treatment of a new psychotherapy patient. When asked why they have come to visit a psychotherapist, people usually respond with the well thought out phrase, sentence, or paragraph we call their "Chief Complaint." In the language of affect/script theory, this construction is an Image, an ideoaffective complex supported by scripts of varying intricacy and power. Patient and therapist then contract to investigate the sources of that complaint through the processes associated with an intake interview, after which we therapists are supposed to be able to make a diagnosis and initiate some form of treatment. Undoubtedly, one goal of therapy might be characterized as the remediation of the unpleasant affects associated with the patient's complaint. Yet at quite another level, I see this complex pattern of discomfort as the goal of the illness, and recognize that too much attention to the idea of remediation may, on occasion, force us to miss the nature of the case.

Case:

This particular young woman's life might have been quite different had someone attended to what I assume had been a mountainous lump of pathological shame rather than any putative distortion of her nose. No one who can hear the literal terror of shame that lies beneath most delusions and hallucinations need be surprised to learn that more and more schizophrenic patients are being treated with SSRIs during and after their hospitalization. The patient in question was seen more than a generation before those shamolytic medications became available and five years before Helen Block Lewis (1971) began to write about shame. In accordance with the adage "when your only tool is a hammer, everything looks like a nail," back then we treated the affect fear-terror with our best anti-anxiety drugs, no matter what the source or nature of the fear, or whatever other affects might be involved. Imagine family therapy handled in the manner suggested by Kelly (1996), with full attention to the manner in which each affect is handled within the family system, or individual therapy directed with similar goals.

Pathological shame (whether from simple or complex causes) must lead to life scripts that fit somewhere on the compass of shame. It is easy to review this particular case with the benefit of a decades-long study of shame not possible when she first came to our attention. I suggest that these helpless parents attempted to reduce the frequency and intensity of their daughter's attack other responses by complying with her wish for a different nose-making them accomplices at the avoidance pole of the compass. Paranoia, to me, usually involves fear of attack by humiliation, and is one possible late goal of or Image inherent in ignored shame scripts. Even a regnant image can change when its central affect is altered.

Tomas sought my assistance for psychotherapy because he had read one of my books, thought I "might be intelligent enough to solve" his problems, and believed Philadelphia remote enough from his place of employment that his secrets might be safe. Gravely, he said "I know you use your case material for your books, and the only thing I require of you is that when you write about me and my case, that you disguise me well enough that no one could ever associate me with whatever aspect you discuss." The clinical vignette that appears in the preceding paragraph has been accepted by Tomas for discussion in these pages, and the discussion that follows has animated our sessions from the moment he read the initial draft of this essay.

The truth? Tomas was born to fourth generation American working class parents in upstate New York, did poorly in college and graduate school, and in his mid-twenties adopted the persona of a European nobleman. Never an inventor of any sort, he won $100,000 in a lottery, invested it in the stock market, profited handsomely from the rocket-like rise in the fortunes of one particular company that he sold near its peak, and has managed wisely a considerable fortune for the past 15 years. Tomas does not like classical music and never listens to his collection of records and CDs. Tomas does not enjoy entertainments, and refuses to attend movies even when I ask him to do so as a combined educational and therapeutic experience. Once, in college, his entire drunken fraternity class trekked to that city's red light district and enriched a rather bored collection of prostitutes. He retains a considerable amount of self disgust for what he terms "an act of impurity," has not done more than kiss any woman since, and has resolved not to have intercourse with any woman until they are married. Although he was never a churchgoer, for some years Tomas had spent nearly every evening and weekend paralyzed before the television channel operated by the Catholic Church, watching lectures and sermons by priests, nuns, and lay theologians.

