The Carter–Jenkins Center presents

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INFANT PSYCHIATRY II.

CLINICAL APPLICATIONS
OF THE
AFFECT – BALANCE PRINCIPLE
BASED ON AFFECT REGULATION

Part One
Developmental, Diagnostic and Therapeutic Considerations

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Basic Premises

- **AFFECT BALANCE is a basic need achieved by AFFECT REGULATION**
- **AFFECT–BALANCE PRINCIPLE governs the early development of and any later changes in attachments and self-esteem, and in personality functioning**
- **CLINICAL APPLICATION OF AFFECT-BALANCE PRINCIPLE means to**

1. look at behaviors in order to understand the affective dynamics:

a/ for the affects they express and/or regulate
b/ not for clinical problems the behaviors represent
c/ not as problem behaviors are to be corrected

2. look at ideations (thoughts, wishes, etc) to understand the affective dynamics

a/ for the affects they express and/or regulate
b/ not for the psychiatric problems they represent that need to be corrected

Affect-Balance Principle (Solyom, 1984)

– affect regulation is the key to affect-balance –

- **governs an individual's behaviors**
  (but at higher cognitive functioning conscious decision may override it)
- **leads to the mental representations of self and other persons,**
  as well as parts of persons, inanimate objects, own body parts and activities – depending on how those are experienced as affect regulators
- **offers a testable explanation of attachments (= affective ties),**
  including the type, quality, changes and disorders of attachments
- **offers insight/goal for the treatment of the attachment disorders, self pathologies, addictive disorders, and other relationship problems**

Affect Regulation and Attachment

MY THEORY OF ATTACHMENT (Solyom, 1984)
is based on the Affect-Balance Principle
as its underlying and explanatory mechanism and definition:

THE INFANT'S EXPERIENCE WITH AFFECT REGULATION
determines the development of an attachment
to the mental representation of
persons, parts of persons, Self, own body parts and activities,
inanimate objects,
(not just to the mental representation of the mother!)

Affect-Balance Principle vs. Attachment

– a typical generic observation –

- **the 2-year-old infant is in parallel play with familiar peers – while the adults socialize at some distance –**
  but she suddenly gets upset (= frightened, hurt, angry) about something and cries in DISTRESS and/or ANGER –

- **she looks for and runs to the person among the adults who would most likely and effectively relieve her from the negative affective experience:**
  who has been experienced by her as the best affect regulator,
  i.e., toward whom she has developed the most secure/strong attachment

NOTE:

- **there may be several people among her relatives toward whom she has developed attachment, but the hierarchy of those attachments has been determined by her affect regulatory experiences with those individuals**

- **her attachments (= emotional relationships) may change during her childhood and adulthood – and may even turn into aversions – depending on her affect regulatory experiences in ongoing or new relationships with people in her life**

Critique of the attachment theories of Bowlby and Ainsworth

- **these theories lack any testable explanation of**

  a/ how does the infant develop a sense of safety, security and protection,
  i.e., by what mechanism and process does an attachment develop?

  b/ what does maternal attunement mean concretely, what is it based on,
  and by what mechanism and process does it promote attachment?

  c/ what happens if the maternal attunement changes?

- **the attunement (= "response") of the mother is solely responsible**
  for the type of infant attachment

- **the infant's attachment will have lasting impact on an individual's personality, labeled as the "attachment style" of the individual in current clinical parlance**

Contemporary clinical views on the application of Bowlby's theory

(e.g., "Attachments – Why you love, feel and act the way you do?" by Clinton and Sibcy, 2002)

Interpreting Bowlby

- **Bowlby: stable and self-reliant personality is built on the confidence in the unfailing accessibility and support of attachment figures**
- **Attachment system explains the principles, rules and emotions of relationships**
- **Attachment styles are relationship rules formulated in early childhood, but can be reshaped later**

My comment

- **Concepts and terms of "confidence," "attachment system," "attachment style" lack the underlying mechanism of the dynamics**
- **in my view, that mechanism is affect regulation which gives explanatory power and enables deeper and more detailed work in therapy**
- **in contemporary clinical research and practice "attachment" seem to correspond with affect regulation without the recognition and benefit of it**

(continued)

Bowlby's stages of separation or loss:

protest (anxiety, anger, rage), despair (severe depression), detachment (severing relationship with the attachment figure)

