Section 11 - 25 Axioms Every Mental Health Professional Must Understand

Introduction:
1 – This is a list of 25 topics and corollaries that I think are particularly useful for a mental health professional in their everyday clinical work. Additionally, I am highlighting topics many of which can be explored at greater length in other areas of "Minnick's Klein Academy" – MKA for short. References to those additional readings will be made at the end of some of the Axioms.

[Note: I think it is fair to say that I learned most of these axioms either from reading the works of Melanie Klein and her students and colleagues, or from Dr. Albert Mason. I owe a debt of gratitude to all of them.]

2 – I have arbitrarily divided the Axioms into 7 broad categories following a rather loosely organized developmental sequence from infancy to adolescence. The 7 major headings are:

– Neuroscience, Early Psychological Development, and the Elaboration of Unconscious Phantasy [Axioms 1 – 3]

– Life Outside the Womb, Mental Pain, and Coping/Defensive Maneuvers [Axioms 4 – 8]

– Core Emotions in the Relationship to Mother in Infancy [Axiom 9]

– The Role of Destructive States of Mind in Development [Axioms 10 – 13]

– Adolescence, Development, and the Baby Core of the Personality [Axioms 14 – 15]

– Marriage and the Baby Core of the Personality [Axioms 16 – 20]

– Being a Therapist and Doing Therapy [Axioms 21 – 25]

3 – There is purposeful repetition of many of the ideas in this seminar in the hope the repetition will clarify and connect ideas and cement the readers understanding of them.

Neuroscience, Early Psychological Development, and The Elaboration of Unconscious Phantasy

[Note: My main premise here is that "neuroscience" provides a "neurophysiological" explanation for what Melanie Klein saw and intuited from her clinical experience with infants and very small children.

Axiom #1 – The Amygdala is the Infant's First Memory System and the Location of the "Baby Core":

– Arguably the most important concept that neuroscience has to offer psychoanalysis is that the "amygdala" is the primary memory storage area of the brain for the first two years of life. In effect, it seems to be the source of what can be referred to as the "baby core" of the personality. Its two most important characteristics are that it: (1) stores "memories as feelings", rather than concepts or ideas; and (2) these "emotional memories" cannot be recalled through "conscious introspection". They can, however, be "relived" in the outside world, thus forming the foundation of the "repetition compulsion" [See Corollary 3].

Corollary 1: The amygdala is at the heart of "mental health and illness", as the primary location of the "baby core" of the personality, thus making an understanding of its significance invaluable.

– Most mental health professionals recognize that very early life experiences seem to disproportionately set the stage for such things as (1) a person's attitudes about his or her life, 2) approaches to the management of emotions and stress, (3) ways of experiencing others and relating to them, etc.

Interestingly, these earliest attitudes about life and coping strategies often seem to be all that is left at the end of life, in old age, as one increasingly faces the reality of one's ultimate mortality.

– To put it in summary form, the "baby core" of the personality dominates in infancy, resurges to the forefront at puberty and into early and mid-adolescence, and seems to be all that is left for many in old age. We have all had patients for whom infancy was difficult and traumatic, and who seemed to "constitutionally" bring coping strategies that did not lend themselves to evolution and modification in later childhood. They often seem unable and/or unwilling to change to any significant degree, even with the aid of the insights that their therapy experiences offer them.

– The punchline is that it behooves all therapists to recognize and develop models for conceptualizing the "creation" and "operation" of the "baby core" of their patient's personality. It may rule even with understanding, but it will surely dominate if not recognized for its infantile origin and nature!

Corollary 2: If "memories as feelings", stored in the amygdala, are the "origin" of the "baby core" of the personality, then I find it extremely useful to picture these "memories as feelings" as being stored as a "PAIRED RELATIONSHIP" between a "part of self" and a "primitive version of mom or dad". This is probably originally at a "part object level" (i.e. consisting of a "bodily part" of mom or dad, performing some "function" as in, for example, the "feeding breast" or "toilet breast").

– It is helpful to think of the emotions connected with this "paired relationship" as a very primitive precursor to what will be later referred to as "UNCONSCIOUS PHANTASY". This pairing will be "externalized" and "recreated" throughout the lifespan, whenever the opportunity arises.

– The "parent" half of these "paired relationships", i.e. a primitive version of mom and/or dad, represent what is referred to in psychoanalytic literature as the "super-ego". The negative versions of mom or dad become what can be referred to as a "harsh super-ego".

The positive versions of mom or dad can grow to become, over the course of childhood, "inspirational" figures. This means that the more restrictive "early super-ego" can be "grown" in the course of childhood into a more mature version that is predominantly positive, and that one "aspires" to be like, thus becoming what Donald Meltzer refers to as the "SUPER-EGO IDEAL".

Corollary 3: Because these primitive memories as feelings are stored as the link to a "relationship between self and object", and because they cannot be "consciously recalled", only relived in a relationship, these two facts are at the heart of the "repetition compulsion" and its therapeutic sibling, the "transference". In essence, if a person can only recreate these internal paired relationships in the outside world, then the outside world is the only place in which these stored "memories as feelings" can be brought into awareness, as they are being "externalized and recreated" with someone in the here and now.

