

MENTALIZED AFFECTIVITY

Elliot L. Jurist, PhD
City University of New York

This article focuses on a particular kind of affect regulation, mentalized affectivity, which entails revaluing, not just modulating, affects. The author argues that affectivity challenges us to comprehend the impact of our representational world on affective experience and that this process plays a crucial role in psychoanalytic psychotherapy. Three elements of affectivity are delineated and divided into basic and complex forms: identifying affects (naming, distinguishing), processing affects (modulating, refining), and expressing affects (outwardly, inwardly/communicating). Case material is introduced to describe how affects manifest themselves clinically: The author distinguishes between what he terms strong and aporetic feelings, and he shows how affectivity works. Next he locates the concept of affectivity historically, emphasizing a debt to thinkers such as Jacobson, Loewald, Sandler, and Kernberg, who have sought to integrate ego psychology and object relations theory. Finally, he raises some general questions about affect regulation based on what he has proposed about affectivity.

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The mind, according to psychoanalysts, is ineluctably irrational. This does not mean that it is impossible to be rational, but it does suggest that rationality cannot prevail over irrationality as past philosophical accounts of the mind have averred. To sustain its view of the mind, psychoanalysis must be able to describe how irrational and rational forces intermingle and coexist. One of the newest and most illuminating ways in which this can be achieved is with the concept of affect regulation. Affect regulation represents a convergence zone between cognition and affect, wherein the former is used to alter, but not eradicate, the latter. Affect regulation has biological and developmental connotations; indeed, it has further connotations that pertain to character style and even to the aims of psychoanalytic treatment itself.

Affect regulation is such a large topic, in fact, that it does not lend itself to study in

Elliot L. Jurist, PhD, Director, Clinical Psychology Doctoral Program, City University of New York.

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Correspondence concerning this article should be addressed to Elliot L. Jurist, PhD, 25 Fifth Avenue, Suite 2H, New York, NY 10003. E-mail: ej92@columbia.edu.

a single article. I propose, therefore, in this article to focus attention on one component of affect regulation, *mentalized affectivity*, which arguably is most significant for psychoanalysis. Although I will be grappling along the way with numerous aspects about the nature of affective experience, I would like to underscore that it is not my intention to offer a comprehensive theory of affects here. It will be sufficient to zero in on mentalized affectivity and to justify its usefulness as a new concept for psychoanalysis. By making progress in this one circumscribed domain, we will be in a better position to be able to clarify the concept of affect regulation and thus engage larger problems concerning the mind's irrationality and rationality.

Mentalized affectivity has been defined as a sophisticated form of affect regulation that entails revaluing, not just modulating, affects (Fonagy, Gergely, Jurist, & Target, 2002). Mentalized affectivity captures what is most challenging in adult affect regulation: that new meaning can be created and specified by reflecting on affective experience. This concept is especially germane to what happens in the realm of psychoanalysis and psychoanalytic psychotherapy. In this article, I shall develop the concept of mentalized affectivity with greater specificity (for brevity's sake, the concept will be referred to hereinafter as *affectivity*).

In the first section, I define the terms *affectivity* and *mentalization* and locate them as part of the effort to bridge attachment theory and psychoanalytic theory, a theoretical position that I find promising (Diamond, 2004; Eagle, 1995; Fonagy, 2001; Slade, 1999; Steele & Steele, 1998). The concept of affectivity is necessary, I argue, because affects are experienced through the lens of past experiences, both real and imagined. Affectivity challenges us to comprehend the impact of our representational world on affective experience. Affectivity has a crucial role, it may be inferred, in terms of determining and marking change in psychotherapy.

In the second section, I delineate the constituent elements of affectivity: identifying, processing, and expressing affects. This provides a first step in the direction of doing research on affectivity. Each of these elements has a basic and a more complex form. Identifying affects can be a matter of naming them or distinguishing them; processing affects can be a matter of modulating them or refining them; expressing affects can be a matter of expressing them outwardly or it can be a matter of doing so inwardly or communicating them. This section lays out a schema of how affects are revalued; in the next section, I turn to case material in order to explicate the concept in a livelier way.

In the third section, I introduce microillustrations of how affects typically appear in the clinical realm. Such a phenomenological approach will help us to glimpse how affectivity actually works or could work. In my examples, I distinguish between manifestations of *strong feelings*, which are characterized by the attributes of vibrancy and clarity, and *aporetic feelings*, which are characterized by the sense that a person does not know what he or she feels.¹ Two forms of aporetic feelings can be distinguished: unformulated feelings, experienced as vague, and conflicted or contradictory feelings, experienced as confusing.

In the fourth section, I discuss affectivity in light of the history of psychoanalytic thinking on affects and affect regulation. There is a long and convoluted history here that

¹ *Aporetic* is an ancient Greek term that derives from *aporia*, which literally means "difficulty in crossing" and was used by Plato to indicate the state induced by conversation with Socrates in which one would experience a sense of being confused, lacking in means, and lacking in clarity. The term captures the state of not knowing what one feels and being at a loss to explain oneself.

I will describe in a way that is admittedly quite selective. In particular, I focus on the emergence within ego psychology of ideas about taming and handling affects, and I acknowledge the debt that my concept of affectivity has to attempts to integrate object relations and ego psychology in thinkers such as Jacobson, Loewald, Sandler, and Kernberg. Despite having the guise of being a new term, affectivity, as I see it, allows us to address problems that have been at issue for a long time in psychoanalysis.

In the fifth and final section, I follow out the implications of my study of affectivity as a particular form of affect regulation. I argue that clarifying this one domain of affect regulation forces us to be aware of how large a project it is to comprehend the concept, and I sketch out a range of issues that will have to be addressed. A more detailed account will be the subject of subsequent work.