- **recovery from separation or loss:**
  by eliminating the attachment figure, the negative feelings are eliminated, too
- **replacement defense:**
  walling self off from the attachment figure, developing a callous self, and replacing things for relationship = instead of reaching out to anyone for emotional comfort, the individual relies on herself and on material things – which may lead to addictions

My comment

- **besides the description of possible grief dynamics, it also identifies what has been lost and needed: "emotional comfort" (="affect balance")**
- **however, it is implied that "emotional comfort" can be had only through caring people, and that relying on oneself and on material things is pathologic**
- **in my view, the reestablishing of a positive "affect balance" by self-reliance or by the use of material things may be a constructive, healthy way of coping**
- **it is well taken, however, that reliance on material thinks may deviate to drug use (→ addiction) which is maladaptive coping (= affect regulation).**

Affect-Balance Principle vs. Attachment

Case of Paulo, 2y 5mo – delayed attachment in infancy

Paulo spent his first year in the care of his emotionally disturbed mother. He was in a stable foster home for the past 18 months, but was seen as an unmanageable aggressive child. He took many medications for ADHD, seizures and psychosis.

The foster parents had given up on him, but the DSS wanted me to see him as a last resort. Before the evaluation, at my request, he was taken off of all medications. I used the ICAP to evaluate him.

I was impressed by his inquisitive and persistent manipulative exploration and mastery of tasks. He did enjoy the interactions with me during developmental testing, but showed very shallow attachment to the foster mother.

It turned out that many exploratory and mastery activities were prohibited and punished as bad behaviors at home. This made him feel that he was not understood, valued and loveable which increased his anger and distress.

Case of Paulo, 2y 5mo – delayed attachment in infancy (continued)

Formulation:

1. **the foster mother and her family interfered with Paulo's attempts at autonomous affect regulation by exploratory and mastery activities**
2. **Paulo has not experienced the foster mother and her family as reliable affect regulators – instead, they often made Paulo experience negative affects, i.e., negative affect balance**
3. **he was at risk of developing a damaged sense of self and a negative self-esteem because his attempts at autonomous affect regulation were often thwarted**

Interpretation:

1. **I told the foster mother that Paulo had very good cognitive capacities, was neither hyperactive nor psychotic and needed no pharmacologic treatment**
2. **however, he very much needed his exploratory and mastery activities to cope with the memory and consequences of his negative affective experiences of his past and present, and to be able to feel better about himself**

Case of Paulo, 2y 5mo – delayed attachment in infancy (continued)

<u>Outcome</u>:
The foster mother was very receptive. From that point on, Paulo received no medication. Since everything went very well and they lived very far away, the foster mother was reluctant to make the trip.

Finally, I was able to see him for the follow-up visit only 7 months later, when he was 3-years-old. His progress in every area of functioning was very good.

The foster mother must have helped his affect regulation well as Paulo manifested a very strong and secure attachment to her and a confident, positive sense of self.

It was remarkable to see that the positive experiences and feelings have been mutual: the foster parents were about to <u>adopt this formerly "incorrigible" child!</u>

<u>CONCLUSION</u>

1. **The drastic change in attachment was the outcome of a single session in which his problem with affect regulation were identified – at 2 year 5 month of age!**
2. **Attachment is not "carved in stone," but changeable by affect regulation**

Disorganized behaviors of preschool children: Differential diagnosis

Case of Joe, 4 – negative affect balance due to mothering dysfunctions

Joe, 4, is in pre-K. His mother is desperate because he has become very aggressive: very oppositional and disrespectful toward her, does not accept limits, demanding, impulsive, and when he cannot get or do what he wants he throws things at and assaults her.

In my office, he acted as if wanted to provoke his mother by turning over chairs, shoving books off shelves, etc. His behavior also implied considerable distress and the need to be in control. Mother constantly reprimanded him and threatened punishment. Joe showed no affection, but hostility toward his mother. Yet he complied with her in coming in and leaving my office.

He manifested these severe aggressive, destructive and oppositional behaviors only at home or where his mother was present, like in my office. He had no such problems in school: he followed the rules and what the teacher told him to do, and got along with his peers.