– This is at the root of Bion's idea that "true psychological development and change" only takes place in the context of an "intimate relationship". In other words, an "intimate relationship" is one in which the "baby core" of both individual's "inner worlds" is engaged. This means that "casual" and "contractual" relationships are unlikely to "evoke the baby core" in a manner that has a high likelihood of opportunity for recognition and change of a "baby" pattern of "viewing and relating to the world".

Thus the "baby core" is most commonly engaged in: (1) a relationship to parents and siblings, (2) dating and marital relationships, and (3) therapy conducted to maximize the opportunity for its operation and recognition (i.e. analytically oriented therapy). It need not ever be engaged with acquaintances (i.e." casual" relationships) and workplace interactions (i.e. "contractual" relationships).

Corollary 4: Because the "amygdala" level "memories as feelings" cannot be consciously recollected, but can be "relived", it becomes an ironic fact that to "access" these "primitive relationships" one must recreate them with another person of emotional significance. This leads to an explanation of Bion's idea that true structural "PSYCHIC CHANGE" is most likely to occur only in the context of an "intimate relationship", not intimate in a "sexual sense" but intimate in an "emotional sense".

– The "most primitive versions" of these stored emotional states (i.e. from the first hours, days and weeks of infancy) seem to remain only accessible through recreation in the outside world as a very "primitive" object relationship (i.e. the "repetition compulsion"). Because these states of mind, as emotional reactions, are so early, vague and yet global, and because they are so "beyond verbal thought and abstraction", it is an absolute necessity to have "models" for these very "primitive" experiences, or they will never be recognized and understood. It is inconceivable that one can do this without working with a therapist who has been trained to recognize such primitive states of mind.

Corollary 5: It may well turn out to be that it is at this level of the amygdala that the "most primitive psychological maneuvers" operate. I have particularly in mind "denial", "introjective processes", and "projective processes". This idea would contribute to an understanding of why these processes can occur completely outside of conscious awareness, even in an individual whose mental functioning is both reasonable and realistic in most areas of life.

Corollary 6: It has to be that the "memories stored as feelings", at the level of the amygdala, are very much connected to what is "evoked" by later traumatic experiences, as now seen so commonly in our young adults suffering from "post-traumatic stress disorder", after serving in military combat situations.

Even though medications and behavioral maneuvers are successful in alleviating the symptoms in some individuals, it is worth noting that for some, it probably must also require an understanding of very primitive experiences, left over from infancy, which were never recognized, abstracted out as an issue, and understood at a more logical, cognitive level.

Axiom #2 – The Hippocampus is the Second Memory System, Only Fully Operative After Age Two:

– The "hippocampus" is at the heart of a "more elaborated and sophisticated memory storage system" that only comes online around the end of the second year of life. It (1) increasingly takes over for the amygdala, (2) can make use of "verbal thought" because language became operative in the middle of the first year as a more advanced method of communication, (3) enhances the development of the use of "symbols" and "symbolic thought", and (4) makes more elaborate connections to other areas of the cerebral cortex, perhaps most importantly for emotional development, the "frontal lobes".

Corollary 1: It is very likely that it is at this level of the "hippocampal memory system" that "unconscious phantasies" become more elaborated and achieve their ultimate form, suitable for expression in "dream life" and "verbalized symbolic expression".

– This might help explain why "primitive versions of unconscious phantasies" that were stored in the "amygdala" (i.e. as "memories as feelings") in the first two years of life, and which could only be "relived" but not "thought" about, can later, when "elaborated at the level of the hippocampus" not only be relived and re-experienced, but there is now the added possibility of giving a more "elaborate meaning" to a stored "memory as a feeling".

– Thus the original "primitive memory" can be expanded, making it possible to contemplate and create an answer to such questions as "who" is doing "what", to "whom", and "why" are they doing it. It is very likely that each "unconscious phantasy" has a very "primitive" interaction at its foundation, left over from very early infancy.

Put in other words, the "primitive paired relationship" between a "part of self" and a version of "mom" or "dad", stored at the level of the amygdala, probably gets "reworked" later in early childhood to become storable at the level of the "hippocampus", with a more "elaborated meaning" given to it. Thus the earliest "unthinkable" primitive relationship moves into the realm of a potentially "thinkable" and "dream-able" state of mind. It has been given a more sophisticated "meaning" as to what the "part of self" and "version of mom or dad" are "DOING TO EACH OTHER" and "WHY THEY ARE DOING IT".

Corollary 2: It is therefore likely that the more "elaborated psychological defensive maneuvers", and I have in mind particularly Klein's "manic defenses", are operative at this level of mental functioning at an unconscious level, i.e the level of the "hippocampus".

This contrasts with very early infancy. While I cannot prove it, it seems logical to me that the earliest defensive maneuvers (i.e. "denial" and "evacuative/projective processes") are operational at the level of the "amygdala", and remain so throughout the lifespan at that level. This makes them among the "MOST UNCONSCIOUS" of mental maneuvers, along with the operations of primitive, "unconscious envy".

Corollary 3: It is fascinating to consider the implications of these two memory systems, one that is not "retrievable" via "conscious introspection", and one that is potentially "recallable".

– I have observed over my career, often to my own amazement, that a human being can be "projecting" massively, all over the place, and be "completely unaware of" and "oblivious" to that fact. Additionally, I have constantly observed people to be responding, "powerfully and destructively", to their own unconscious feelings of intense "unconscious envy", with absolutely "no awareness". This can at times be astonishing.