Mentalization and Affectivity

Affectivity is best understood as a specific aspect of mentalization. In the broadest sense, *mentalization* denotes the process by which a brain becomes a mind. A mind comes into existence by means of receiving the appropriate input from a caregiver. The early attachment bond between infant and caregiver provides a sense of security, but it also serves to foster the development of the mind of the infant that necessarily reflects the quality of that relationship (Fonagy, 2001). More specifically, the mind of the caregiver(s) offers an opportunity for infants to understand that others, and ultimately they, too, possess mental states. A “theory of mind” unfolds from attachment, beginning with “psychic equivalence,” wherein children hold the belief that what exists in the mind must exist in the world. This is transformed through play, resulting in the appreciation that the mind shapes and interprets what is real/external (Fonagy, 2001; Fonagy et al., 2002; Fonagy & Target, 1996).

Mentalization is the skill that enables one to interpret others’ minds, which developmentally precedes and then fosters the ability to read and understand one’s own mental states. Although it might seem that mentalization and its operationalized form, reflective function, fall within the domain of cognition, on closer examination, this is not really the case. The attachment relationship is, after all, an affective bond. Secure attachment facilitates the capacity to regulate affects and thus presides over the movement from coregulation to self-regulation. Initially, infants are dependent on caregivers to help them contain strong negative affects and to promote tolerance for positive affects. As their capacity for affect regulation develops in the second half of the first year of life, the sense of self emerges, which in turn renders a better capacity for regulation. Affect regulation relies on discerning the intentions of others and learning to see oneself as a being that has its own intentions; thus, it prepares the way for mentalization, which unfolds around the ages of 4 and 5. Mentalization, therefore, has an intrinsic relation to affects. Affect regulation is the basis for mentalization, but mentalization then fosters a new, more differentiated kind of affect and self-regulation, that is, affectivity.

Mentalization is a powerful conceptual tool for integrating the contributions of attachment theory and psychoanalysis. Attachment theory has evolved from Bowlby’s (1969, 1980) original formulation that the goal of attachment is to provide proximity to the caregiver with the emendation of the goal of “felt security” (Sroufe, 1996; Sroufe & Waters, 1977). Attachment theory has replaced Bowlby’s “naive realism,” a philosophical term for the belief that our minds reflect the world in a direct and unmediated way, in its focus on “internal working models.” Main’s representational

turn meant that mental representations are construed more complexly; the reworking of memory, for example, is identified as altering internal working models (Main, Kaplan, & Cassidy, 1985). Yet attachment theory has had a tendency to portray internal working models as cognitive structures, thus failing to grapple with how affects adhere to cognition (Main, 1991). Psychoanalytic thinkers have provided a deeper picture of mental representations as cognitive–affective schemas, which are derived from both the external and the internal world (Blatt & Blass, 1996; Loewald, 1962/1980a; Sandler & Rosenblatt, 1962/1987).

Fonagy's suggestion that the goal of attachment is to produce a representational system reflects the opposite philosophical pole from realism: idealism, that is, the belief that the way our minds work alters our perception/conception of reality (Fonagy, 2001; Fonagy et al., 2002). For Fonagy, the realm of mental representation reflects both internal working models from attachment theory and Sandler's affectively tinged notion of the "representational world" (discussed in a later section of this article). Fonagy's proposal about the goal of attachment is a major step forward in the direction of mitigating differences that traditionally have existed between attachment theory and psychoanalysis. Such a representational system derives from cognitive–affective schemas, but it must also be understood in connection with theory of mind, which is manifest in activities such as social reality testing and imaginary play.

Ultimately, mentalization means that as adults we have the capacity to reflect on our mental states. Affectivity denotes the capacity to reflect on affective states. Affects do not necessarily have primacy in all mentalization, but they do play a ubiquitous enough role so that it is useful to have a term like *affectivity*. In seeking to reflect on our affective states, it is desirable to remain within or to recapture the feeling of that state. The term *affectivity* indicates that this process is not simply a matter of exercising cognitive over affective states. Affectivity immerses us in the exploration of how our affective experience is mediated by the representational world—in other words, how current (and future) affects are experienced through the lens of past experiences, both real and imagined. Affects might well occur in a pure, universal form without such mediation, but this is unlikely given the extent to which affects are connected to relationships with others.

The concept of affectivity enables us to distinguish psychoanalysis from other points of view. Affectivity is based on interest in fathoming the meaning(s) of others' and especially one's own affective states. Affectivity requires a process of working through the manifestations of our representational world in current affective experience. In the broadest sense, affectivity aims to preserve and render intelligible the complexity of affective experience, insofar as it is possible to do so. This is a goal that is no less significant, evolutionarily speaking, than the goal of acting on one's emotions.

The value of affectivity as a concept can be glimpsed in the way it offers an alternative perspective to a research model such as "basic emotions," which makes the assumption that affects are short lived and are accessible to us in a direct and immediate way. There is not enough recognition in the literature on emotions in psychology and neuroscience of how often it is the case that we do not know what we feel. Feelings can be elusive, mistaken, and contradictory, and this makes reinterpretation of affective experience a human enterprise that is unavoidable and unending. Psychoanalysts know this to be the case through clinical experience, but we have to be willing to look for empirical proof and to seek to join larger conversations if we expect our voices to be heard. In general, there

has been a tendency in psychoanalysis not to be open enough to ideas about affects that come from outside of psychoanalysis.²

Psychoanalysts have a good sense of the range, splendor, and messiness of affects. To some extent, I would argue that psychoanalysts already engage in the work of affectivity with patients, regardless of whether they have or accept such a term. It is certainly the case that many kinds of pathology can be defined in terms of affect dysregulation (Schorer, 2003a). It is not controversial to assert that improved affect regulation is an aim of treatment. In the most mundane sense, affectivity serves to support symptom relief insofar as it helps patients to strive to have a perspective on, and not automatically act on, affects. In a higher instantiation, affectivity is about the creation of meaning, that is, crafting affective experience to be more consistent with one's deepest wishes. Affectivity in the latter sense is a useful indicator of progress in treatment. As it grows in fruition, one can expect to find concrete indications of change in the quality of how patients fathom themselves emotionally. In the next section, I shall elaborate on various, more specific features of affectivity.

Elements of Affectivity

Affectivity was schematized in terms of its constituent elements in *Affect Regulation, Mentalization, and the Development of the Self* (Fonagy et al., 2002). In Table 1, I briefly give a (modified) overview of these three elements, which are delineated further in terms of a basic and complex form.

