Towards an affect changing theory in psychotherapy. A heuristic process of affective communication, confirmation/discharge and a new affective state.

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Introduction

Affects are vital ingredients of human social relations (Emde, 1980), and they certainly play a central role in psychotherapy. In personal dialogue, the patient and the therapist both express affects as a natural part of the psychotherapeutic relationship. However, in order to be engaged in personal problem solving, psychotherapists must know through experience/knowledge what it means to be in a situation that involves personal feelings (Hobson, 1985). The therapist's shared experience of a patient's affect is, to a great extent, based on the therapist´s own remembered, corresponding affective states. (Schafer, 1959; Nathanson, 1992; Emde, 1980; Stålfors, 2002).

Affects are defined as complex structures, which include motor perceptions: the digital, which originate in the reflex and direct feelings of pleasure and un-pleasure, the analogous, which

originate in inborn affects (Emde, 1980; Lazarus, 1990; Nilsson, 2013). An affect is essentially a piece of information about somebody´s reaction to a situation (Greenberg, 1987; Basch, 1976) and is automatically produced by the organism (Nathanson, 1992; Mandler, 1990; Greenberg, 1993). Furthermore, affects do not involve reflective evaluation. They simply happen (Plutchik, 2003). The affects are completely free from inherent meaning or association with their triggering source. However, it has been pointed out that affects have a "fusion power". Affects associate the cognition that triggers them with the subsequent reaction (Monsen, 1999; Nilsson, 2013). The affects play a role both in providing information about the status of the processing system and in organizing and integrating the behavioural machinery. Shame, for example, seems to be a central component for sever, as well as learning, in a depressive state of mind (Shore, 1994; Nathanson, 1992; Kaufman, 1974; Baumgardner, 1989).

Affects are involved in many biological systems: facial muscular activity, respiration, blood circulation, visceral activity, and vocalization, which act together to produce an analogue of a particular gradient or intensity of the stimulation impinging on the organism (Nathanson, 1992). However, the face plays a predominant role in effective socialization. The most powerful elicitor of affect is the information provided by an emotionally expressive face, owing to the high speed reaction of the facials striated muscles (Ekman, 1995; Izard, 1971; LeDoux, 1996).

One of the reasons why each affect feels different from others is that it triggers a separate group of bodily reactions, whereby an affect can become a feeling (Buck, 1999; Damasio, 2000). In this context, feelings are understood as a sign that the organism has become aware of as an affect (Nathanson, 1992). The developing organism concatenate a cognition with

visceral arousal, which is perceived as an emotional intensity (Mandler 1985). Affective states act as retrieval cue for information stored in memory (Leichtman et al., 1992).

The affects are clues to the functioning of the whole human system and must be used as such to aid in problem solving (Greenberg, 1987). Greenberg argued that we can assess different categories of affective expressions in the therapy process. In dynamic therapy, primary affects aid in adaptive problem solving and integrated functioning. In this case, primary affects are defined as affects that are not fully in awareness when the client enters therapy. Secondary affects, on the other hand, have a defensive function (Krystal, 1978).

The therapist is in a position to compare the contents of what the client says with the affective message that (s)he is conveying (Basch, 1988). Nonverbal and affective psychotherapeutic events guide the therapist to a deeper understanding of the therapy process (Shore, 1994).

Silvan Tomkins has identified nine innate affects. They are the positive affects (Interest-Excitement and Enjoyment-Joy), the neutral affect (Surprise-Startle), and the negative affects (Fear-Terror, Distress-Anguish, Anger-Rage, Dissmell, Disgust, Shame-Humiliation) (Nathanson, 1992; Tomkins, 1995; Plutchic, 2003). These affects are possible to discriminate in distinct sets of facial, vocal, respiratory, skin and muscle responses. High agreement has been shown in studies between facial expressions and affective words. Evidence exists that a small number of facial expressions are judged fairly consistently in a wide range of cultures (Plutchic, 2003; Izard, 1990).

Each affect has its particular expression: a sound, a pattern of breathing and/or a facial expression. Tomkins also separated the affects in their expression/duration as gradient affects

or level affects (Nilsson, 2005). The therapist needs to become aware of and understand the origin of this affect, in which case it will be possible to restore the relation with the client as well as be able to affirm the affect (Nilsson, 2005; Tomkins, 1963). This phenomenon I have defined as transference affects. The transference affects will change and develop during the therapy process as the client learns new affect combinations (Tomkins, 1962). By recording the expressions it is possible to follow how the affects are provoked in the therapeutic treatment (Nilsson, 2005; Stålfors, 2003).

Development of Self. Tomkins´ affect theory in clinical practice.