For example, I once had a brilliant university professor who consistently used obscure, highly sophisticated words to express himself, ones that I often did not recognize. After many months I finally inquired as to whether he was aware of this use of his vocabulary, and to my amazement, he was utterly unaware of it. He literally stopped doing it that day and never did it again over the ensuing years of treatment.

– These repeated experiences have led me to the conclusion that of all really important psychological issues, the two "most ubiquitous" and simultaneously "least available" to conscious awareness are (1) the operation of "PROJECTIVE PROCESSES" and (2) the vicissitudes of "UNCONSCIOUS ENVY". This fact is perhaps at least partially explained by their inception in early infancy, when the "amygdala" is the dominant memory system at the center of the "processing" and "management" of emotional states of mind.

Axiom #3 – The Frontal Lobes, as the Most Mature Integrator of Mental Life, Fully Mature in the Mid 20's:

– The most advanced parts of the brain, used for "reasoning" and "emotional judgment", are the "frontal lobes". Because they are not fully formed until the mid-twenties and beyond, the lack of sound judgement, so common in adolescents through their late teens and early twenties, can be partially explained by this brain development timetable.

While I do not believe in denying the need to "take responsibility" for one's actions, this fact of development does have significant implications for many areas of life including the criminal justice system, making life choices such as selecting a marital partner or a career, etc. Clearly the insurance industry recognizes this implicitly, if not explicitly, by putting drivers in a different risk class prior to the age of 25 years.

Summary of Neuroscience Implications: Brain "developmental timetables" have huge implications for human "coping mechanisms" used to manage mental pain. I find it helpful to consider the possibility that the most primitive, bodily linked, defensive maneuvers are "amygdala" based. These probably include

"DENIAL", "SPLITTING-AND-IDEALIZATION", and "SPLITTING-AND-PROJECTIVE IDENTIFICATION".

– The more "elaborated" and "sophisticated" "coping maneuvers" would be linked to the "hippocampal" memory system. These coping/defensive maneuvers would move beyond the "bodily linked" maneuvers to more "language based", elaborated "psychological defenses". I have particularly in mind the constellation of defensive postures that Klein referred to as "manic defenses" which are particularly aimed, in the broadest sense, at denying the "psychic reality" of events taking place in the unconscious inner world, which are leading to mental pains, particularly those pains linked to the "depressive position".

Life Outside the Womb, Mental Pain, and Coping/Defensive Maneuvers

Axiom #4 – The Life Instinct, Projective Processes, and the "Work" of Coping with Mental Pain:

– The essence of the "life instinct", and "life" itself, is "work". The foundation of that "work" is the "facing and modifying" of "mental pain", beginning in infancy. This is certainly an arbitrary set of definitions, taken from a psychoanalytic perspective, but very useful in thinking in broad brush strokes about a given individual's approach to their life and the implications of that approach. First we need some simple, useful, and clearly arbitrary definitions.

Definitions:

– "Life Instinct": For discussions sake, I will arbitrarily define the "life instinct" as a desire to be "alive", be "born" into the outside world, and have "relationships and experience" in that outside world. For this to dominate, the infant must essentially presume that the "pleasure" and "goodness" in life outweighs the "pain of life". Despite the simple words and concepts, that definition gives one a tremendous amount to contemplate. The idea of the "life instinct" may be easier to think about if we immediately contrast it with an arbitrary definition of the "death instinct".

– "Death Instinct": I find it particularly helpful to think of the "death instinct" as linked to the "hatred of mental pain", combined with a feeling that the "pain of being born and out in the world" is much worse than whatever "pleasure" or "goodness" is available there.

The result seems to be a desire to "return" to the relative peace and steadiness of being "unborn, back inside the womb", i.e. to return to being an "unborn, inside baby". This "hatred of mental pain" consequent to being born and out in the world immediately extends, in some infants, to a hatred of the "organs of perception" that allow one to be aware of mental pain. In addition, the emotions of "love" and "caring", that make one susceptible to most all of the emotional pains of life, are also viewed with "hatred and contempt". In effect, "love" is viewed as a "one way ticket" to vulnerability to the mental pains" of "disappointment, rejection, loss, etc."

Background Assumptions Regarding Mental Pain:

– Putting these two contrasting views of "life after birth" side by side, and arbitrarily ignoring the reality that these attitudes "may commence in the womb" before birth, we can come to the problem of quantifying how much "mental pain" an infant is experiencing, and how he or she responding to that experience.

Klein's sense of an infant's coping mechanisms suggested that "DENIAL", "SPLITTING-AND-IDEALIZATION", and "SPLITTING-AND-PROJECTIVE PROCESSES" were the primary things available to the baby in earliest infancy. Put in layman's terms, the infant could (1) ignore that something existed, i.e. use "denial"; (2) it could try to separate the "good" stuff from the "bad" stuff, i.e. "splitting-an-idealization"; and (3) then hold on to the "good", and try to get rid of the "bad" stuff via all "methods of evacuation" available to it (i.e. "cry", "spit up", "poop", "pee"," sneeze", "go to sleep", etc.).

– This suggests that we can create a "natural history" of the use of available maneuvers for "coping" with "emotional pain" in infancy. Furthermore, we can suggest that if that "mental pain" is not excessive or too constant, that these maneuvers will allow for "loving relationships" to still predominate.