His position in society is such that people compete to introduce eligible women, and on occasion he does agree to date. Almost within minutes of meeting a new woman, Tomas will imagine himself married to her, visualizing the way they might live and the appearance and behavior of their children. Few women can stand up to this sort of silent interrogation and scrutiny, and although he will suffer through the remainder of an introductory dinner, it becomes clear from his demeanor that he has withdrawn from significant interaction before they have spent much time together. Left over from the failed romance with the aforementioned Italian beauty are two imaginary children (Francine, who he calls `Cina, and Arradio, who he calls Roddy) with whom he talks silently nearly all day long.

Psychotherapy with Tomas has been exquisitely difficult, perhaps one of the most difficult I have ever attempted. Simply stated, he has almost nothing to talk about during a session save recitations of things that have gone wrong from day to day. Everything is outside him, everything is somehow devoid of affect. Although both of us know that he lives as an extremely uncomfortable man, the nature and source of that discomfort is always ambiguous. I suppose that someone might characterize him as alexithymic, but he has plenty of emotion when talking about scenes that involve `Cina and Roddy, who he is forever counseling to remain calm and decorous. He takes care to seem always under perfect control, to have a commitment to speak always in measured and friendly tones. Whenever I detect a hint of anger beneath his calm presentation of self, or whenever I use my own affect to spur him toward more realistic speech, he reacts with asperity and tells me that if I shout at him (his word for anything other than affective neutrality) he will stop this therapy immediately. On several occasions I have found messages to this effect on my answering machine, decisions to terminate therapy that are always rescinded when I explain the meaning of whatever communication had aroused such aversion in him. It is rare that anything we discuss can be associated with a previous or an early life experience ("Why must this matter have anything to do with my past?"), and all discussions about his parents are ringed 'round with statements to the effect that "I simply won't have you impugning the reliability of my parents, or blaming them for my own failures. As you know, they have essentially told me many of the same things you talk about here. So they can't be that bad." The game, then, is that I am supposed to facilitate change without increasing, decreasing, or expanding the associational range of his affect.

A disciplined and wise psychiatrist (located in Tomas' city) had tried a wide variety of anti-anxiety and anti-depressant medications; each of the former had left him enervated and exhausted, while all of the latter caused unbearable agitation. Nevertheless, he had not given up the sturdy hope that some medication might ease his ongoing but poorly described chronic discomfort. During the first year of our work, I tried microscopic doses of many psychoactive substances, all of which made him only more uncomfortable. On a hunch, and with Tomas' agreement, I spoke with that local psychiatrist about the possibility that at least some of our patient's discomfort might be due to Attention Deficit Disorder. The first tiny dose of Ritalin literally terrified Tomas by producing an otherwise inexplicable hours-long period of calm; he left work and took to his bed until this unfamiliar feeling waned. Gradually he came to accept what he described as a wonderful and paradoxically calming effect; higher doses allowed him to focus on his work with even greater ease. His current dose level is between 20 and 40mg of the sustained action form of that drug. He seems grateful for even this small improvement in his situation, but disappointed that he remains unable to read for more than a few minutes at a time and that he continues to think constantly about `Cina and Roddy.

It is because of a recent breakthrough in our work that I present this case. In several sessions, Tomas has commented that he has "terrible dreams," in most of which awful things seem about to happen to him. Death, dismemberment, loss, humiliation, terror, disgust, anguish, pain-a veritable checklist of unpleasant experiences-appear throughout his dreams. Yet these nocturnal horrors are presented almost as an afterthought, or in passing on the way to a description of something more

important in his day-to-day life. If I stop his headlong course toward discussion of the next thing on his agenda, and ask more about a dream, Tomas responds courteously "Well, what aspect of this dream interests you? Can you tell me what it means?" No dream ever reminds him of anything, no scene within a dream ever bears explication other than as the thing itself.

Just a few weeks ago, he mentioned a dream in which he was standing with a female companion who mentioned with some alarm that they were in danger. Running toward them was a large band of angry, dangerous thugs brandishing sticks and baseball bats, and he awakened just before they got to him. The violence of the dream was so great that I was stunned for a moment, taking in the seriousness of his situation, the dangers he faced, and the possible identity of the unnamed woman. My own affective and cognitive reactions to this dream took the form of a momentary withdrawal from our interaction; this is the normative dissociation I have described as occurring when a healthy individual shifts from the obvious source of affect (in this case, the continuing flow of words from the patient) to another source chosen for its cognitive content.