As anyone begins to experience an affect, it is likely that he or she will be curious to try to identify it. This can be a straightforward matter of naming, or it can mean distinguishing among different affects. In its most basic form, identifying affects will mean labeling the basic emotion that one feels. There are some patients who, one might begin to notice, characteristically omit the names of specific affects. To understand this better, we must commence with trying to clarify whether the patient is just somewhat uncomfortable with or is, in some way, actually ignorant about the affect in question. Indeed, one can readily glimpse how the matter of naming affects is not necessarily a straightforward matter. There are times that neither the patient nor the analyst is able to identify the affect. Patients are often confused about what they feel—for example, whether it is one affect or another or some combination of both. In instances in which a combination of affects exists, it can be worthwhile to sort out the relative degrees of each affect. This kind of experience is addressed more fully in the following section under anorectic feelings.

The complex aspect of identifying affects is exemplified by cases in which there are links between or combinations of affects. For example, it is possible that someone feels surprise and joy together.³ Sometimes these links are hidden, as with someone who undergoes a shift whenever he or she feels angry to become anxious. Some such links may

² Sadly, this seems to be as true of relational thinking as it is of Freudian thinking. Spezzano (1993) and Green (1999) hold opposite points of view in psychoanalysis, but both concur that a psychoanalytic theory of affects need not consult the views from outside of psychoanalysis, such as developmental psychology or neuroscience. In general, though, relational thinkers have been more receptive to new intellectual trends from outside of psychoanalysis.

³ Robert Plutchik's (2000; Plutchik & Conte, 1997) "circumplex" theory emphasizes the relations among different emotions.

Table 1
Elements of Affectivity

Form	Identifying affects	Processing affects	Expressing affects
Basic	Naming	Modulating	Expressing outward
Complex	Distinguishing	Refining	Expressing inward/communicating

be predictable, as with oscillation between anger and sadness when one is disappointed in love. Other links can be more unusual, as in a patient who, whenever she becomes angry, quickly moves to explain it away by focusing sympathetic and even warm attention on the motivation of the agent who caused her to be angry. Thus, beyond the task of naming affects, identifying affects includes the process of discerning the relation among distinct affects.

In its basic form, processing affects will mean that the affect is altered in some way. This can entail modifications in intensity or duration. Modulation can mean that the affect is sustained as well as adjusted upward or downward. Take the example of someone who experiences sadness as an affect to flee from. This might be a case in which modulation might serve to sustain the affect in order for the person to be able to tolerate it, rather than either increase or decrease it. It is easy to imagine examples in which patients cling persistently to negative affects—let's say anger or resentment—in a way that colors too much of their experience. This would mean that modulation points to the value of adjusting the negative affect downward.

The complex form of affectivity concerns the refining of affects. This is a crucial moment within the process of affectivity, as it brings out that one does not necessarily adopt new affects as much as engage in the process of reviewing the meaning of affects. This might or might not lead to the choice of making a subtle adjustment. Refining affects, it would seem, depends on having a deepening sense of the complexity of one's affective experience. This might be illustrated with a case in which one comes to understand how one's predisposition to experience an affect, let's say joy, as ephemeral and as untrustworthy extends from one's representational world in which this affect was discouraged. Processing the affect through refinement would mean that one would look to one's own experience and take history into account. An example would be a patient who engages in reevaluating his experience of the ending of a relationship: He does so by coming to terms with how his sense of being a victim in what transpired was influenced by his experience of his parents' conflicted relationship and ultimately their divorce.

The third element of affectivity is the expression of affects. On the most rudimentary level, we can distinguish between the choice to restrain expression or to let it flow. Although one might readily presume that expression means outward manifestation of the affect in the world, this is not necessarily the case. In my view, it is important to recognize the possibility as well as the value of expressing affects more complexly—either through their inward expression or through communication. Insofar as sociobiological accounts regard emotions as manifest in facial expression and as action responses that aid survival, it is legitimate to wonder what the idea of expressing one's affects inwardly could mean. As a starting point, I would say that the concealment of affective responses might well be a beneficial strategy for an organism. Expressing one's affects inwardly becomes useful where one determines that one's outward expression is undesirable. The inward expression of affects is predicated upon having the resources and options not to feel compelled to express them outwardly.

There are important implications for psychoanalytic psychotherapy in this connection. One might understand therapy as experimenting with the inward expression of affects in expressing them within an atmosphere that is contained and safe as compared with the real world. Therapy can be understood as relying on a kind of pretend mode of functioning in which the therapist acts as a playful parent and thus serves to promote fantasy and imagination in the way that a patient regulates his or her affects. Indeed, it is often an indication of progress in psychotherapy to observe that a patient has begun to express his or her affects inwardly. This entails no slight to the value and importance of outward expression; the key matter is whether the patient in question becomes able to make choices that are more genuinely in his or her self-interest.

The inward expression of affects is especially consistent with reflective functioning. Recall that as I have outlined the concept of affectivity, it occurs as one reflects on one's affects while remaining within an affective state, rather than from a state outside or beyond it. In moving to express the affect, it can be satisfying to let one feel the affect anew without having it emerge in the world. For example, a patient realized how angry he was at his wife because she blamed him for her pregnancy, although he believed at the time that his wife was feeling too vulnerable to hear this from him. The point is that it was helpful for him to experience his anger more freely and deeply than he had done, but it was equally important to confirm the choice not to convey his affect directly to his wife. I wish to stress how this account differs from one in which one recognizes one's anger from an intellectual standpoint. Affectivity goes further in pushing us to own our affects; being able to express affects inwardly adds an option in situations where outward expression is not desirable.

Expressing affects can also take on greater complexity as a form of communication. Communicating affects can be to one's self and thereby coincide with the inward expression of affects. More plausibly, communicating affects entails awareness of and concern for others in the outward expression of affects. Such communication is frequently offered with the expectation of a response from others. One wants the other person(s) not just to know what one feels but also to understand and react to it. For instance, a patient expressed annoyance at a break in treatment, inquiring whether he was right that last year's break occurred for less time. This goes beyond a statement of how the patient feels in including the expectation of a response. Thus, there is something more self-conscious about communicating affects that reflects an investment in intimate and social relationships.