– However, if the pain is "too continuous" or "severe in intensity", then these maneuvers (perhaps most particularly projective processes) will become preferred and used more massively, thus "interfering" with the development of "healthy loving relationships" to caregiving figures.

We could then think of these necessary and ordinary means for "coping" with life as having shifted into the realm of "defensive postures" that are "too extensively" used in "too extreme a manner" to allow for "ordinary development" to proceed.

Thus, when we see an adolescent or adult "excessively relying on projective processes", and "turning away" from relationships to parental figures, we can surmise that the infancy of that individual had more "emotional distress" than would allow for "ordinary loving object relationships" to be the foundation of the personality.

Background Assumptions Regarding Defensive Maneuvers:

– If the "life instinct" can be summarized as requiring the "facing of mental pain", and the "death instinct" involves the "evasion of mental pain", how are we to think of the "evolution" of the "psychological coping maneuvers" that we ultimately refer to as "defenses"?

– I would like to suggest that we think of them as "necessary" to the infant and small child, for survival, in the face of varying degrees of "helplessness', "dependence", "not understanding" (including "confusional" states of mind), etc. In other words, everything "painful" about infancy and early childhood, by necessity, requires some form of coping/defensive maneuver.

But I would like to suggest that while every "defense" has its "day of usefulness", gradually over time every defense has the potential to be "out of date", i.e. no longer necessary, and an "impediment" to further "mental and emotional growth".

For example, an infant might close its eyes in the face of something scary or upsetting, and even go to sleep on the spot to evade the experience. However, later in childhood this would no longer be necessary or helpful when faced with, for example, a difficult school assignment. Similarly, as an adult, when an ominous envelope arrives from the IRS, or you fear your spouse may be having an affair, it is usually not constructive to ignore or run away from those distressing aspects of external relatity. For example, staying in your room and playing video games in response to the assignment, or never opening up the letter from the IRS and denying it ever arrived, or going on a long binge of alcohol usage in response to the suspicion of infidelity, are not going to lead to any constructive "work" on the problem at hand.

An infant may have had "denying" the existence of the distress as its only available "coping" maneuver, but that approach is almost always out of date and a "problem" later in life.

Work versus Omnipotence:

– I hope it is becoming apparent that I am suggesting that an individual human being's life is only as good as the "skills" he or she develops to "cope with mental pain". He or she ideally begins developing these in early childhood, based on "good experiences with loving parents", who themselves are skilled at coping with the "slings and arrows" of life in the outside world (as exemplified by "Murphy's Law", i.e. things can and will go wrong in the worst way at the most inopportune time).

The infant and child needs to feel that on balance, "good/pleasure" can outweigh the "bad/painful" in life. It needs to learn that it takes "effort" to cope with the "bad/pains" of life, in order to have a "happy existence" in the outside world and "internal harmony" in its inner world.

– It further must come to recognize that this "effort", to "grow one's capacities to cope with the pains of life", requires the passage of "time" to develop these skills. I am suggesting that these two ingredients combined, i.e. "effort" over "time", come to be experienced as what is meant by the word "WORK".

This concept of "work" requiring "effort over time" can be contrasted by the child's conception of "magic", which is imagined to produce the "desired result" with "very little effort or time". At their essence, "OMNIPOTENT STATES OF MIND" are meant to "magically evade" the "work" of "tolerating mental pain'', in order to "face and modify" that pain, so that "proper" psychological growth and development can take place.

At this point we can begin to tackle the concepts of "omnipotence" and the "evasion of work", in its proper sense, by moving on to axiom number five.

Axiom #5 – The Death Instinct and the Evasion of Mental Pain:

– I find it clinically useful and helpful to think of the essence of the "death instinct" as the "evasion of the work of coping with mental pain" by the use of "omnipotent defensive maneuvers". These maneuvers have a natural developmental course from infancy into adulthood.

The Background to Omnipotence, versus Work, in Early Infancy:

– Beginning in infancy, it becomes apparent that to have "love for" and "care about" mom or dad, and any others, subjects one to the "vulnerability" of experiencing "separation"," loss", "envy", "jealousy", and "guilt", to name some of the most important emotions in early life. For some infants and small children, this seems like it is a "risk" they are "unwilling to tolerate". The "evasion of mental pain", and its potential, becomes more "paramount" than the "experience of pleasure".

– This intolerance of the "potential for mental pain" can even extend to a hatred of the "vulnerability" inherent in "caring emotional relationships", and even to a hatred of the "mental apparatus" that makes "perception" of these emotions possible. This hatred can lead to what Bion referred to as "attacks on linking". While this is a reference to a more severe level of emotional disturbance, we should consider the more mundane uses of the "organs of perception", and the "mental apparatus" in control of their use, as central to ordinary mental functioning. We might refer collectively to the "perceptual apparatus" and its "use" in life as "THE ORGAN OF ATTENTION".

Corollary: The most destructive of those "omnipotent maneuvers" can be said to involve "projective processes" under the sway of the emotion of "unconscious envy" at a baby level in an individual's personality.