Moments later, when I resumed attention to what he was saying, Tomas had shifted to another subject. "What just happened there?" I asked. Tomas expressed genuine confusion and offered to repeat his description of the dream. "Wait a minute," I said. "I'm trying to figure out why you don't ever stay with a dream so we can see what it can teach us about your inner life. Is it possible that you were so certain that I understood the dream that you saw no reason for us to remain focused on it?" To my surprise, it turned out that he never saw any reason to maintain focus on any dream, to pay more attention to it than any other scene from his life.

Suddenly I understood my case. "You know," I said, "if you were my kid and you were having a nightmare, I'd go into your room and hold you until you weren't so scared. Then I'd do something like tell you that I'd go back into the dream with you and that both of us would take magic sticks so together we could beat off the attacking mob." Tomas paused for quite some time. "No one," he said, "ever came into my room when I was scared." In fact, as we learned in a couple of moments, no one in the family ever paid the slightest bit of attention to any of his negative affects. Both parents fought ferociously over any detail of their own lives, arguing so tenaciously that Tomas decided quite young that he wished he had been brought up in a very different kind of family. This really caught my attention, for I have often characterized uncovering psychotherapy as a process that gives people the opportunity to become who they might have been had they grown up in an optimal family.

But Tomas invented a family that produced as many problems as it solved. In his personal world, Tomas became the scion of a noble tribe that could trace its ancestry for more than a thousand years, one that even now holds great wealth and power in Europe. It was a family in which everybody spoke in calm, measured tones, and within which respect for every individual was a central tenet. Kindness, generosity, support for cultural institutions, a chivalrous attitude requiring that no man ever take advantage of a woman-indeed, gentility in all forms became the core of his life. Where his father

might be loud and abusive, Tomas became quiet and gracious. Where his mother might whine and complain, Tomas was elegant and simple. No ill wind was permitted entry into this world of peace and contentment, an agapic world much like the sacred forest in the opening act of Wagner's opera Parsifal.

Tomkins (1962) pointed out that the nature of the affect system impresses on each human a certain blueprint for emotional health. Optimal mental health requires that we 1) maximize positive affect and 2) minimize negative affect. 3) The system works best when we express all affect so that we can accomplish these preceding tasks. Finally, 4) anything that favors these three goals improves our chances of optimizing mental health, whereas anything that interferes with the accomplishment of these goals prevents mental health. Tomas experiences little pleasure in life-he can't chance more than a smidgen of interest-excitement or enjoyment-joy lest he spin out of control or be dashed into shame-humiliation when either of the positive affects is impeded. With little or no experience of parental action to solace or reduce his negative affect, Tomas has few skills for self-soothing. He handles negative affect by avoiding situations in which it might occur, or by maintaining a vaguely pleasant but actually affectless exterior presentation of self. If anything, his is a studied, acquired alexithymia, a refusal to express (and thus experience more fully) affect for which he has no certainty of modulation. Until this phase of our work in therapy, Tomas has taken for granted that the expression of affect can only lead to disaster, and this certainty itself has been a sturdy block to the achievement of emotional health.

Kelly (1996) brought the Tomkins blueprint for individual emotional health into the world of relationships, using the term "intimacy" as the interpersonal analogue for individual wellness. He suggested that intimacy requires a private interpersonal relationship within which both partners agree to 1) mutualize and maximize positive affect; and also to 2) mutualize and minimize negative affect. Intimacy is possible only when 3) each member of the couple expresses affect to the other. Finally, 4) anything that favors these three goals improves our chances of achieving intimacy, whereas anything that interferes with the accomplishment of these goals precludes intimacy. Whereas we understand from Kelly's blueprint that no one can achieve intimacy unless willing to maximize whatever positive affect flows from the potentially intimate other, Tomas provides a pleasant but impermeable block to any partner's positive affect. Although one of the best parts of an intimate relationship is that in normal circumstances we can count on the loving other to help us minimize our own personal negative affect, Tomas is so avoidant of everybody's negative affect that he literally runs from situations in which a potentially intimate other might express and expect to mutualize unpleasant feelings.

