Psychoanalysis & Development

Development, attachment, affectregulation and pathology

Target of the presentation

- **To walk with you through the history of psychoanalysis following the marks of development**

Psychoanalysis

The Start

The start of psychoanalysis

- The study of the physical structure of the brain was starting
- The neuron just was isolated
- Techniques to trace neurological pathways were developing
- The complexity of the brain was just sensed
- Freud started at that time as a researcher in neurophysiology

- The demonstrations of Jean-Martin Charcot, Hippolyte Bernheim and Pierre Janet

Charcot, Bernheim and Janet

- Mental representations rather than damaged or weak nerves were responsible for conditions like hysterical paralysis and blindness (conversions)
- Mental representations could effect behavior and cure
- Those ideas were out of consciousness
- It is about the importance of the interpersonal relationship
- The pathogenic representation was counteracted by an other representation.

- It is about the Mind and not about the Brain

Charcot, Bernheim and Janet

- **Charcot** : hypnosis is a form of pathology, reaction after trauma,suggestion under hypnosis
- **Bernheim** : hypnosis is not a form of pathogy, but related to suggestability. It is about suggestion and not about hypnosis
- **Janet**: vertical split, altered mental states, shortcoming of the synthetic functioning of the Ego, dissociation

Breuer & Freud

- In his treatment of Anna O he used the procedures of Charcot
- Making use of hypnosis
- Talking Cure
- Chimney sweeping

- Connecting memories and feelings to overcome dissociation

- Is dissociation related to:
- weak nerves, altered states of consciousness as a reaction to severe and overwhelming trauma as Breuer proposed
- or to the actual content of those memories and feelings which were unacceptable and conflictual as Freud proposed?

Breuer & Freud

- Discovery of resistances by Freud
- The project for a scientific psychology

- From external to internal reality

- The start of the difference between:
- developmental and conflict pathology
- process disorders and representational disorders

Psychoanalysis

It is all about:

- Love and Hate
- Relatedness and Autonomy
- Relation and Interpretation

The Freud Ferenczi Debate

Freud

Anxiety- and Psycho-neurosis, conflict and developmental pathology,proces and representational disorders

Psychoanalysis

- The relational focus was there from te beginning.
- In between Biology and Psychology: genetic vulnerabilities in interaction with the primary caregivers

- How do somatic sensations develop to human feelings
- How do emotions develop to feelings
- How develop somatic sensations into intentional behavior with a symbolic meaning.
- How do biological factors, genetic vulnerabilities and environmental factors interact with each other

Psychoanalysis

- How does a reflexively acting human being develop
  - into a human being with specific intentions,
  - with the possibility to empathize intuitively/unconscious with others,
  - with the possibility to read the mind of other people
  - with the possibility to understand social relations
  - with the possibility to develop relations at a reciprocal level

- How can we understand the interactive relation between "mind" and "brain".

These kind of questions occupied psychoanalysis and the mind of analysts from the beginning

Two types of anxiety 1

Anxiety neurosis (Actual Neurosis)

- Somatic (hartbeating; sweating; trembling; nausea; problems with respiration etc.)
- Not related to underlying dynamic mechanisme
- Not open for insightgiving psychotherapeutic treatment
- DSM IV; somatization,somatoform disorders panic disorders and PTSD.

- Momentaneous anxiety caused by over- stimulating the organism
- Proces disorder
- **Unmentalized anxiety**: first order representation

Two types of anxiety 2

Psycho-Neurosis: is related to signal anxiety

- Anxiety is related to underlying dynamic mechanisme
- Anxiety as a signal related to danger
- Anxiety mobilizes repression and is open for interpretation or insightgiving psychotherapy

- Asks for some differentiation in the mind
- Representational disorder
- **Mentalized anxiety:** second order representations

Freud

Toxic Theory (1895):

On the grounds for detaching a particular syndrome from neurasthenia under the description anxiety neurosis.