– Projections are made unconsciously for many reasons or "motives", many of which do not have particularly destructive consequences. But when "baby states of mind" are "hated" by an individual, and "envious hatred" of the people who are felt to have all of the "good, desirable qualities and possessions" (e.g. mom and/or dad) is added to the mix, one has a very potently destructive state of mind.

The common result is that the "hated baby qualities" are "projected into the object", while the "desirable qualities" or "possessions" are "taken from the object", creating an "envious reversal" of identities. This situation is particularly destructive because there is an unconscious desire to "ruin" and "deprive" the imagined happiness of the object. It creates a deep seated hopelessness about life ever being "good" because "good figures" are being spoiled and thus unavailable to that person.

Axiom #6 – The "Organ of Attention" and Early Coping Maneuvers:

– I find it very useful to highlight the way in which human beings use their "five senses" to manage what is allowed "into their mind". We can refer to this function of the human brain as the "ORGAN OF ATTENTION". This idea of managing one's relationship to the outside world by the "direction of the focus" of one's "perceptual apparatus" can be seen to be powerfully operative in infancy, and then throughout the lifespan. A considerable number of the infant's modes of coping with mental pain, that will become the basis for psychological "defensive maneuvers" later in infancy and childhood, have their origin in the infant's "manipulation of its five senses", by this "organ of attention".

– The most obvious, and perhaps earliest manifestation of the use of the "organ of attention", is in the defensive maneuver of "DENIAL". Quite literally, an infant "turning its gaze away" from something upsetting or scary, can be thought of as using the "organ of attention", in this case vision, to "deny and escape" the existence of the upsetting and distressing element in its life.

For example, a mother returning to pick up her infant at day care, after an eight hour separation, is likely to be met with an infant, in the arms of the day care individual, who at first "averts its gaze" and "turns away" from mom, as if to say "I don't want to be reminded of all the pain you caused me by leaving". This can be thought of as a momentary use of the "organ of attention" to avoid the recurrence of the emotional pain of mother leaving earlier in the day.

– More extreme uses of the "organ of attention" can be seen when a non-psychotic individual, for whatever unconscious reason, "hallucinates out of existence", something that might otherwise be available to the five senses. This might occur, as I mentioned earlier in the example of "denial" of evidence that one's spouse is having an extramarital affair, by failing, for example, to see that he or she is not wearing their wedding ring when he or she comes home from being out for the evening.

– I find the concept of the "organ of attention" useful to me as a clinician as I observe what patients (including myself) choose to "attend to" or choose "not to attend to", and thus what they (or I) are unconsciously simultaneously avoiding. Patterns can be seen in one's current focus that suggest possible early patterns of coping left over from infancy. For example, some patients are hyper aware of evidence in my office of the existence of other patients, or my life outside the office. Other patients go way out of their way to avoid seeing obvious, virtually unavoidable evidence of their analytic siblings or my outside life.

Patients who obsess about small things beyond their control can be thought of as having their "organ of attention" hijacked by some baby part of their personality. "Meditation" can be thought of as an activity particularly oriented toward managing this sort of problematic misuse of the "organ of attention".

Axiom #7 – Innocent Misconceptions versus Misperception and Perversion of Reality:

– This differentiation is particularly useful to a practicing mental health professional. It allows for the distinction to be made between an idea that is "erroneous" but held by a patient in an "innocent, non-defensive" manner. This would contrast with an idea that is both "incorrect" and selected with a conscious or unconscious "motive" of "denying or attacking reality" or even "spoiling" anyone's enjoyment of reality.

The first idea, which might be referred to as an "innocent misconception" (a concept originally proposed by the English Kleinian psychoanalyst Roger Money-Kyrle), is not so much created for defensive or even spoiling purposes, but was arrived at based on a natural extrapolation from one's childhood experiences, without realizing the childhood experience was a distorted of version of how life is for most people. This can be seen commonly in the expectation of how relationships work, based on experiences with parents who are perhaps not typical in their attitudes or behaviors.

– These “innocent misconceptions”, ubiquitous in infancy and childhood, should be differentiated from “omnipotence” based “distortions” and “misperceptions”. The latter two categories are a function of (1) “unconscious defensive maneuvers”, (2) the inevitable product of “projective processes”, and (3) where “unconscious envy” is intense, “perversions of reality” and the “truth”.

– The “innocent misconceptions” generally lead to a distortion of reality, but not with a motive of doing harm, and they are usually amendable to alteration when new experiences come along that allow for a recognition of the inaccuracy of the childhood experience based “misconception”.

– This contrasts with more “omnipotence” and “defensively based” and/or “envy based” distortions of reality that lead to “misperceptions”. These are usually much less amenable to alteration, as additional versions of reality are understood, because of the “defensive” motives for holding on to these distortions of reality. These distortions become consistently destructive when unconscious “envious hatred” is added to the motivation, because of the unconscious urge to “spoil” or “ruin” the envied individual’s life (in terms of a quality, capacity, or possession).

Axiom #8: Internal Harmony is a Human Being’s Most Precious Possession:

– To have a life that is worth living, one must be able to (1) enjoy the fact of being born and out in the world, (2) use one’s five senses fully, (3) have human relationships to the fullest extent possible, and (4) fully do the “work” of managing the mental pain that exists in the context of those relationships. If a person does all of this successfully, even if that person’s physical health is subpar, then he or she can have a sense that “live is worth living”, and that “life is good”. In essence, that individual has “internal harmony”.