Affectivity must include some or all of these elements; its function is to help us fathom ourselves by means of reexperiencing how we feel. The movement from identifying to processing and then to expressing affects is a common, predictable sequence. It is conceivable, however, that affects can be identified without being processed or expressed, and that affects might even be processed and expressed without being identified. In making a differentiation between basic and more complex forms of affects, my emphasis is on the latter, because these forms have not been well addressed in the literature on emotions, and they help us to make sense of affectivity as contending with the impact of a representational world on affective experience. The enumeration of the elements of affectivity is designed to render the concept of affectivity to be suitable for further investigation, as research will permit a closer look into interactions among them. Given that the main focus in this article is clinical, let us now turn to case material in order to have a more textured portrait of affectivity.

Affects and Affectivity in the Clinical Realm

In this section, I introduce various clinical moments in which affects make an appearance and affectivity is at stake. I want to provide enough detail to get a sense of the patients, but I stop short of presenting the cases in detail and do not engage significantly with issues around diagnosis and character type. I shall begin with a distinction between moments in which either strong or aporetic feelings are in the foreground. By *strong* feelings, I have in mind feelings that are experienced intensely; such feelings often, but not necessarily, will have the attributes of vibrancy and clarity (it is possible to have strong feelings that lack such determination). There is an overlap between what I am terming strong feelings and basic emotions; yet as we will see, strong feelings are more complicated than they initially seem. A distinction can be discerned within strong feelings: between those feelings that are characteristic of the patient in question (and frequently recur) and those that seem unusual (and perhaps are aberrant). *Aporetic* feelings are when patients know they feel something but do not know what they feel. Aporetic feelings can be conceived as the opposite of strong feelings. Yet they are not weak or insignificant feelings; they are feelings that tend to lack the attributes of vibrancy and clarity. Aporetic feelings come in at least two varieties: feelings that are unformulated, experienced as vague, and feelings that are conflicted or contradictory, experienced as confusing.

In delineating these four kinds of moments, my intention is to offer a phenomenological description of different ways in which affects are encountered (and how patients and therapists might respond to them). They are not meant to be exhaustive as categories. These kinds of moments occur regularly, so I hope they will have a familiar feel to clinicians. Another qualification: In dealing with affects insofar as they are in the foreground, I am not, of course, making the rather improbable assumption that at other times no affects exist between the therapist and the patient. Nor am I ignoring background affects, which will emerge as a crucial aspect of both strong and aporetic (unformulated and conflicted) feelings.

Strong feelings offer a good opportunity to get to know a patient. Some patients are able to convey strong feelings easily and naturally; others take time; and still others remain reserved and repressed for a long time, if not throughout the treatment. It will happen that a therapist's response to the apparent strong feelings of a patient is to sense that there is something inauthentic about them. Some strong feelings frequently occur with a patient, and other ones will be rare and seem to give the patient trouble. It is appropriate and helpful for the therapist to respond to strong feelings with empathy and containment. I am supposing, therefore, that strong feelings, however ego-syntonic, have the potential to be domineering and thus represent a challenge to our capacity for affect regulation. This is not necessarily a bad thing; some space ought to be reserved for unrestrained indulgence in feelings—not all feelings are in need of regulation. Nevertheless, we ought to appreciate that strong feelings are often experienced as overwhelming, hence, the plausibility of making therapeutic interventions that aim to be generous and understanding.

Two examples of strong feelings follow. One day, a middle-aged male patient, Mr. A, walked into my office, sat down, and almost immediately started to weep. Mr. A has mood swings and can be animated and agitated, but he is more typically low-key and even resigned. Recently he has been battling against depression. My first thought was that his mother, who is quite elderly and not in good health, had died. But Mr. A spoke through tears to tell me that a cousin of his had died. The cousin was 50 years old and left a husband and two children. Apparently, the cousin had had breast cancer for some time. Mr. A had not seen his cousin for 10 years or so and readily acknowledged that they were

not close. I invited Mr. A to recall memories of his cousin as a person, and he complied with a sad tale of how his cousin had been alienated both from one of her siblings and from her mother, Mr. A's maternal aunt. Mr. A noted that his wife had been surprised by the strength of his own reaction, and Mr. A himself could not make much sense of the vehemence of his grief. My first responses were aimed more to comfort Mr. A rather than explore the disparity between what he actually felt and what one imagines he would be likely to feel. His reaction was to become calmer and to begin to wonder why he had reacted in the way he did. Mr. A started from the fact that although he did not know his cousin well, he did feel close to her mother (his aunt). Moreover, Mr. A made an association from his cousin to his own mother (his father had died about a year ago, and, as I mentioned, his mother's health was fragile). Finally, Mr. A, who was a bit older than his cousin, reflected on a recent health crisis he had had. So, Mr. A's attachment to his aunt and his own mother as well as his self-love were evoked with the sad news of his cousin's death. On a deeper level, Mr. A's effusive and intense emotional response must be understood in terms of his sadness and despair.

This brief vignette of strong feelings reveals a case in which the patient knows what he feels and has no trouble in identifying it. It is fair to say that his foreground feelings of grief were intensified by background feelings of anxiety, dread, and depression. While Mr. A was under the sway of his strong feelings, it was not feasible to explore the range of his affective experience, and my role as a container facilitated the process of modulating his affect. He was curious about why he felt the way he did, and he was able to take the lead in exploring his reaction. Mr. A's sense of being perplexed by his feelings became mixed with his state of strong feelings, an illustration of the reality that clear and unclear feelings can intermingle. Over the course of the session, Mr. A decided that in spite of some potential awkwardness in the family, he wanted to attend his cousin's funeral. His expression of grief thus had an external aspect (actually attending the funeral) as well as an internal one (dealing with his feelings about his aunt, his mother, and himself).