1. Anxiety related to soma
2. Anxiety related to psyche

- Anxiety related to the process of repression (memories who are unacceptable are being repressed)

Freud

Toxic Theory (1895)

- **Psychoneurosis:** the mental representation is distorted / damaged by defensive mechanisms. → repressing the representation: *conflictual pathology*
- **Anxiety** has to be abreacted by its binding via representations
- **Anxiety neurosis:** the step toward representation has not been successful, the innervation remains on the level of the body/soma: *developmental pathology*

Freud

Signal Theory (1926):

Inhibitions, Symptoms and Anxiety

- Anxiety related to a conflict between wishes and reality
- Anxiety as a signal related to danger

- Anxiety mobilizes repression

Freud

Signal anxiety

- Interpreting the conflict between Id,Ego and Superego
- Too much anxiety → panic

- The origin of anxiety: reality; impulses and superego

Signal anxiety

- Tendency to ignore the importance of the anxiety neurosis
- Psychosomatic symptoms: do they have a symbolic meaning?
- Lineair causality between biology and psychology
- The interpretation of the drive related conflicts

- **Tendency to ignore the importance of developmental pathology**

- Developmental pathology was always there within the theoretical development of psychoanalysis

Unconsciousness

From the brain to the mind, from procedural to dynamic, from implicit to explicit

Unconsciousness

1. Which is not accessible for the consciousness and yet not repressed → procedural unconscious. (habits and skills)→ implicit memory system, or the non conscious
2. Which had to be repressed because it was unacceptable on a conscious level (conflicts and impulses) → explicit memory system → dynamic unconscious
3. Pre-conscious which is not remembered spontaneously but can become conscious when attention is focused upon it

Explicit Memory 1

- Supported by the Hippocampus
- Developing from the third year in life

- Memory for facts, knowledge and the biography of the self
- Storing the material by verbal mediation
- Can be remembered → **memories**
- Open for **Interpretation**

Explicit Memory 2

- It is the actual context which activates the memory and which determines how and what is remembered
- Remembering needs stimulation
- The way an experience is stored is determined by the emotional context in the past
- Remembering is always interpersonal and subjective

Implicit Memory

- Supported by the Amygdala
- Developing from birth
- Not verbally mediated
- Characteristic skills and routines, ways of doing things or dealing with things
- No memories but behaviour
- Not open for interpretation

Explicit versus Implicit

- There is a communication between the explicit- and implicit memory system
- When specific skills,habits or ways of doing are stored via the explicit- into the implicit memory system the behaviour becomes more automatic
- Some experiences are stored in the implicit memory system from te beginning and others are coming into the implicit memory system by passing the explicit memory system

Explicit versus Implicit

- Mental representations verbal mediated
- Memories
- Psychological meaning
- Psychological Self
- Manifest themselves in the analysis to be interpreted within the context of adequate holding (transference)
- Mentalizing ability

- No verbal mediation, first order representations
- Behaviour
- Not Intentional
- Soma is the Self
- Enactments instead of transference
- Adding psychological meaning to the behaviour
- Facilitating mentalization

Psychoanalysis on the edge of biology and psychology

Intersubjectivity; Attachment; Relatedness/Intimacy and Autonomy

Psychoanalysis

1. Nowadays contemporary theorists in psychoanalysis agree with Freud's/Darwin's premise that emotions are innate biological pheneomena that play a vital role in the existence and survival of living organisms (Emde 1988; Krystal 1988)

2. In the human organisme the highly evolved neocortex adds a psychological dimension to emotions as this allows them to be processed cognitively and experienced subjectively as feelings. The symbolic function of language is involved in that proces (Thompson 1988).

Psychoanalysis

3. Cognitive procesing of emotions and mental representation of affective experiences of the interaction between Self and Others foster the creation of memories, fantasies and dreams which help in containing and modulating states of emotional arousal; as these cognitive capacities mature, the child become less dependent on external objectsfor reducing psychic tension and regulating his behavior (Stern 1985)

Intersubjectivity

4. Hidden within the interactions between the infant and the mother are a number of sensorimotor processes whereby the mother can regulate aspects of the infant's biology untill the infants self regulating mechanisms mature……the mother serves as an external regulator of the infants behavior, its autonomic physiology and even the neurochemistry of its maturing brain (Emde and Robinson 1979;Hoffer 1983; Porter 1988)