Case of Joe, 4 – negative affect balance due to mothering dysfunctions (continued)

Formulation:

1. Joe's mother was unable to help his affect regulation and have even interfered with it by her disapproving and controlling attitude as she constantly reprimanded and threatened him with punishment even in my office.

2. Due to her own apparent emotional difficulties, she was unable to be empathic and to create such an emotional environment that could have made Joe experience her as a reliable affect regulator

3. On the other hand, Joe must have experienced the pre-K environment and teacher as predictable, steady, not controlling but supportive of him in maintaining a positive affect balance.

4. Joe's diagnosis was: Attachment Disorder, disorganized – due to dysfunctional mothering in a chaotic and inconsistent family life

5. Recommendation for treatment: mother-child relationship therapy in order to help mother to develop the capacity to recognize and appropriately attend to Joe's affective needs – intensive in-home therapy could best accomplish this

Disorganized behaviors of preschool children: Differential diagnosis

Case of Tim, 4 – negative affect balance due to psychosis

Tim, 4, is in pre-K. His mother is desperate because he has been kicked out of pre-K and could not return until he got help with his destructive and assaultive rage episodes.

These rage episodes ("melt downs") occurred unpredictably also at home, but mother was able to hold him for as long as it was needed. No babysitter would care for Tim: mother had to leave her job to stay at home with Tim.

In my office, Tim showed

1. **interest in working with me on paper-pencil tasks briefly,**
2. **his restless, disorganized and partially destructive behaviors reflected his disorganized thought processes and impaired impulse control,**
3. **low tolerance for frustration,**
4. **helpless regression by burying his head in his mother's lap and begging her that they leave.**

Case of Tim, 4 – negative affect balance due to psychosis (continued)

Formulation:

the frequent and protracted negative affect balance was beyond mother's control and Tim could not experience her efforts as providing effective affect regulation

Diagnosis:

1. Psychotic disorder, NOS,

2. Attachment disorder, disorganized

3. Developmental delays, cognitive and social

Treatment:

1. antipsychotic medication

2. day-treatment support in pre-K

Outcome:

1. mother is elated: "you gave me back my son!"

2. secure attachment to mother as she could be experienced as affect regulator

3. Tim's re-admission to pre-K

4. mother could return to work

Case of the 30-year-old woman who was getting married and needed an affect regulator

Ms. B. reported in her psychotherapy session that she has felt depressed as she was trying on her wedding dress. She was missing her deceased mother. She tried to find a female friend as a substitute, but could not find anybody available, and she cried in the session. She was unable to evoke her mother's image, and her intense sadness had an almost panicky quality.

Formulation:
Ms. B's unsuccessful search for the specific affect regulator, her mother, caused a marked negative affect balance. She couldn't find other means of affect regulation either which threatened to overwhelm her other ego functions as well.

Intervention:
I offered myself to be the affect regulator mother by asking whether she had tried on the dress. She said no, but she was going to do it after this session. I asked her to describe it to me. She, again, started to sob, but proceeded with a very detailed description of the dress during which a gradual but very marked positive shift in her affect balance became evident which culminated in smiling. "Sounds elegant," I said, with the aim of being empathic with her pleasure and pride in her dress. Her smile grew wider, she wiped away her tears, and said "I thought that, too."

Case of the 30-year-old woman who was getting married and needed an affect regulator (continued)

Outcome:

Now, as she reached a positive affect balance (and better organized ego functions), she was able to reflect on how her mother was often unavailable to her emotionally and that at the weddings of her sisters mother was anxious and depressed. So, she had ambivalent feelings about her mother's presence at her wedding. She couldn't be sure whether her mother would be able to be an empathic and supporter.

Her mother likely suffered from chronic depression and could not be a reliable affect regulator. Ms. B's attachment to her mother was anxiously insecure, she had an insecure sense of self and couldn't trust her judgment about the wedding dress.