This article presumes two conditions; the one that the concept of "regression" is without signification if it is not connected to a systematic view of the ontogenetic development (Nilsson, 2009); the other one that human beings are endowed with inborn affects, in their turn discernible expressions at different levels of ontogenetic development (see, e.g., Davidson et al., 2003, and their suggestion of differentiating between [biological] "affects", "emotions" and [sense of] "feelings").

Silvan Tomkins´ affect theory

Silvan Tomkins constructed a comprehensive theory concerning the biological basis of the human affect system and of its evolutionary as well as ontogenetic development, in a three-volume work entitled Affect, Imagery, Consciousness. In this work, Tomkins presents what I consider the most thoroughly worked through affect theory. The reader is introduced into a detailed survey of the biological basis of the inborn affects and their roles as the primary human motivation system, distinguished from the drive as well as the cognitive system but working in intimate collaboration with them. According to Tomkins, we can study the affects through the alternating interplay between the facial muscles and their cerebral basis. People

with knowledge of the field know that the voice, breathing, posture, etc., also reveal the affective activity of an individual as either positive or negative expressions. We are compelled, throughout our lives, to continually handle external signals that reach us via our cognition and perception, as well as to internal signals from our bodily organs, as well as from previous experiences (building learned affect scripts). The universal affect fear/terror is a reaction to that which is a totally threat to us as human beings, elusive and expressed as a sense of corporeal rigidity. Flight is our spontaneous reaction, but we also have the ability to inhibit these immediate impulses as motivating signals (outermost paralysed with fright). We have often been learned not to show our feelings of fear, with the consequence not being revealing our physical reactions: rushing pulse, circulatory changes, excretion of various hormones, etc. (Solms, 2005).

Different authors (e.g., Ekman 1993; Izard et al., 1991) have described how the basic affects (italicized in the text) are forces with different characteristics, standing at the ready to be released when a cognitive/perceptual or internal signal, a drive impulse or another affect, so requires.

The more closely we read Tomkins, the more clearly we see the enormously complex picture of the functions of the affects in interplay. One way to approach the mutual complexity of the nine affects, are to divide them into three categories. Each category consists of a collection affects, which has more common with each other than with some one from other categories.

Aims

The aim of this article is to formulate a simple model of the complex interplay between the nine different affects, and to show its uses as a diagnostic as well as a therapeutic instrument in clinical practice. The model assumes constructed on the innate attachment system (Le

Doux 1997, Tomkins 1962, Allan Shore 1994, Stern 1991), as well as inter subjectivity, a system for the human beings need for security (Holmes, 2001).

Psychotherapy in practice

Psychotherapy requires the patient to be placing at an appropriate point of departure (category I – III, Figure 1) and be able to talk about indications that mediate information about how the treatment goes on. The starting point for the therapist in the scheme above, is to register the degree of broken inter-subjectivity in meeting the patient. After that it is possible to put the patient into right category with his/her topical affective statement.

s the point of departure for the basic elements in interplay, we take the gradient affect interest/excitement. This is the affect in which life begins for every newborn. It is an inherent part of the system of attachment, a most demanding force for the mother-object to assure the survival of the child by awakening mothering carefulness (Oppenheim et al., 2002; Solomon et al., 1996; Stern, 1995). The mother-object´s own system of attachment triggers interest in the child, ordinarily that is confirmed in the child's appetite to explore the world. The affect interest has to be given sufficient space if the mother-object is to be able to be embraced in its various aspects and from different perspectives (Nilsson, 2011).

With good enough collaboration between subject and object, in psychotherapy between therapist and client, there will be a movement from positive affect to negative and back to positive (Tronick, 1989). This movement is governed mainly by how affect attuning takesplace with resonance from the relevant affective prevailing state (see left side of figure 1)