5. Infant and mother are connected at the level of biological symbiosis, as well as by an emotional bond → **intersubjectivity** from the start

Intersubjectivity

Stern:

- Intersubjectivity from the beginning

Fonagy:

- Intersubjectivity related to mentalisation
- Mentalisation is going together with affect regulation
- Mentalisation supposes the development of language with the symbolic function

Biology versus Psychology

- Circulair instead of lineair causality
- Genetic vulnerabilities in the child/person
- Interactions with primary caregivers → the importance of early attachments figures
- What will be expressed in the Behaviour depends on the way early attachment relations are internalized

Biology versus Psychology

Behaviour:

- Is the result of the mutual relation between "nature" and "nurture".The result of a complicated interaction between "genes" and "environment"→ integration Mind and Brain.
- Focusing on the concept of development

Consequences for Pathology

- No causal relation between risc factors and the development of pathology; the amount of risc factors is in a way predictable.
- The quality of the early attachment relationships is important for the possible development of pathology
- The process of internalising early experiences and the creation of an internal psychological model of the interpersonal world → mentalization/ creation of a mind or mental representations.
- Internal representations of the earlier experiences with the primairy care givers will influence later relationships and the development of psychopathology later on

Internal Working Models

- From the beginning experiences are translated into unconscious internal working models
- Interpretation schema's used in meeting the environment
- To anticipate and understand new experiences → giving meaning and constancy
- Sometimes creative, productive leading to creativity
- Sometimes fruitless, destructive and leading to rigidity
- The character of the internal working models is related to the developmental level of the person

Psychoanalysis should be a revision laboratory
→ a place where non-constructive aspects of unconscious inner working models are provoked detected and revised

Pathology

- Psychopathology is linked to the loss or the serious failing of attachment figures and the response to this of the individual
- It is about pathological responses to traumatic separations
- Underlying is the basic need to form emotional **attachments** to others
- **Attachment**:
  - distancy versus intimacy
  - autonomy versus relatedness

Relatedness/Intimacy - Autonomy

- **Freud** (1914;1926;1930):
  - Libido - Agression
  - Object libido - Ego Libido
  - Altruism - Egoism
  - Attachment – Autonomy
- **Ferenczi** (1909; 1933)
  - Introjection – Transference
- **Balint** (1959):
  - Clinging – Autonomy
- **Bowlby** (1969;1973):
  - Libido – Agression
  - Attachment – Separation/Loss
- **Hartmann**
  - Libido – Agression
  - Neutralization
- **Kohut** (1966; 1971)
  - Object libido – Ego libido revisited
  - Idealized parental figures - Grandiose Self
- **Kernberg** (1976;1982)
  - Self – Object differentiation
  - Hate and Love
- **Blatt** (2008)
  - Relatedness/intimacy – Self-definition/autonomy

Some history

Forerunners in developmental psychopathology

Classic versus Romantic

S.Akhtar: 1992, Broken Structures

- A classic and Romantic vision about human nature

- Both sides of the Freud – Ferenzci debate
- Classic vision: from pleasure to reality principle
- Romantic vision: development to a cohesive self

Classic versus Romantic

- **S.Freud**
- Man is limited but can be trained, from pleasure to reality principle, innate vulnerabilities
- Conflict
- Neutral and abstinent,
- Transferential object
- Working through transference
- Acting out: undesirable
- Curative: Insight by interpretation
- Strengtening autonomy
- A.Freud; M.Mahler; M. Klein; Ego -psychology.; Kernberg

- **S. Ferenczi**
- Man is intrinsically good, capable, only restricted and injured by failing of the environment
- Deficit
- Compassionate, credulous, trust
- New primary object
- Developing a new object relation
- Acting out: the only possible way to communicate for the moment
- Curative: the psychotherapeutic relation, CEE
- Cohesive Self, developmental flow
- The Independent group, Kohut

Freud

From affect trauma, to the first topography and the structural model

- From external reality (trauma) to **inner psychic reality** (wish)
- Neurosis related to external trauma: **without trauma no neurosis**.
- Drive (Trieb) as motivational force looking for gratification: That's were the **Object** comes into the picture.
- The way gratification is reached differs during development: **psychosexual developmental stages**
- Drive is a **mental representation**
- It is about **conflict** pathology: "conflicting mental representations"
- From **remembering** to resistence and repression

Freud, the structural model

- Id, Ego and Superego
- Resistance and Transference
- Mental representations: conflict
- The unconscious = the dynamic unconscious
- Psychoneurosis instead of anxiety neurosis
- It is about gratification of the drives
- It is about the integration of unconscious wishes into the conscious instead of just remembering the forgotten trauma.