My second example of strong feelings concerns a patient, Ms. B, a thirty-something woman, who exhibited an uncharacteristic affect. It is unusual for Ms. B to say that she is angry, and on occasions when she does, she often uses the expression "I was a little bit angry." One day, Ms. B began the session with an unpleasant incident that had just happened at work: An editor had insisted on replacing terminology that she had deliberately and carefully chosen to use in a report she had authored. Ms. B said she was angry with the editor, especially because in their conversation she had taken care to document support for the use of the terminology, and planned to bring the matter up with her boss. (It is interesting to note that although I had the sense that she was more angry than usual, her voice did not sound particularly angry.) Rather than focus on her anger, we spent time trying to anticipate what Ms. B would say to her boss and how she would interact.

Discussion of the incident drew to a close naturally, and Ms. B changed the topic to dating and then recalled a dream. The content of the dream would take us too far afield to report, but a key part had to do with her relationship to her mother. Ms. B's mother was loving, indulgent, and readily available (especially after her parents divorced when she was 5), but she also could be quite intrusive. As we interpreted the dream, I had a flashing thought that I did not articulate: that perhaps Ms. B's anger at the editor had to do with how different an experience it was from her relationship with her mother. Ms. B was affronted by the audacity of the editor for disagreeing with her, but she was equally distressed that the editor failed to extend herself to try to placate her. This connection was not made in the session, and it dawned on me afterward that I had responded to Ms. B in

a way that was too concrete. We did have the opportunity to return to Ms. B's anger in the next session after she had spoken with her boss.

As with my first example, Ms. B had no trouble identifying what she was feeling. With the wisdom of hindsight, it was apparent that I missed the chance to connect her current experience with her past history. Perhaps there was a transference aspect to her anger that was also not addressed. Ms. B's discomfort with anger should have been a tip to stay with this experience. Ms. B's history of being excessively close to her mother meant that no space was accorded for her needs of separation and individuation. The second case follows the first insofar as we see that a live affective experience carries with it the influence of past feelings. Ms. B is quite open to thinking in this psychological way, and overall in the treatment, she has been able to feel more comfortable spending time with her mother after having opted to distance herself for much of her adult life. Ms. B's anger remained as an issue, though, especially concerning its outward expression. She also continued to experience unintegrated aggressive fantasies and daydreams that were divorced from her own sense of agency.

Let us turn now to discuss the two kinds of aporetic feelings. Such feelings are distinctly not like basic emotions; indeed, they represent a type of affective experience that has not been studied empirically as far as I am aware. Aporitic feelings are distinctive, precisely because they bear signs of the unconscious, although as we have seen, it is not as if the unconscious does not exist behind strong feelings. Aporitic feelings can be difficult for a therapist to contend with, and it is easy for well-intentioned interventions to miss the mark. The first kind of aporetic feelings I shall discuss is found in unformulated feelings, where there is a global and diffuse sense that interferes with the patient's ability to talk about how he or she feels.

One such example of unformulated feelings is of a patient, Ms. C, a forty-something woman who had lost two jobs in two years and was busily and nervously pursuing new employment. As she described job interviews, she had the sensation of feeling as if her head was "full of sand," as if she were fighting to be alert but feeling too dazed to concentrate. This was accompanied by a negatively tinged idea—that senior male executives ("the top dogs") would find something in her application to be inadequate and expose her as a charlatan (even though the reality was that she was highly accomplished). Ms. C's overall sense was that what this represented, over and beyond being a negative cognition, was that she was unstable. It was hard for Ms. C to make sense of this experience, and my attempts to name the affect and, in general, to try to open things up were met with polite but adamant rejection. Ms. C could see, for example, that her reaction to male authority might reproduce old feelings about her intimidating father (whose career, interestingly, had its own vicissitudes). However, this connection did not do much in terms of furthering insight. I also ventured a link to her brother, who had been physically abusive to her in childhood (with impunity), although I told her that I was not sure why I had this thought. Ms. C tensed up and then started to cry, or, to be more precise, tried to restrain herself from crying. Her experience while interviewing reminded her of helpless feelings in relation to her brother, which she had recounted many times. The irrationality of the fear of being harmed during a job interview made it difficult for Ms. C to identify what she felt. The obscurity of her association suggests a glimpse into the realm of unconscious fantasy. The issue of sibling abuse remained a central focus in therapy that popped up repeatedly and unexpectedly.

Ms. C's aporetic feelings reflect unformulated experience, in this case, the painful memory—or, really, trauma—of having been treated in a hostile and brutal way by her brother and of having had no intervention from her parents (who were otherwise decent

and supportive). It is interesting to look at my response, which was offered tentatively, and which elicited an outpouring of affect, despite the patient's wish to contain it. I managed to hit the target, but I can hardly take credit for making a strategically astute and heroic intervention. I was struggling to make sense of the moment, I tried out a hunch, and it turned out that I was lucky. Even so, I do not want to trivialize our interaction by making it seem arbitrary. As I see it, my (honest) sense of not knowing mirrored her experience, and it provided (and affirmed the value of) a safe environment for her sense of not knowing to persist. The recognition of her trauma in no way means that it was overcome. Ms. C's outpouring of affect meant that we would be able to work on her allowing herself to express affects outwardly. However, her situation was not one in which expressing herself to her brother (or mother) would have been fruitful, so this is an instance of the therapeutic realm functioning in a complicated way as both an inward and an outward expression of affects. The expression was inward in comparison to telling others directly how she felt; the expression was outward in that it took place in the company of her therapist.

The second kind of aporetic feelings is conflicted ones. An example is of a young male patient, Mr. D, who had just received news of having secured tenure. The tenure process was protracted and rather torturous (even compared with other tenure cases). Mr. D's experience of his success did not bring unambiguous feelings of joy. Indeed, I do not think that Mr. D is so unusual in this regard; it is not uncommon that good news, like bad news, initially produces an effect of paralysis rather than the predictable kinds of affect. First of all, Mr. D was as relieved and drained as he was happy. Second, Mr. D was filled with resentment toward a colleague who had been lukewarm and unsupportive and whom he feared really opposed him. His resentment passed over to hate as he produced aggressive fantasies about how he might insult the colleague.