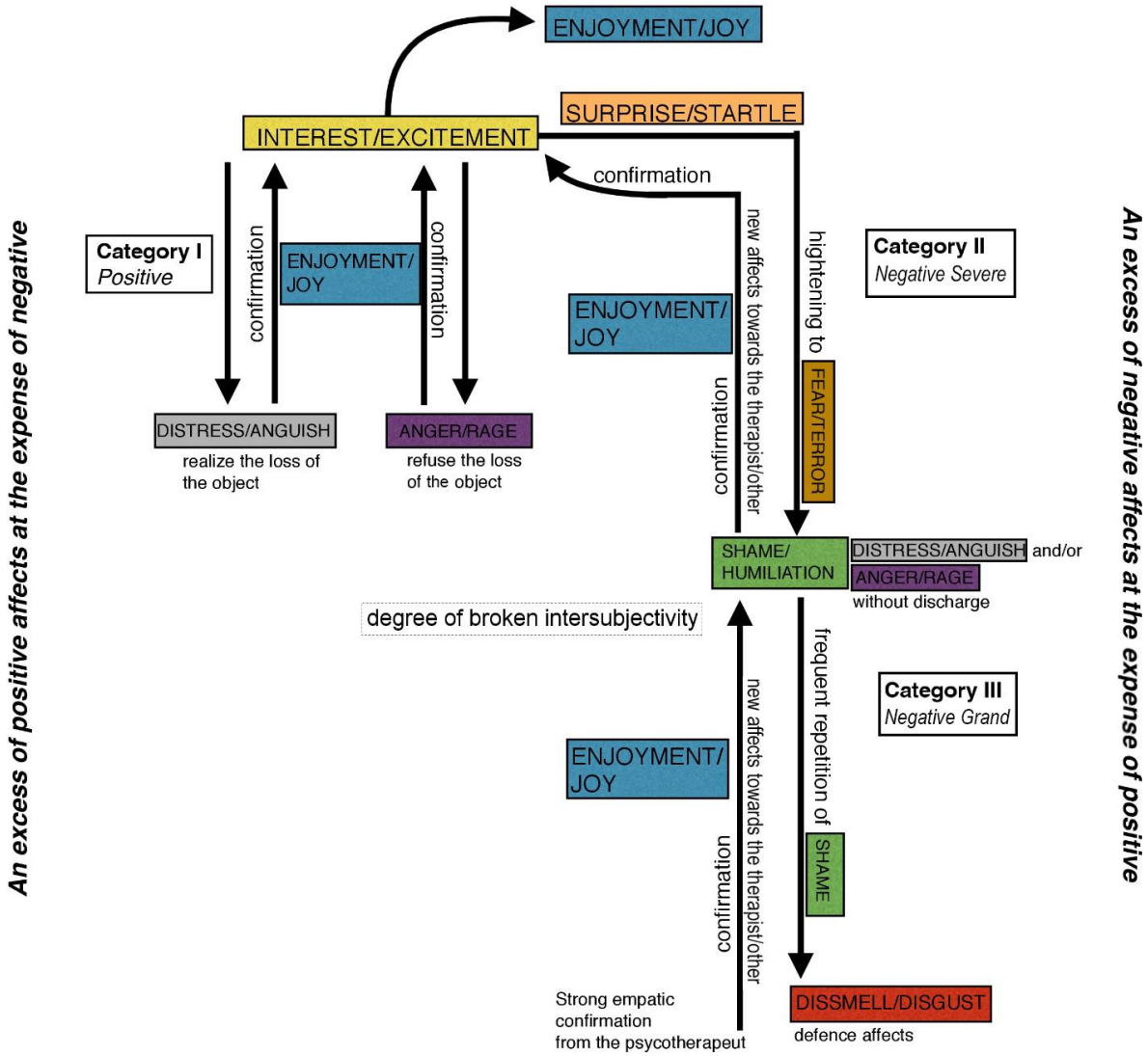

Figure 1. Tomkins nine base affects in co-operation
A heuristic guide for affect grounded psychoterapy

Psychopathological disorders within an affective perspective

When the individual in her/his relationships is reminded of the loss of the object, the level affect distress/anguish is triggered. Let us think of the small child, living by necessity close to mothering, despair/weeping also come to mind. The adult, with likewise experiences of deprivation of interest/excitement, emotions now incorporated into scripts, may be subject to the same - though now unconscious - occupation with the loss of the object and thus filled with the affect distress/anguish. Through the confirmation that takes place in psychotherapy, the client will be motivated towards renewed interest/excitement.

Some interesting questions arise: Can the individual trigger her/his willpower/struggle so as to achieve interest/excitement? Is the individual a helpless victim of the ability to retain or lose the object? According to Nilsson (2009), the co-operating affect enjoyment/joy, which is an extension of relief, has to have had the opportunity to be mobilized in the early emotional life of the child, and thereby forming a script building, in order that interest/excitement may be be more than a randomly triggered affect with no internal control in the adult life of the individual. The capacity of the individual to exercise an influence on the affect interest/excitement may be associated with having attained emotional object constancy (Mahler et al., 1975).

Moving along to the level affect anger/rage, once related to the mothering-object as an irritating object with a refusal to come to terms with either the experience that the object is lost or as a premonition that the object may be lost. Consider the individual in a stressful situation in which (s)he is unable to register the measures and steps required in order to retain the object. A powerful muscular bodily contraction increases the density as a neural activity, and in the extension the affect anger/rage appears. In the confirmation from the therapist, in therapy, motivation may be triggered, expressed in the form of the affect interest/excitement.