But

- Identification also came in
- Anxiety, guilt and pain more and more related to loss and separation
- More and more it was about the adaptation from the inner to the outer world

Ferenczi

- The patient needs more than bread alone
- Revision of Freud's Trauma theory
- Unconditional Love (Balint: Basic Fault)
- Reality versus fantasy
- Introjection/Identification versus transference
- Doing: active technique
- Mutual Analysis
- Idealizing versus de-idealization (murdering)

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Egopsychologie

- **Hartmann** (1939)

1. Ego not seen as a drive derivate but as autonomous.
2. Ego is central in the adaptation from inner to outer world

- **Erikson:** (1950)

1. Emotional relatedness is more important than the gratification of the drives
2. From psychosexual to psychosocial
3. Every developmental stage has his own crisis

- **R.Spitz:** (1945)

1. When there is no adequate **emotional** relationship the potentials of the child will disappear and he will be get depressed even when his fysical needs are adequately gratified
2. Differentiation between Self and Object facilitated by primary object
3. Primary object regulates and contains the affects of the child

Egopsychologie

⟶ ***from structural drive model to structural relational model***

- **Jacobson:** (1964)

1. Self and Object are representations
2. Self and Object are colored in a positive and negative way
3. Differentiation between Self (whole person) and Ego (psychic structure)
4. She elaborates the process of Self and Object differentiation
5. Introjection, internalization and identification are helpful to overcome the primitive fusion between the representations of the self and the other
6. It is about integration of love and hate
7. It is about experiencing inner conflictual mental representations

Ego Pso: A.Freud

- The first who explicitly related psychopathology to the developmental history
- Instead of the psychosexual developmental stages she introduces the concept of developmental lines to detect the risc factors for pathology
- Hampstead War Nurseries, to observe development
  - She was convinced about the impact of separation and loss on the development.
  - For her the most inportant issue was the way the concrete separation was represented in the inner world or in the Mind of the child: ***inner world***
  - It was about the process of ***internalisation***
  - For Bowlby the concrete situation of loss in which the child was involved was inportant: ***external world***
  - Next to the drives, inner object relations were for A.Freud crucial in development
  - The primary object is needed, to contain what the child cannot yet contain because it is to overwhelming

Developmental lines

From dependency to emotional self reliance and adult object relationship

1. The baby does not yet realize that the mother is not a part of himself and not under his control
2. The need fulfilling anaclitic relationship between the child and his object
3. A consistent representation of the mother, which can be maintained irrespective of the satisfaction of drives: object constancy
4. The toddler´s positive and negative feelings are focused on the same person and become visible: ambivalency
5. Object - centered characterized by the possessiveness of the parent of the opposite sex and jealousy, rivalry with the same sex parent
6. Transfer of libido from parents to peers and others: latency
7. The pre adolescent revolt: puberty
8. The adolescence: to master the upsurge of sexuality and agression

Developmental lines

Two forms of pathology/treatment

- **Conflict or neurotic pathology**
  1. Hysterics and the Obsessive compulsive neurosis
  2. Conflicting mental representations
- **Developmental pathology,**
  1. Psychosomatics and Borderline
  2. Process disorders: inhibition of the developmental process
- **Treatment**
  1. Insightgiving therapy
  2. Developmental therapy

Ego Pso: M.Mahler

Separation individuation process

- There is the need in the child to function apart from the mother but supported by her presence and emotional availability
- Processes of internalisation, identification and splitting
- The inner life which was empty becomes more and more differentiated and filled with internalized (part) objects
- Growing object constancy: mental representation of the object
- Separation – Individuation: rapprochement is crucial