Mr. D's affective presentation ranged across the spectrum from positive to negative, and my impression of him at that moment was that he was like a child who could not calm himself down. My attempts to be consoling were rebuffed; my stepping back was attacked as evidence that I was allowing him to suffer without being willing to help. Both of Mr. D's parents were hard-driving professionals who had groomed him for the early success that he was "enjoying" (or not quite). It seemed to me that Mr. D's ambivalence was rooted in his actual, current experience but also in his developmental history of being an only child of very demanding parents. Mr. D could not say what he felt; over time, we made some progress in disambiguating the various affects that were surfacing.

Mr. D's conflictual affects were in response to a real event. Yet this event corresponded to an internal conflict within him: of wanting to please his parents and sharing their standards of success, but of resenting the pressure and even suspecting that they had their own interests rather than his best interests at heart. I did not expect him to delight in joy; at the same time, I was taken aback by the vehemence of his expression of fury at his colleague. His demonstrative expression of affect in the session was helpful, as his venting allowed him to sort through his true, gut feelings and how he planned to conduct himself around the colleague. It was apparent to Mr. D that however gratifying it might be to imagine such a verbal assault, there would be a downside in terms of the effect on life in the department and how it would play out with other colleagues. It was equally clear that Mr. D's struggle to feel good marked a conflict in his life that we were only in an early stage of starting to address.

So far, I have considered two examples within the respective categories of strong and aporetic feelings. The first case, Mr. A, is of strong feelings of grief about a cousin's death set against a familiar background of anxiety, dread, and depression concerning his aunt,

his mother, and himself. The second case, Ms. B, is of strong feelings of anger set against an unfamiliar background, where the patient was not encouraged to express this affect in her relationship with her mother. The third case, Ms. C, is of aporetic feelings, where the patient feels strangely and has difficulty figuring out her reaction during job interviews, which leads us to reflect on her abuse at the hands of an older brother. The fourth case, Mr. D, is of aporetic feelings where the patient feels conflicted about his successful tenure decision—joy and relief, but also resentment and fury, the latter of which reproduce childhood feelings in reaction to his demanding parents.

All of these quite different examples illustrate that there are affects behind affects. In each of the examples, affects turn out to have links to the patients' representational worlds, that is, their past affective life, especially family (parental and sibling) relationships. There is no surprise here in that a premise of psychoanalysis and attachment theory is that developmental history shines through later experience. Yet what is striking is to witness how fluid and elusive affects are and how easy it is not to factor that into how we think about affectivity.⁴ The reality is that self-deception is always a ready option in our affective lives. The fallibility of memory and character defenses serve to make us unaware of how past history is entangled in our immediate emotional responses. The task in affectivity, we might conclude, is to overcome such resistance. No one should underestimate how challenging this is, and my examples are not meant to imply that affectivity is accomplished in a single session or even a few sessions.

I would like to be precise here about what I am saying and what I am not saying in the claim that there are affects behind affects. It would be absurd to claim that live affective experience does not exist in and of itself. My point, however, is that current affective experience is often altered and can be strongly determined by the internalized past. Furthermore, the present can serve as a stimulus for investigating the past, which then translates into acquiring a more profound sense of the present. In everyday life, there is not enough time to ponder the implications of the internalized past on the present, but this should not mislead us to conclude that the past does not reside in the present. If one is seeking self-understanding through one's affective experience, it becomes a priority to understand the echoes of the past.

Affectivity is the concept that captures the investment in finding meaning through mediating affective experience in self-reflection. Affectivity, no doubt, is predicated upon an ideal, wherein one has familiarity as well as a sense of comfort with one's own internal life, as far as this is possible. Correspondingly, affectivity contributes to the further differentiation of one's internal life. Affectivity depends on an agent who is high in reflective functioning and who has cultivated the capacity to observe oneself as one anticipates, remains within, or recaptures affective states (through memory). Affectivity depends on cognition, but in a way that does not mean that cognition rules over affective experience. As clinicians and patients recognize, there is a profound difference between moments of abstract self-understanding and moments of insight whereby affective experience is alive in the room.

Acquiring a more complex understanding of one's own affective experience fosters self-understanding. Often this will mean that affects are rendered into new or subtler shapes; yet, as I have emphasized, it does not necessarily entail that affects are transformed in nature. Affectivity can direct us to appreciate new meanings in old affects and,

⁴ Freud (1900/1953) deserves credit for observing how fluid and mobile affects are in attaching themselves to other mental states.

therefore, might not foster the creation of new or different affects. It is fair to claim that an aim of affectivity is to promote positive affect, but it is also fair to presume that it should help us to be able to tolerate and cope with negative affect. One of the most striking aspects of affectivity is that it underscores the value of reinterpreting, not just naming, altering, and acting on, one's affects. Affectivity enables us to be human—or, to put it in an ironic way, to become somewhat more human.

Psychoanalytic Background of Affectivity

Affectivity is a new, useful concept for psychoanalysis. Yet there are important precedents for the idea in the literature that ought to be recognized. In this section, I shall situate my concept of affectivity more explicitly with the background of psychoanalytic thinking about affects in mind.

Affects have had an ambivalent history in psychoanalysis. On the one hand, affects were given sporadic attention because of the concern that they might undermine the primacy of drive theory. On the other hand, there has always been widespread consensus that affects provide the working material of clinical work. Insofar as affects could be tied to drives, they were naturally incorporated in psychoanalytic theory. Yet affect regulation was not a primary concern. The concept of affect regulation was introduced to psychoanalysis from developmental perspectives that focus on the caregiver's role of regulating affects, a role that ultimately becomes internalized by the infant as the sense of self emerges. The object relations theories of Klein, Bion, and Winnicott, though distinct, presume that the caregiver's understanding of affects, especially negative affects, promotes the capacity for the infant to understand him- or herself. Both object relations and attachment theory use affect regulation to characterize and contrast a healthy kind of self to a pathological kind of self that lacks good regulation (dysregulation). Although affects are obviously constitutive of how selves relate to objects, in object relations theory as well as in attachment theory, affects play such a prominent role that, ironically, they have been neglected in terms of studying what they are in and of themselves.