I suspect that the reason he refuses to watch movies is the sturdy fear of enmeshment in the affect depicted on the screen; the affect mutualization for which most of us frequent the movie theater is only another source of discomfort for him. Recently (Nathanson, 1997), I pointed out that love requires both partners to drop the empathic wall that normally protects individuals from involvement in the affect of others. Tomas' own expression of both positive and negative affect is limited harshly by his core script, making it literally impossible for him to mutualize with another what he cannot abide in himself. His refusal to risk the range of positive and negative affect associated with sexuality robs any possible relationship of one of its best opportunities to work on the first two rules of either the Kelly or the

Tomkins blueprint. Thus, his problems with intimacy may be understood in one aspect as an overly substantial empathic wall, and in another aspect as a purely internal problem with the expression and management of his own affect.

The mature Tomas known to the outside world represents the fulfilment of an unhappy child's goal. He has become everything he ever found important in a man, with two exceptions: his total failure to find love, and his absolute inability to maintain a real relationship with anyone. One of the reasons I am acceptable as a psychiatrist is that my books and reputation as a speaker make me "famous" in his system. As a Professor, I would be respectable to the great and noble family that exists only within the theater of his mind. And partially because I am "famous," he "dare not" act with unacceptable impudence or risk the imagined public censure that might follow were he to fire me.

I suspect that those of us who have studied script theory might discuss Tomas' story differently from our colleagues trained in other systems. For the purposes of traditional diagnosis he must be viewed as a Schizoid Personality, formally described as a "behavior pattern characterized by shyness, oversensitivity, seclusiveness, avoidance of close or competitive relationships, and eccentricity and sometimes by autistic thinking without loss of capacity to recognize reality, by daydreaming, and by inability to express hostility and aggression" (Freedman, et al, 1972, p. 208). Yet the uncovering techniques said to work best for this cohort have worked neither in my hands nor in the office of the previous well-trained, competent, psychoanalytically trained psychiatrist. This diagnosis works as a description of the clinical facts, but offers little in the way of etiology; it provides an Image but no sense of the scripts that make it sturdy and intractable. Although we see a similar aversion to affective expression in people with the cluster of obsessional illnesses, I find no trace of such behavior or cognition in Tomas.

We've determined empirically that any pharmacological interference with his present uncomfortable homeostasis produces only disorganizing degrees of either positive or negative affect. I believe that ADD has hindered him since childhood-we have found Ritalin an adequate treatment for that specific disorder-but on the basis of my experience with him, remain certain that this is a red herring, a specific disorder unrelated to the primary diagnosis or theme we are now examining. The increasingly popular tactile and visual systems (such as EMDR and TFT) that I believe to work as descripting tools (methods that allow the fine graining of affective experience that has become incorporated at high density within a script) might have allowed moment-to- moment improvement in his discomfort, but are unlikely to have provided rapid change in his overall picture for reasons that will be detailed below. Early in our work, I used light trance to see whether this system of affect control through image presentation might prove useful, but he resisted it with literal terror. Although I am not a gifted practitioner of the cognitive and behavioral therapies, whatever skills I possess in those arenas seemed terribly ineffective simply because every time I tried to identify a scene within which we might work, it seemed to him totally unconnected to his goal of marriage to a socially prominent beauty. Within Tomas' script, all problems and difficulties are caused by those outside him.