M.Klein

- Focusing on the early psychic functioning:from psychotic to neurotic
- From te beginning the Ego is organized in such a way that it is able to experience anxiety, to make use of defense mechanisms and to create primitive object relations in phantasy and in reality.
- The battle between love and hate
- The paranoid schizoid position **(unmentalized)** versus the depressive position **(mentalized)**
- Vertical and horizontal splitting
- Projective Identification
- Interactive from the beginning

W.R.Bion (1962,1963)

- Container and the contained (holding environment)
- Containing and **digesting**
- **Introjecting** the containing and digesting mother
- **Rêverie**: the attitude the caring object is taking in, to be an adequate container (Stern: attunement; Winnicott: holding environment; Fonagy: mind reading)
- The transformation from **beta** to **alpha** elements, which supposes the availability of the **alpha function** (process of mentalizing the unmentalized).

Independents: M.Balint (1937;1959)

- People are not looking for gratification of the sexual and agressive drives
- They are looking for **primary object love**
- From te start there is the need for primary object love related to the quality of the primary relation between mother and child, if that is failing: **The basic Fault**
- Basic Fault is a risc factor for the occurence of an object relational pattern of the type of "Autonomy" (philobatic) or "Relatedness" (Ocnophilic)
- It is about a new experience, the therapist offers himself as a new primary object.
- It is about relation and not about interpretation
- Fundamental critics on Freud's ideas about narcissism (1914)
- All the attention is focused upon the primary relation and genetics seems lost

Fairbairn (1954; 1963)

- There is a need for relatedness → anxiety for being rejected
- Anxiety is related to separation.
- There is a need for a good caring and containing primary object
- The inner world compensates the failing external world → the inner world represents pathology
- Libido is object seeking and not related to the gratifictin of drives
- Agression is related to frustration and by that it is a secondary and not a primary drive

Independents: D.W.Winnicott (1958,1965)

- Primary maternal preoccupation, adequate **sensitivity** and **responsiveness** to the needs of the child: adequate affective attunement
- It is about the quality of the primary relation, it is about **holding** from the mother which gives the child the feeling of cohesion
- Not perfect but good enough mothering
- Intermediate space: transitional space/phenomena
- All the attention is focused upon the quality of the primary relation, genetics are lost
- The quality of the psychotherapeutic relationship is in itself curative.
- Pathology is related to failures in the empathic primary relationship

Kohut (1971,1977,1984)

- From the beginning
  - **object** related libido and
  - **self** related libido

- Selfobjects: idealized parental self objects and mirroring self objects
- Rejects Freud's drive theory
- Taking the patient at face value
- Pathology: related to empathic failures of the primary objects, that is why the need for idealized and/or mirroring objects is still there to be fullfilled
- Difference between the guilty and the tragic man
- Cure by offering yourself as a new primary caring object which is more empathic than the earlier primary objects: (re)parenting
- Transmuting internalisation

Kernberg (1976/1982)

- Combining the freudian structural model with the internalization of objectrelations
- There is a conflict between (archaic) libido and agression
- The integration of hate and libido
- Affect are the primary motivational system
- Introjection, identification and identity
- The process of Self – Object differentiation

- Pathology:
  - The quality of the way the personality is organised High, middle and low
  - Dependent on the way the development is going onmthere are different ways the person is organising his behavior: The Neurotic, Borderline or Psychotic Personality Organisation