The notion that psychoanalysis only recently has adopted the concept of affect regulation needs to be qualified. *Regulation* is not unknown as a psychoanalytic term: It has been used in a more general sense, for example, to refer to the regulation of primary and secondary processes. (Hartmann, 1939/1958, 1964, uses *regulation* in this way and also suggests that it is a function of the ego; he does not see affects themselves as regulators.) It might be helpful, therefore, to say a bit more about the history of psychoanalytic thinking about affects in relation to affect regulation.

Freud's (1895/1955) original ideas about affects, as negative discharges, were not amenable to the concept of affect regulation. In *The Interpretation of Dreams* (Freud, 1900/1953), he expresses doubt about the possibility of being able to modulate affective experience. Even when Freud (1915/1957) postulates that affects are, in Rapaport's (1953/1967) words, a "safety valve," he is imagining an automatic process, rather than one that can be voluntary. Beginning with Freud's (1926/1961) notion that affects could serve as signals, however, we can trace an implicit recognition of regulation. More specifically, one could argue that anxiety is a prompt that regulation is required. Signal affects, rather than being immediately expressed, are affects that have undergone modulation. Ego psychologists developed this further by adopting the language of "taming" or "handling" affects as a way to characterize the ego's potential to limit expression (Fenichel, 1941/

1953; Jacobson, 1953/1971; Rapaport, 1953/1967). Rado's (1969) suggestion that an affect can be a "regulatory signal" is relevant although not well developed.

The language of handling affects comes closest to anticipating affect regulation. This is particularly true in the way that the notion of handling affects has been developed by Krystal (1975/1988), who stresses the value of tolerating (especially negative) affects. The language of taming affects is more problematic, as it seems to smuggle in the assumption that affects—like wild animals—are dangerous. Fenichel's (1941/1953) use of taming, though, is complex, as it is intended to have the connotation of ego mastery. Moreover, Fenichel explicates such ego mastery in a way that approximates affectivity: Not only does it allow us to contend with "outbursts of affect belatedly, but [it] proceeds to anticipate them, to create them, and to make use of them, when necessary" (Fenichel, 1941/1953, p. 226). Jacobson (1953/1971) follows Fenichel in spelling out the notion explicitly that affects potentially serve a healthy and valuable purpose in human life. Ego psychology provides a helpful background for affectivity in that it posits a mature, observing ego that fathoms affective experience (see, e.g., Klein, 1976). Its attention to the role of the superego in affect regulation is illuminating to recall and ponder.⁵

It is especially those thinkers who sought to overcome the apparent either-or of ego psychology and object relations theory who have taken steps in the direction of the concept of affectivity. Edith Jacobson's (1953/1971) work is extremely insightful in terms of its focus on the superego, which has "a modulating effect on emotional expression in general" (p. 77). According to Jacobson (1964), the superego is "less concerned with external success or failure than with the degree of inner harmony or discordance between its moral codes and ego manifestations" (p. 132). Here it is possible to glimpse how the role of the superego coincides with reflective function. Jacobson also specifically links the superego to regulation: The superego "accomplishes . . . a central regulation of narcissistic and object cathexes and promotes the stability of both" (Jacobson, 1964, pp. 132–133). The superego, as the "central, regulating power" (p. 133), bears responsibility for self-esteem. The superego is now almost a lost concept in psychoanalysis—especially the sense in which the superego can be a positive source of gratification. Jacobson's emphasis on the role of the superego in terms of the regulation of the ego is fascinating: It is a reminder that regulation is affected by values, and values are never completely determined by oneself.

Other thinkers who have anticipated the concept of affectivity are Loewald, Sandler, and Kernberg. Loewald's interest in the temporal dimension of psychic structure led him to postulate that a crucial role of the superego is to imagine ideals for ourselves and that, thus, it presides over the dimension of the future. This perspective lends insight into how mentalized affectivity is not just about retrospective self-understanding but concerns hypothetical understanding that points to the future. As Loewald (1962/1980a) stated,

Only insofar as we are ahead of ourselves, insofar as we recognize potentialities in ourselves, which represent more than we are at present and from which we look back at ourselves as we are at present, can we be said to have a conscience. The voice of conscience speaks to us as the mouthpiece of the superego from the point of view of the inner future which we envision. (p. 273)

⁵ Here I wish to note that my argument is offered not in the name of restoring the structural model but to emphasize that the ascendancy of the concept of the self in psychoanalysis has resulted in diminished attention to some of the key functions attributed to the superego.

Although Loewald (1973/1980b) does not pay much attention to affects *per se*, the superego is formed through the internalization of the affective bond between children and parents. Moreover, Loewald's (1988) perspective on sublimation, which highlights the unification of primary and secondary processes, is a useful model of how affectivity relies on cognition in a way that is inclusive of affects, rather than replacing them.

Sandler's idea of the representational world is an important backdrop to Fonagy's concept of mentalization, as I have already noted, precisely because it highlights the affective dimension (Joffe & Sandler, 1968/1987; Sandler & Rosenblatt, 1962/1987). According to Sandler, representations are affectively tinged and are determined by unconscious wishes and the imagination; they are not simply reproductions of interactions in the external environment. He emphasizes the link between affects and objects. Affects are crucial for self-representations as well as object representations. Indeed, Sandler regards affects as the regulators of the mental realm in its totality, insofar as they provide stability, convey information, and assess significance and value (Stein, 1990). Although Sandler remains committed to the language of the structural model, he avoids the psychoanalytic tendency of valorizing the internal in a way that minimizes perception of the external. Like Jacobson and Loewald, Sandler stresses a positive side to the superego, which he sees in terms of supplying a sense of being loved and of well-being. In particular, Sandler's (1960/1987) notion of "eupathy," the feeling of mental comfort and well-being that corresponds to the ideal self, captures the prospective dimension of affectivity.