If the affects distress and anger are triggered in spite of the individual's relative emotional object constancy of the individual, the auxiliary affect shame/humiliation corresponds to the individual's experience of a not predictable object. Shame is both a helper and a hindrance in re-achieving the affect interest. Shame is like a revolving door, which both interrupts/questions the interest in the individual at the same time as it provides an opportunity to win back the interest in the object. As human beings we live with the affect shame as something necessary but painful, as we face the demand to be socialized.

Interrupted interest, an incomplete process of moving towards the affect enjoyment/joy, creates a "vacuum" in our emotional life that primarily awakens a sprinkling of the gradient affect surprise/startle, and in an overwhelming of it, via a frustrating mother-object, it turns over into an intensification towards the gradient affect fear/terror, only to subsequently make it impossible for the individual to feel either distress or anger. At the same time, through the confirmation of the psychotherapist in the psychotherapy, the possibility arises for the patient to relearn how to make the object predictable – and, presto, the potential reappears to take in the interesting, pleasurable conquest of the world around her/him (see the right-hand side of Figure 1).

Tomkins classified dissmell and disgust as auxiliary defensive affects (Tomkins, 1991; Bergman, 2009). Excessive repetition of the affect shame should lead the whole way to arouse the "the source affect" fear/terror in relationship to the parent-object. Another way to describe this state of affairs is that the parent-object has mediated a surplus of negative affects at the expense of positive ones, the object has become threatening to the child and the affects serve as signals to reject what might otherwise be interest/excitement (see the right-hand side of Figure 1). Defence affects are socially destructive for the child and screen her/him off from

deepening the socialization process which, to an adult, equates to becoming integrated into a social context. Let us look at two examples of how the individual/patient handle the feeling not being integrated into a social context: What the depressive (distress/anguish) personality most fears is that the gaze of the other might turn away from him/her, leaving total abandonment in its place. The paranoid (dissmell/disgust as defense) personality, in contrast, most deeply fears having the gaze of the other focused and fixed on her/him with the anxiety to be totally obliterated (Laing, 1960; Nilsson, 1996; Tomkins, 1962).

In my clinical studies, I have found enjoyment/joy to play a role in relation to all the other basic affects. This affect functions as an extension of discharge (Demos, 1995) for relief not only of the positive affect interest, but also, for example, of fear/terror: The individual feels threatened from injury, but gradually during the therapy realizes that (s)he has been misled by her/his "fails consciousness/self". The affective expression for enjoyment/joy is a relaxed smile on the person's face, signaling relief. Similarly, enjoyment/joy appears when transient or permanent alterations of the defence affects of dissmell and disgust occur, and when the individual is in contact with the less toxic affect distress/anguish. Enjoyment/joy presents itself as a positive affect through the way in which it is triggered: all psychotherapy based on affective confirmation and modelling moves from negative in direction to positive affects (Stålfors et al., 2008).

A brief summary

In the model for affective inter-subjectivity, we can now discern three categories of affective state with which an individual/a patient may live. They differ from each other concerning the degree of positive confirmation, new learning about the object and degree of broken inter-subjectivity they contribute to the patient's total life situation. Category I includes interest/excitement, distress/anguish and anger/rage. Category II includes surprise/startle, fear/terror and shame/humiliation. Category III includes dissmell and disgust. Enjoyment/joy is the affect that does not belong to any category, even it is a positive affect. It differs from the others in being a "moving" affect, a moving from one affective state to another. It is this affect that confirm a change in the self.

Patients in Category I have been living in the object relation with primarily positive affects but with, feature of distress/anguish and/or anger/rage at the expense of other negative ones. This is reflected in the patient's self-image and self-esteem. We label this category as positive. Patients in Category II suffer from a deprivation of positive affects and it results in the extension, in excessive attention to the demands of the object. We denote this category as learning. Patients in Category III live with an excess of difficult negative affects at the expense of positive ones. The patient is forced to defend him-/herself with help of the defensive affects dissmell and/or disgust, against the (parent) object in her/his relationships. We designate this category as distance.

Conclusions

Using Tomkin's nine basic affects as our point of departure, we can understand how they will primarily function for the well being of the individual in the world. This model of the

interplay of the affects may provide an important starting point for how psychotherapy should be pursued: For example, if the patient comes into therapy with deeply blocked defence affects in the form of dissmell and/or disgust, the therapist has a great deal of work ahead in order to achieve and mediate trustworthiness. These efforts require patience and the ability to empathize deeply. If the patient shows fewer defence affects and more shame/humiliation, which prevents him/her from accessing interest/excitement, the efforts of therapists may begin with confirmation of the patient's emotional cleavage and vacillation. In the perspective of evaluating psychotherapy for a topical patient, we can follow her/him in the affective flow, hopefully with more and more contact with the affects enjoyment/joy and uttermost interest/excitement.

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