Attachment

Safe haven, secure base; affect representation

J.Bowlby: Attachment

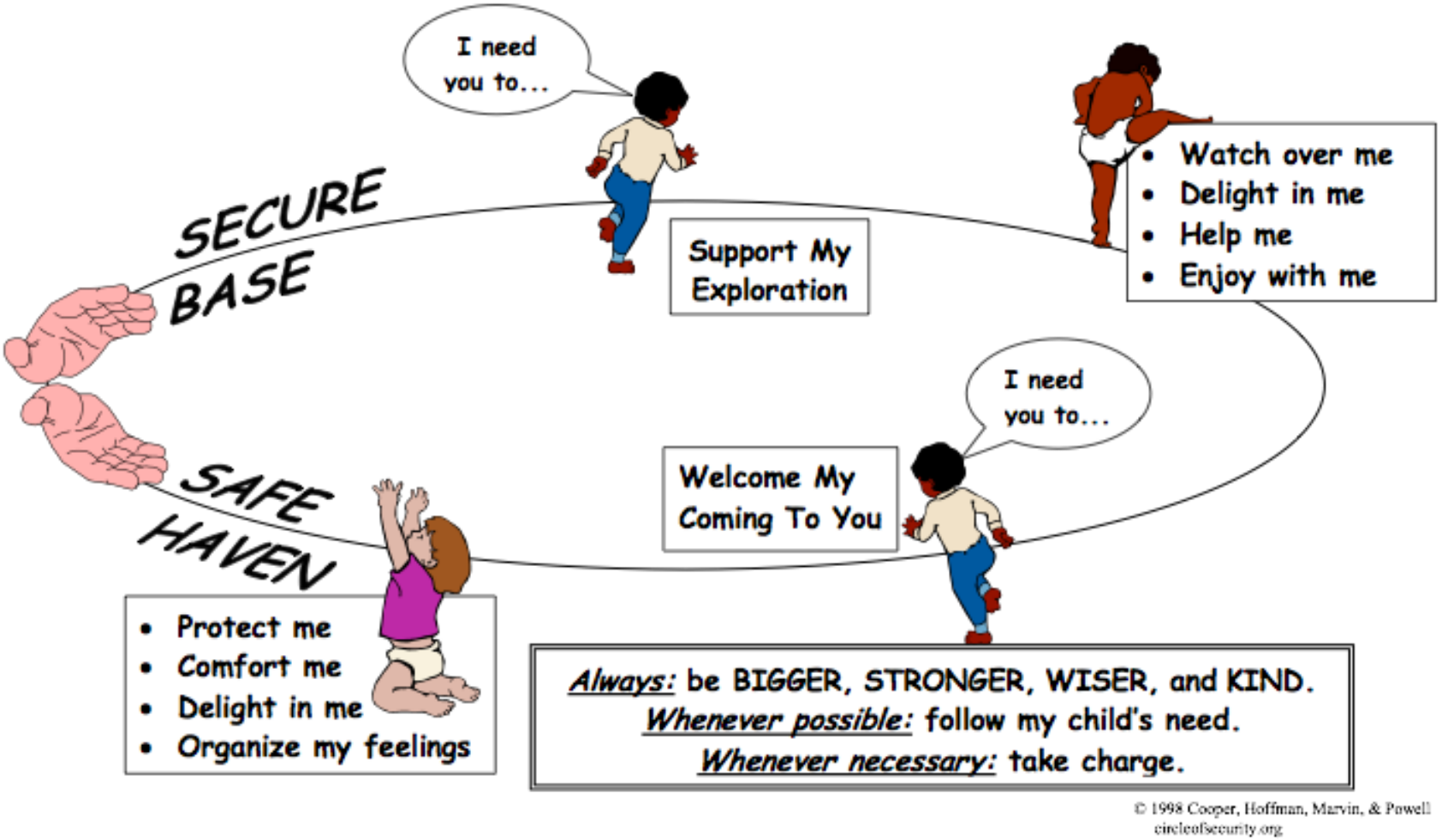
- There is a genetic based need for relatedness, safety or intimacy
- It is about the balance between autonomy and intimacy

- Related to the primary aspect of the relation.

- Activated in case of danger
- Related to separation and loss
- Attachment is a way of regulating anxiety/stress

- Related to the concept of Internal Working Model

Attachment


I need you to...
SECURE BASE
Support My Exploration
Watch over me
Delight in me
Help me
Enjoy with me
I need you to...
Welcome My Coming To You
SAFE HAVEN
Protect me
Comfort me
Delight in me
Organize my feelings
Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child's need.
Whenever necessary: take charge.
© 1998 Cooper, Hoffman, Marvin, & Powell
circleofsecurity.org

The primary relation

- Mother as environment, containing, background as a horizon
- Mother as an object: frustrating or gratifying
- Primary attachment relation

- **It is more about attachment and less about the object**

Attachment

- Related to development / pathology

- It is about the way primary care givers are emotional available
- Basic trust /safety
- Anxieties always related to separation
- It is a way of regulating anxiety
- Internal Working Model

Attachment styles

Safe

- Secure Autonomous

Organized unsafe

- Avoidant Dismissing
- Resistant/Ambiv. Preoccupied/Entangled

Disorganized Unsafe

- Disorganized Disorganized/Desoriënted

Attachment

Developmental psychopathology

- Tries to trace those developmental paths that leads to psychopathology
- In that biology, psychology and the social context come together.