This case fits best the category Tomkins (AIC III, Chapter 13) described as an Antitoxic Anger-Avoidance Script that has grown to include all negative affect. Disgusted by the anger ambient in his parental environment, and unable to learn from those bitterly angry and occasionally explosive parents any techniques to sooth his own negative affect, Tomas recreated himself as the product of a preternaturally calm and even-tempered home. His addiction to the material offered on the television channel of the Roman Catholic church makes sense in terms of Tomkins's statement that

> "Christianity became a powerful universal religion in part because of its more general solution to the problem of anger, violence, and suffering versus love, enjoyment, and peace. It was more general in two senses. Anyone might be a child of God and saved. Second, the same principle of good and evil applied to God as well as to his children. He thus became a more feminine, loving, forgiving god . . . Jesus and this God both provided a model of goodness by turning the other cheek in love, not hate. Although hate remained in the world, Jesus and his God now provided a good example of the possibility of redemption through universal love, rather than in unilateral sacrifice by a chosen people to a wrathful masculine deity who demanded more sacrifices, loyalty, and love than he himself exemplified" (ibid, p. 405).

Day or night, Tomas was able to counteract the slightest stirring of anger by turning on the television set. The combination of affects and attitudes taught by this group of exemplars is non- sexual, and favors shame (as in reticence and penitence), distress (as in the acceptance of suffering for a greater purpose), and the calming influence of enjoyment-joy as contentment. This is the constellation Mosher and Tomkins (1987) described as the feminine pole of the macho script, and the most likely source of the ongoing suspicion that Tomas is homosexual.

Tomkins put it this way: "As the density of fear over other negative affects increases, avoidance scripts increase over escape scripts, and these increase over confrontation and counteraction, antitoxic scripts. In affect-management scripts, addictive scripts increase over pre- addictive scripts, and these increase over sedative scripts. In affect-control scripts, ungraded and backed-up-affect scripts predominate over graded affect-control scripts" (AIC III, p. 510.)

I suspect that there was a time when Tomas used this script only to handle anger by dissociating to a fantasized world in which gentility dissolved rancor; visualization of the pleasant scene worked to replace the angry scene for which he had no skills of modulation or moderation. This moment of dissociation would function as what Tomkins called a "sedative," or what we would today describe as a tranquillizer. Next, I would guess, Tomas began to use this antitoxic anger-avoidance script as a sedative for any negative affect he could not handle-thus forming a sedative script. When he began to use the aristocratic identity in preparation for a possibly unpleasant scene, this became a pre-addictive script. And, finally, when Tomas learned to live full time in his increasingly patrician script, what started out as an antitoxic anger-avoidance script had now been cobbled to form a full fledged addiction script that protected him from negative affect of all sorts. Surely there were a number of interscript or satellite

scripts that helped him move from one mode of defense to another, but I don't know whether we'll ever be able to reconstruct them.

The language of addictive process that I offer here is more analogous to the use of masturbation as a tranquilizer than the more commonly discussed forms of substance abuse. Surely this is also an "escape" script (AIC III, p. 528) that has produced a false self or delusional identity. Any therapist who has worked with cannabis or alcohol addicts has noted that the social and affective development of the addict seems to have stopped at approximately the moment that the addiction began. It has been my experience, and that of our colleagues who specialize in such treatment (Marsha Klein, personal communication, 1996) that whoever uses an addictive substance or script to quell otherwise incomprehensible negative affect cannot therefore learn from the affective experience in question. Affective learning requires solution of the problem that produced the affect, not lysis of the affect without attention to its triggering scene. In his dream life, all the negative affects avalanche into Tomas' consciousness as if to say that he has no way to contain them save the form of escape described above.