– The rub is that while what makes for “internal harmony” is relatively easy to describe, what makes it deteriorate can be much more difficult to ferret out, often because the “perturbing factors” can be very “unconscious”. This is probably because internal harmony begins in infancy, in relationship to mother and/or one’s caregivers, and is thus most likely intimately tied to what is stored unconsciously as “memories as feelings” in the “amygdala”.

– Melanie Klein said that the earliest relationship to the “breast” (meaning the very earliest relationship to mother after birth, at a “feeding” and “comforting” and thus “part object” level) formed the foundation of emotional stability. When this earliest relationship goes well, the infant creates a loving version of a relationship to mother internally as what Klein called “a good breast”, and thus also developing what the psychologist Eric Ericson would refer to as “basic trust” about “life and its goodness”.

– With her concepts of the “paranoid schizoid position” and “depressive position”, Klein formulated, from her observations of infants and small children, the idea that early infancy (i.e. at the level of the amygdala) required certain types of primitive mental maneuvers to preserve this “basic trust” in the “goodness” of the relationship to mother. In effect, as the infant moved developmentally to greater “integration” of experiences and states of mind, it also moved to a state of “internal harmony” more closely resembling that of an adult.

– With her concept of the “depressive position” as a constructive response to the psychic reality of how one is “treating ones good figures” externally and internally, she was then able to elaborate the rather broad category of “manic defenses” against “psychic reality”. With this idea of “manic defenses” she was also outlining on of the most common “disruptors of internal harmony”.

In effect, “turning away” from the “work” of maintaining a good relationship to one’s “internal versions of a good parent”, in the face of mental pain, is at the root of most disruptions of internal harmony and a common cause of “depression”. One of the most common reasons for this is the failure to acknowledge “guilt”, often treating it as a bad emotion because it can be unbearably painful. This results in a failure to recognize that experiencing guilt it is a message that one needs to address a problem, and do the “work” of “make proper amends” to repair the causes of that guilt.

– "Omnipotence", when defined as the "magical evasion of reality", and the "work" that is required to preserve "internal harmony", by definition then precludes the possibility of real internal harmony. In its place, "omnipotent approaches" typically substitute "manic excitement", which is never sustainable.

Carried to a more extreme level of character difficulty, the "turning away" from one's "good internal objects" to create a "narcissistic personality organization" (i.e. where the "bad" part of self has the "good baby parts of self" under it control) guarantees that "internal harmony" will never see the light of day. When "unconscious envy" is excessively "spoiling" one's internal good relationships," omnipotence" and "narcissistic personality organization" will effectively stamp the personality as "ill" and very likely preclude life from ever being all it can be.

– In summary, "internal harmony" still comes down to doing the "work" required to preserve one's good internal relationships, most likely at the level of the amygdala. Failure to do this "work" puts all that makes "life worth living" in peril. This fact makes the preservation of internal harmony such an inexpensive priority when one considers that the entire happiness and value of life is at stake!

Core Emotions in the Relationship to Mother in Infancy

Axiom #9: "Separation", "Envy", and "Jealousy" are Key Emotions to Understand, with "Guilt" Close Behind:

Definitions:

I would like to define these key emotions first and then we can discuss their operation in relation to mother.

"Separation" = Birth ushers in the infant's introduction to awareness of its "smallness", "helplessness", and utter "dependency" on mother (and caregivers). Because the "separation" is frightening, and all of the above feelings can be very much linked to great distress, particularly if the caregivers are unavailable or inadequate, "separateness" is often thoroughly disliked or even "hated", because it is associated with mental pain. This pain is usually encompassed by the general term "separation anxiety", and probably linked to the infant's emotional state of "nameless dread" (Bion's term) that it may "die".

"Envy" = It is perhaps the oldest of the "categorical emotions" (i.e. emotions with a very specific, definable nature, in contrast say to the "bodily, physiologic state" that we refer to as "anxiety") and appears to be "inherited" in a predisposition to its intensity. It can be defined as a "two party" situation, at a "part object level", more linked to hatred that love, in which a person compares themselves to another in terms of a (1) "quality", (2) "capacity", or (3) possession". The comparison leads to a painful feeling that one "is inferior to or has less" than the other. Awareness of this discrepancy is the pain that we call envy.

It is of crucial importance to see that envy commences at birth with the infant's perception of the discrepancy between itself and mom. She is seen as "having everything, knowing everything, and being able to do anything" while the infant clearly recognizes it has none of those wonderful qualities or capacities.

"Envy" itself is "very painful", but not inherently "destructive". It is the "defenses" against any experience of this pain that lead to envy's "destructive" aspect. This is because the defenses against envy, first and foremost, involve some form of "spoiling" the object of the envy. One can alternately, (1) "reverse roles" with the envied person, (2) "deny" that one has any envy, (3) regularly make others "feel envious of you" (the Trump/Kardashian approach), (4) project your "capacity" to feel envy into someone else, or the road least traveled, (5) acknowledge and "live with" your envy. This last approach is the only one that has a constructive possibility of "growing yourself into an adult" who need no longer "envy" mom and dad.

As an example of envy's destructiveness, Shakespeare said, and I paraphrase, "envy is the green-eyed monster that doth bite the hand that feeds it". Mark Twain also noted that the "principal difference" between "man and dog" is that a "dog won't bite you" when you "pick it up and make it prosperous".