Equifinality

- There are different developmental paths leading to specific forms of pathology in a specific developmental period.

Multifinality

- There is not one specific factor causing one specific developmental path.

Development

- **"For normal development the child has to experience a mind that has its mind in mind and is able to reflect his feelings and intentions accurately, yet in a way which does not overwhelm him".** (Bateman & Fonagy 2004)

- Mentalising Other
- Affect Regulation
- Accurate Mirroring: adequate sensitivity and responsivity
- All within a safe attachment

Development

A safe attachment relationship supposes:

- **Adequate sensitivity** : **The knowing that something is going on in the other**

- ***Failing Sensitivity :*** Introjective pathology → Blatt
  Externalising pathology → Dozier

- **Adequate responsivity**: **Reacting in such a way, that it is clear what is from whom**

- ***Failing Responsivity :*** Anaclytical pathology → Blatt
  Internalising pathology → Dozier

Pathology and Relatedness/Autonomy

Externalising pathology

- They **minimalize** their need for relatedness as a strategy against the pain of separation and the experience not to be seen.
- Predisposition to Externalising pathology because the attention of the self is gone without the solution of the negative representations→ failing sensitivity
- Divert the attention from the Self

Internalising pathology

- They **maximize** their need for relatedness and they are always occupied with the emotional pain and the not being available of the attachment figures.
- Predisposition to Internalising pathology: the attention is fixated to the availability of the caring other and the negative representations are staying vivid in a very painful way → failing responsivity
- Focusing the attention on the Self

(Dozier 1999)

S. Blatt (2008)

- **Two developmental lines:**
  - Relatedness and Selfdefinition.
- **Developmental antecedents:**
  - human infant research
  - mother-baby interaction
- **Interpersonal interaction:**
  - separation/attachment
  - congruency/incongruency
  - gratification/frustration
  - conscious/nonconscious
- **Internalization**

Relatedness and Self definition

- **Two basic Needs :**

1. **Relatedness**
   - Anaclytical personality organization
   - Preoccupied /Ambivalent
   - Failing responsivity /not marked mirroring
   - **I can not be on my own**

2. **Selfdefinition**
   - Introjective personality organization
   - Avoidant
   - Failing sensitivity
   - **I do it my self**

(Blatt 1998;2008)

Pathology: Self-definition

Introjective Personality Organization:

Externalizing pathology

1. Schizoid/Schizotypical p.d..
2. Narcissistic p.d.
3. Antisocial p.d.
4. Avoidant p.d.
5. Obsessive Compulsivep.d.
6. Somatisation ,Somatoform disorder. DID, PTSD

(Blatt 1998; Dozier 1999; Slade 2000; Bakermans-Kranenburg 2009)

Pathology: Relatedness

Anaclytic Personality Organization

Internalizing pathology

- Borderline p.d.
- Histrionic p.d.
- Dependent p.d.

(Blatt 1998; Dozier 1999; Slade 2000; Bakermans-Kranenburg 2009)

S. Blatt (2008)

- **Continuity between Normality and Pathology**
  - Development of risc and protective factors
- **Self Definition**
  - Separation – Individuation
  - Self:separate,autonomous,independent and effective
  - S.Freud, A.Freud,M.Mahler,M.Klein,Kohut
- **Relatedness**
  - Object Seeking
  - Ferenzci, Balint,Spitz,Bowlby, Independents

Affect-regulation

Avoiding/dismissing

- Affective signals in a consistent way neglected
- Meaning and signal function of the affects is missing
- Put confidence in cognitions