Conclusion:

- **this vignette suggests that it is appropriate to support ego functions, like affect regulation by introducing and/or making available functions that are missing at a particular therapeutic situation as that may open avenues to insight**

- **the possible criticism that my intervention was that of a seductive oedipal father, rather than of a pre-oedipal mother can be rejected by the outcome**

On the Diagnostic Relevance of the Affect-Balance Principle

The clinical application of affect-balance principle means to look at behaviors (and ideations) for the affects they express and/or regulate – not as behavior (or ideations) to be corrected

a/ the diagnosis of Oppositional Defiant Disorder is meaningless by simply listing a group of behaviors that express anger → this is an angry child! meaningful treatment starts with the affective dynamics: what is the anger about, how has this negative affect balance become chronically entrenched? what affect regulators (internal or external) are missing? – what means of affect regulation would bring about affective improvement (= positive affect balance)? – and, thereby, the lessening or elimination of pervasive angry behaviors

b/ the diagnosis of Conduct Disorder is also simply describes behaviors that often involve substance abuse and "antisocial behaviors" – treatment requires the understanding of the affective dynamics through the consideration of the Affect-Balance Principle, as seen in clinical vignettes about substance abuse

On the Developmental Relevance of the Affect-Balance Principle

(preschoolers with good “self-control” become healthier and wealthier adults)

The Marshmallow Test

In the 1960s, Walter Mischel put a marshmallow on a plate in front of 4-year-olds and told them that the marshmallow was theirs, but if they waited to eat it until he returned he would give them a second marshmallow as a bonus for waiting. He left the room and 1/3rd of 4-year-olds were able to wait the entire 15–20 minutes.

Fourteen years later:

- **"grabbers“ had low self-esteem, were stubborn, easily frustrated and envious**
- **"waiters" had better coping skills, were more socially competent, self-assertive, trustworthy, dependable, academically more successful**

My view: the ability to delay gratification was a better predictor of future success than any other measurement → shows the importance of affect regulation.

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Forty years later:

the original participants (60) of the Marshmallow Test, now in their 40s, were to perform two versions of a computer task by Casey, Mischel et al. (2011):

1. **press a button upon seeing a male or a female face with neutral expression – (= affectively neutral stimulus)**
2. **press a button in response to a happy or fearful face [happy = rewarding] – (= affectively charged stimulus)**

in the latter version, the "waiters" were much better than the "grabbers" at not pressing the button when a smiling face flashed on the screen

- **"grabbers" had more activity in the deeper regions of the brain associated with pleasure, desire and addiction, specially in response to happy faces, but their deficient behavior control is specific to alluring or rewarding stimuli (i.e., it is not a general impulsivity or global dyscontrol, like in ADHD)**
- **"waiters" had more activity in the prefrontal cortex associated with behavior control, particularly in cases of affectively charged stimuli**

My view: since the behavioral dyscontrol is affectively driven, it has to do with dysfunctional affect regulation.

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The Dunedin Multidisciplinary Health and Development Study

1,000 children were followed from birth to age 32 (Moffitt TE et al., 2011)

- **children who showed early signs of self-mastery were less likely to develop addictions or committed a crime by adulthood**
- **children who, at age 3, became easily frustrated, had difficulty waiting their turn in line, or lacked persistence in performing tasks or reaching goals were three times more likely to become poor, addicted, single parents or to have multiple health problems as adults, compared with better functioning peers**
- **in a cohort of 500 sibling-pairs, the sibling with lower self-control had poorer outcomes, despite shared family background**
- **the oucome was independent of intelligence and social class**

My view: better self-control in early childhood implies better affect regulation that leads to better adaptive personality functioning and health and success

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Marshmallows and GRIT

The concept of GRIT entails perseverance, self-discipline, hard work, creativity, etc., (Seligman and Duckworth) **that accounts for 75% of job performance, while only 25% depends on IQ.**

"Self-discipline out-predicts IQ for academic success by a factor of about 2."
GRIT = high persistence + passion for an objective:

- **"grit" and intelligence are completely independent traits (affect vs cognition)**
- **schools and parents should focus more on developing GRIT, instead on intellectual and other abilities and aptitudes.**

"Persistence in the accomplishment of an end" distinguished the most successful from the less successful (Terman).

Critical factors in giftedness are: (1) ability, (2) creativity, (3) task commitment, i.e., perseverance, endurance, hard work (Ranzulli).

My view: PERSISTENCE, PASSION, COMMITMENT built on affect regulation.

In the next lecture we'll continue with the

CLINICAL APPLICATION OF THE AFFECT-BALANCE PRINCIPLE

as it relates to substance abuse and addictions

Thank you for your attention.

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THE END

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