"Jealousy" = In contrast to envy, jealousy always a "triangular" situation in that by definition it involves three persons, at a "whole object" (i.e. person) level, and is more fundamentally linked to "love" than "hate". In jealousy, one loves one person, and wants that person to give their love exclusively back to oneself, and not to a third person.

It is worth noting that at an unconscious level, people rather universally understand this distinction between envy and jealousy. Because jealous is more based on love than hate, one constantly sees people refer to situations of envy with the word "jealousy", as in "I am so jealous that you got that new job" (or car, house, etc.).
It is also worth noting that the further back into infancy one traces "jealousy", the more it shades into and becomes indistinguishable from "envy". The earliest form of "jealousy" seems to be the infant's potential phantasy that the two breasts go off together and feed each other. That form of three party relationship contains the feeling of envy of having the "capacity" to do the feeding, as well as the infant feeling left out of the "banquet".

Overview of Core, Early Emotions:

– The three most important, emotionally "painful" states, in the "infant's" initial relationship to its "mother", are (1) "reactions to separation", and the categorical emotions of (2) "envy", and (3) "jealousy". Since the infant's life begins with mother at the center of its existence, the emotions it has toward mother are of paramount importance at the "core" of the personality. I have found it of profound value to create a "hierarchy" of these earliest important emotions or issues for an infant, that are most useful for the mental health professional to highlight in their clinical work. At the top of this list are the "core emotions" of "envy" and "jealousy", and what might be described as the emotional "reactions to separation".

– These very specific emotions and situations are intimately connected to the even broader fundamental emotional states of "love" and "hate". When a "loving" relationship is established with mom, that feeling of "love" for her is paradoxically both a mitigating element, in relationship to emotional pain, and also the source of much of the emotional pain of life, and certainly infancy.

In other words, if you have a well-established feeling of "loving mom" and feeling "loved by her", for example, then it makes many pains in life more bearable. But because you love and need mom, it also makes separations, envy, and jealousy potentially more intense. This of course leads some infants to "attenuate their love" for mom, in order to be less vulnerable to these other, painful emotions.

– "GUILT" is also key, but somewhat more elaborate and neuro-developmentally more sophisticated, and probably not clearly operative until the second half of the first year of life. I would simply define it as the painful feeling than one has in some way "injured" or done "harm" to someone one loves or cares about. It can be among the most painful of all human emotions.

Although guilt is more likely to be naturally in evidence in the second half of the first year of life, it is useful to also think of situations in which guilt is thrust "prematurely", if you will, on an infant. We might think of such a situation as one of "CATASTROPHIC PREMATURE GUILT". Examples might include the death of the mother in childbirth or death of a twin before or at birth, severe depression in the mother in the first half of the first year, severe illness in a sibling or parent in the first months after birth, etc.

Corollary on Premature, Overwhelming Guilt:

– Because guilt is among the most important emotions in relation to mother in later infancy, the "capacity to tolerate guilt", will profoundly affect the capacity to cope with situations evoked later in life, and will be

of particular importance in coping with conflict in relationships, and perhaps most importantly in marriage. The main point is that it is useful to have a model of "overwhelming and/or unbearable guilt" at birth, and the first few months thereafter. This model allows one to be on the lookout for "guilt" that has been "denied" or "split off and projected" and is thus going unrecognized, yet exerting a powerful unconscious influence on the individual's life.

A common clue to early guilt, manifesting later in life, can be the inability to say "I am sorry", for example in one's marriage. Alternately, it may be seen in a predisposition to project guilt and always suggest that someone else is "at fault and to blame". The incapacity to constructively face guilt, when there are early issues underlying this inability, predisposes that individual to "episodic depression", whenever anything goes very wrong in life.

The Unique Problem of Defining "Anxiety":

– This leads us to the extremely confusing issue of what is meant by the word "anxiety". I would like to argue that it is not a "categorical emotion" per se, like for instance "envy", "jealousy", and "guilt". I have struggled for years to find a useful way to define it and have come to the conclusion that it is perhaps best defined as the "bodily" or "physical" concomitant to a categorical emotion.

My hunch is that it can be most usefully thought of as emanating from the "baby core" of the personality, probably at the level of the "amygdala". That partly explains why it is often, as Freud said, a "signal" that something distressing is going on at an unconscious level in the mind.

– Kleinian's have tended to describe the issue of "anxiety" as linked to either (1) a feeling that one is under attack because something "unwanted or bad" was "projected" into the outside world, and is now retaliating; or (2) 'feeling sorry" that one has, or may have, harmed a "loved or valued figure". They refer to the "retaliatory" fantasy version (1) as "persecutory (or paranoid) anxiety", and the more "guilt" like feeling related to (2) as "depressive anxiety".

– It is of interest to note that "guilt" itself can also be usefully separated into "persecutory guilt" and "depressive guilt". The "persecutory" form suggests the individual is not really able to take responsibility for their behavior, and is feeling "blamed" from an outside source. "Depressive guilt" suggests the person is more fully taking responsibility for the "damage" or "harm" imagined to have been done to the loved or valued object, and is therefore feeling a more genuine wish to make repairs. In contrast, "persecutory guilt" is more likely to lead to "manic repair" where one tries to fix the problem without ever taking full "psychic responsibility" for having done the damage.