More and more as Tomas and I identify specific negative affects, we learn that he sees each of them as a foreign agent committed to the destruction of his identity. Recently, while on a golfing date with a pleasant, intelligent woman whose company he enjoys, Tomas found himself nearly overwhelmed by the thought that "she's not beautiful enough." It was easy for us to parse that scene-in his relationship with this new person he had experienced a complex of thoughts and feelings for which he had no preparation. Akin to the deprivation affect that tortures the former addict was an avalanche of emotion that he could not manage within the system described above. Blissful, heavenly calm would reward closing off further interaction with this new person by retreating to the iconoclastic antitoxic script. True, like all addicts, he would later ask himself "Now why did I do that? She's certainly a good, nice person." In contrast with the quite toxic degrees of affect associated for him with the processes described above as Kelly's (1996) rules for the development of intimacy, this disappointment in self would be tolerated easily and forgotten quickly.

Future therapy certainly will require us to visit and revisit each of the innate affects, turning them from enemies to entities worthy of study and experiences that bring an increasingly complex world under a new form of control. At all times we will have to keep in front of us a schematic diagram of the antitoxic anger-avoidance script by which he has lived for so long. It is a script that controlled an Image, a mechanism with the goal of producing a man who could live free of anger (within both the self and his milieu) but confined within a colorless and isolated personal prison that permitted no growth in his ability to manage any affect.

A couple of weeks ago, Tomas called me with alarm and terrible guilt to report that he had told a casual friend something uncharacteristically mean about the otherwise idealized lost lady love, and that he thought it best to call this friend to apologize. I suggested that his apology would serve only to call further attention to the remark in question and that the social indiscretion was best ignored.

Furthermore, I pointed out that his comment had been an expression of real anger, that he had expressed this anger in a well-modulated manner, and that anger at the woman who had hurt him so badly was both deserved and long overdue. In essence, I complimented him for an angry action that was novel, brave, and well-modulated. Thanking me as he shifted from shame to pride, Tomas said "You'd better stick around for a long time!" More and more, he and I come to recognize that we have begun to establish his first real relationship, one based on the Kelly and Tomkins standards for the healthy management of affect in the individual and interpersonal realms. "I get these terrible feelings of anger when I'm on an airplane or at my desk," Tomas said the other day. "They can happen literally anywhere and I am always surprised by them. It is such a relief to know that you're there and that I'll be able to figure out what to do with them."

The goal of therapy? If he and I are successful, Tomas will own and manage a fully effective affect system-the device I characterize these days as a bank of nine very differently colored spotlights. If the system works correctly, these lights will turn on and off in whatever sequence is dictated by the stimuli that occur moment-to-moment in his life. Each light will draw his attention to whatever triggered it, each light will require its own specific form of action on that trigger, each will turn off as soon as his higher faculties have turned attention to that trigger. He will form scripts for the management of whatever life experiences recur at certain frequencies or densities. So meager has been his experience with dense affect that I must remain available to prescribe medication or teach affect modulating exercises when any affect threatens to push him beyond his growing ability to function in this new world of human emotion. His experiences to date have produced both a uniquely constrained and a uniquely talented individual who can perhaps be enabled to grow greatly and perhaps rapidly, and to find new friends with whom he can share his new self. He will never be like anybody else you or I have met, which is neither good nor bad. Tomas will exist in his own image and in ours as the bearer of an Image made possible by these new freedoms.

References:

Freedman, AM, Kaplan, HI, & Sadock, BJ (1972) Modern Synopsis of Comprehensive Textbook of Psychiatry. Baltimore: Williams & Wilkins.

Kelly, VC (1996) Affect and the redefinition of intimacy. In: DL Nathanson, Ed. Knowing feeling: Affect, script, and psychotherapy. New York: Norton, pp. 55-104.

Lewis, HB (1971) Shame and guilt in neurosis. New York: International Universities Press.

Mosher, DL and Tomkins, SS (1987) Scripting the macho man: Hypermasculine socialization and enculturation. Journal of Sex Research 25:60-84.

Nathanson, DL (1997) From Empathy to Community. The Annual of Psychoanalysis, Vol XXV.

Tomkins, SS (1962) Affect imagery consciousness Vol I: The positive affects. New York: Springer.

_____________(1991) Affect imagery consciousness Vol III: The negative affects: Anger and fear. New York: Springer.