Kernberg's views coincide with Sandler's in a number of respects. Kernberg has elected to focus attention on affects in many of his writings, and he also accords affects a fundamental role in linking self and object (Kernberg, 1976).⁶ Kernberg (1990) proposes that affects are more primary than drives, a point anticipated by Sandler. Yet Kernberg's perspective on affects is also original. His distinction between primitive and derived affects is quite helpful in terms of sorting out in what way some affects can be dangerous and others socially useful. Indeed, Kernberg is determined not to let psychoanalysis forsake Freud's concern with aggression—a contrast to Sandler, who was more interested in libido and safety as motivations. Another valuable contribution of Kernberg's is his description of the symbolic function of affects, which amplifies the notion of "signal affects" and is particularly relevant to the claim that affectivity functions to imbue life with enhanced meaning.⁷ In sum, affectivity furthers a trajectory established by thinkers such as Jacobson, Loewald, Sandler, and Kernberg; it thereby occupies a place in psychoanalytic theory that is not entirely new, even if there has been no such term.

There is, I would argue, already an implicit, burgeoning recognition of the need for the concept of affectivity. Every psychoanalytic perspective appreciates that affects are the basic working stuff of treatment, and that what changes over the course of a successful treatment is precisely the patient's relation to his or her own affects. No psychoanalytic orientation would dispute that this is accomplished by means of examining and modifying the impact of the representational world on current affective experience. Psychoanalytic thinking has moved in the direction of conceptualizing the aim of treatment in terms of improved affect regulation; making room for a concept like affectivity adds clarification and precision. The concept fills a need that already has been established.

⁶ Brierley (1937/1951) was the first psychoanalytic theorist to stress the link between affects and objects.

⁷ Green (1999) discusses the idea of affects as bearers of meaning and as symbols, as do Bucci (1997) and Lecours and Bouchard (1997); also see Freedman's (1998) work on symbolization and articles in the *Festschrift* in his honor (Lasky, 2002).

Conclusion

Throughout this article, I have argued that affectivity represents a sophisticated kind of affect regulation in which affects are not just adjusted but revalued. This claim allows us to clarify one aspect of affect regulation, but it also leads us to entertain larger, proliferating questions about affect regulation. Indeed, *affect regulation* is a term that has been used in a number of different senses, and not enough attention has been paid to its meaning and various connotations. As a culmination to this article, I would like to articulate future questions that must be addressed in order to make affect regulation a clearer and more viable concept.

There is a fundamental difference between psychologists who construe regulation in terms of the limiting of negative affect and socialization, and psychoanalytic theorists who include both positive and negative affect and, significantly, affirm the value of tolerating negative affect and are wary of linking the concept to socialization. Valuing the capacity to accept and understand negative affects sets psychoanalysis off from other modalities of treatment as well as from other research models on emotions. Moreover, the stakes are larger in the way psychoanalysis and attachment theory construe regulation: The object of regulation is not simply the affect/emotion but ultimately the self (Fonagy et al., 2002).

At present, affect regulation threatens to obscure as much as it illuminates as a concept. Given the growing emphasis on empirical research in psychoanalytic psychology these days, we ought to be especially wary of such conceptual confusion. It is the quality of research that really matters, and the quality of research necessarily depends on careful definition of theoretical terms (Kukla, 2001). My aim in this context is not to undertake a full reappraisal of affect regulation; it is limited to sketching out the complexity of the concept.

Perhaps the largest issue concerning affect regulation is the breadth of the concept. How is it possible that the concept is used to describe both an automatic mechanism, closely tied to homeostasis, and a sophisticated capacity like affectivity that presumably is subject to conscious control? Evidence from neuroscience links affect regulation to automatic functioning that sustains the organism's equilibrium (Damasio, 1994, 1998; Hofer, 1984, 1990; LeDoux, 1996, 2002; Schore, 1994, 2003a, 2003b). On this level, affect regulation is equivalent to homeostasis and occurs largely outside of conscious awareness. Regulation prompts us to alter a state and also to act expeditiously in circumstances where this is necessary, such as extreme situations in which there is danger and survival might be at stake. Emotions are not just the object of regulation; they serve as regulators of the continuous process of life maintenance. It is crucial to be able to differentiate between what is and what is not under our control, and we ought to be especially wary of mistakenly presuming that it is possible to alter our affective experience where that is not the case.

This brings us to another question. In what sense is it really the case that we are able to regulate our affects—especially in light of how common it is for us to fail to do so at the heat of the moment? Indeed, how is it possible to reconcile affect regulation with the finding of affects behind affects? How is it possible to defend affect regulation in light of the realm of unconscious fantasy? Along these lines, we might also wonder how to integrate the language of affect regulation, which is usually described in terms of excess (too much or too little) or moderation (the right amount), with the rich and established psychoanalytic language about defenses. Psychoanalysts such as Green (1999) stress that not all affects are representable, a view that is opposed by Krystal (1975/1988) and Schafer (1976). The weight of neuroscientific evidence seems to support Green's position,

although there remains the contrast between the psychoanalytic unconscious and the neuroscientific unconscious. Unconscious fantasy might interfere with the application of affect regulation in everyday life, but my conception of affectivity is designed to seek to account for hidden and unformulated affective experience. The issue of tackling the role of defenses in relation to affect regulation awaits investigation. Blatt and Blass (1996) have shown why a deeper understanding of character styles and defenses is a necessary supplement to variations in the capacity for affect regulation.

Another largely unexplored area of investigation concerning affect regulation is determining how culture and values pertain to the concept. Standards of regulation likely differ—for example, in some cultures, the judicious, appropriate, and ideal response to a slight might be to brandish a sword, whereas people in other cultures might evaluate such an action as a failure of regulation. It is shocking to realize the dearth of attention to this issue. Issues around culture and gender as well are particularly pressing for understanding affect regulation beyond the realm of homeostasis and especially for affectivity.

A final issue to address about affect regulation is how it evolves developmentally: How does it differ or remain the same from children to adolescents to adults? Are there distinct stages at which new kinds of affect regulation occur? When does it become possible for someone to be capable of affectivity? A crucial, related issue, of course, is to what extent and how treatment can inculcate affectivity. It is a hedge against the reductionism that early life determines later identity to seek to study stages of affect regulation throughout life. To summarize, I have investigated one crucial aspect of affect regulation, affectivity, but a full evaluation of affect regulation will require clarification concerning its different levels, its relation to the unconscious and defenses, its limits as a universal term, and its stages across the life span.

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