- Over-regulating of the affects
- Minimalising the need of relatedness
- Maximising the need for autonomie
- Externalising pathology
- Introjective pathology

Ambiv./Preoccupied

- Inconsistent reaction to affective signals
- Are not able to make use of cognitions in affectregulation

- Under-regulation of the affects
- Maximising the need for attachment
- Minimalising the need for autonomie
- Internalising pathology
- Anaclytical pathology

Affect-regulation

Autonomous/secure

- Adequate and consistent reaction to affective signals

- The capacity to calm down themselves and to modulate their affects
- Balance between automie and relatedness
- Can be with someone else without loosing himself and be with himself without loosing the other

Disorganized

- Attachment figures at the same time source of safety and danger

- Missing the capacity to calm down themselves and to modulate their affects

- Can not be on their own nor with others

Balance between autonomy and intimacy

"Secure attachment is the outcome of successful containment, while insecure attachment is a defensive compromise in which either intimacy (avoidant/ dismissing) or autonomy (resistant/ preoccupied) appears to be sacrificed for the sake of retaining physical proximity to the caregiver incapable of containing the infant's affect". (Fonagy et al 1995: 243)

Affects

From Emotions to Feelings

- **Emotions :** biology and the "genen" are involved it is about somatic sensations.
- **Feelings /Affects:** It is about mental representations, psychology is involved
- **Mentalising :** connecting them both

1. The capacity to digest
2. The capacity to symbolize is involved
3. It is about memories, fantasies and dreams

Affect - regulation

- **The capacity to create affective/self representations:**

1. Will be acquired within primary attachment relations
2. Is related to the quality of the relation with the primary care givers
3. Will be influenced by the quality of the mirroring
4. Is related to biological /genetical vulnerabilities

- **At the end is what was outside inside, "soma" will be transformed into "psychè"**

At the start

- The Soma is the Self
- It is about **doing** instead of **reflecting**
- Behavior is communication and not resistance

- No psychological intentions , no inner psychic conflicts, no mental representations
- Only momentanous and concrete behavior, no containment
- Behavior as the only channel of communication
- No interpretation of underlying conflicts but connecting behavior with intentions

At the End

1. Someone is able to reflect upon himself and others in psychological terms
2. He has developed an Inner Working Model, by which he can organize himself and his environment and can anticipate, select and give meaning to that what is coming
3. He has become intentional, behavior has got a meaning.
4. He is able to function on an autonomous way, no longer dependent on the being there of the other

Psychoanalytic Treatment

- No longer a place for reconstruction of the past where all the trouble started
- No longer the removal of the infantile amnesia

- It is a laboratory for revising unconscious internal working models
- It should be facilitating development
- It is about the future not about the past

Change: Blatt 2008

Changes in:

- Inner working models
- Mental representations
- Cognitive – affective schemata

Change by:

- Cycle of attachment, separation and internalization

- Match, mismatch and repair

Therapeutic Relation

- Patiënt and therapist are both from their own inner working model looking for the optimal balance between distance and intimacy, between autonomy and relatedness
- Their inner working models are determining the character of the therapeutic relationship.
- Within the psychotherapeutic relationship the patiënt should have the possibility in the relation with his therapist te experience an alternative inner working model and to test the safety and reliability of this new model → to acquire a new **corrective emotional experience**

Biology versus Psychology

- Psychotherapeutic action are creating new neurological pathways
- The old ones are not disappearing

- There is an alternative path created next to the old pathways
- The new pathways are strenghtened by rehearsal
- The old ones are weakened by prevention

A good match

Patiënt	Therapeutic Att.	
	Reluctant	Emotional
PREOCCUPIED	x	
AVOIDANT		x
DISORGANIZED		Alternating

Effective Therapeutic Relation

- A good attunement between the pathology of the patiënt and the inner working model of the therapist increases the possibility of an effective psychotherapeutic relation.
- It is about attachment, separation and internalization or match, mismatch and repair.
- It is about the intersubjective relation between the patiënt and his therapist , the internalization of that relationship and by that mirror neurons are playing an important role.

The End

- **Did you like the landscape?**

- **Thijs de Wolf**
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