Discussion of Emotions in a Broader Sense:

– Wilfred Bion summarized human "emotional states of mind" in the broadest of brush strokes, referring to them as the "passions". He defined these "passions" as "love" (i.e. the "life instinct"), "hate" (i.e. the "death instinct"), and "curiosity" or "knowing" (i.e. the "epistemophilic instinct"), "L, H, and K" for shorthand.

The difficulty with these almost "philosophical abstractions" is that they are too broad to be clinically useful in a specific life situation. It is also somewhat confusing to emphasize "love" or "hate" because while love has everything to do with mental stability, it is also the root cause of most of the emotional pain in life, in the sense that if you "care" about someone, then you can feel "pained" at their loss or having to share them. And while "hatred" is an extremely powerful emotion, it is often most powerfully evoked by the specific categorical emotion of "envy". In fact, "envy" is often most usefully used as a modifier when referred to as "envious hatred".

– This brings us to the broad array of emotions confronting the beginning mental health professional being introduced to human development. Charles Darwin in 1872, examining "facial expressions" across

different species, thought he could see evidence of "happiness or joy", "surprise", "fear", "disgust", "anger", and "sadness". In addition, there are many mental health professionals who would think of "shame" as a central emotion in human development. How is one to decide which emotions are central to development in infancy, and where to place the others in the course of psychological development?

I think the answer lies in the concept of memories as feelings stored in early infancy in the amygdala. Those emotional states will take "developmental precedence" over ones that occur later in infancy and childhood. Furthermore, the earliest emotions, i.e. related to "envy, jealousy, separation, and guilt" will be linked to the earliest coping/defensive maneuvers available to the infant.

Emotions, Defenses, and the "Baby Core" of the Personality:

– I find it useful to assume that every potentially "painful emotion" necessarily requires some means of coping with it so that one can live life without being in continual "emotional anguish". This suggests that the human mind requires an array of "defensive/coping maneuvers", typically performed automatically, and therefore "unconsciously".

– Anna Freud, in her seminal 1936 book, "The Ego and the Mechanisms of Defense", defined more than fifteen "mechanisms of defense". These included such maneuvers as "introjection", "projection", "denial", "repression"," suppression", "idealization", "sublimation", "displacement", "identification", "intellectualization", "rationalization", "reaction formation", "sublimation", "identification with the aggressor", etc.

– Contrast that list with Donald Meltzer's summary of Melanie Klein's core "defensive/coping maneuvers". Her primary maneuvers, operative at birth or shortly thereafter, are "denial", "introjection", "splitting-and-idealization", and "splitting-and-projective identification". Later in the first few years of life, she suggests the infant will add the "triad of manic defenses", i.e. "control", "contempt", and "triumph". These are used primarily to deny "psychic reality" and especially the "guilt" of the "depressive position".

– So what happened to all of Anna Freud's defensive mechanisms? For me, the answer lies in Klein's emphasis on the first days, weeks, and months after birth, when the "amygdala" is the dominant memory storage system. As she followed those earliest emotional states forward longitudinally, she placed those earliest emotional experiences as being at the "root or foundation" of all emotional and mental life, throughout the lifespan. Therefore, she felt that all human beings are dominated by very early emotional reactions, to early experiences with caregivers, and therefore use their earliest "coping maneuvers" to deal with those primitive emotions.

Many of Anna Freud's defensive mechanisms are more "sophisticated". Similarly, the emotion of "shame" can be seen as more developmentally sophisticated. Melanie Klein traced all emotional reactions throughout the lifespan back to more basic, underlying "root causes" and "primitive, prototypic states of mind", before language had developed. "Shame" would not yet be operative as an emotion state, "introjective and projective processes" would be dominant instead at that early point in time.

– In effect, Klein felt that there were more "primal" emotional states and defensive maneuvers in play. Because these underlay later, more sophisticated maneuvers, these "prototype, primitive, root causes" ultimately needed understanding if the personality was to truly change "structurally".

While I cannot prove it, I suspect this is why "shame" is relatively neglected in the Kleinian literature. It was taken up by John Steiner more recently. But he is not highlighting it, as a primitive state of mind, as much he is suggesting that it can be an important element in later "characterological patterns", as for example seen in certain individuals with "psychic retreats".

Corollary on "Sibling Rivalry" and the "Oedipus Complex":

– It is useful to remind oneself that "SIBLING RIVALRY" is no more that an amalgam of "envy" and "jealousy" in relationship to one's siblings, in terms of how much attention they are getting from mom and/or dad. Furthermore, the same idea applies to the concept of the "OEDIPUS COMPLEX". It too is just "envy" and "jealousy" related to mom and dad's relationship to each other, and one's feeling of being left out.

This is why I am always amazed when I hear someone say that the "Oedipus Complex" is outdated. That is equivalent to saying that infant's no longer have the human emotions of "envy" and "jealousy". That suggests to me that those individuals who would say the Oedipus Complex no longer exists do not understand "baby states of mind" very well and have not had an adequate personal analysis.

The Role of Destructive States of Mind in Development

Axiom #10: Two Key Reactions to the Distress of Birth into the Outside World:

– There are two variables that almost always come to my mind when I think about a given patient's possible reaction to a difficult infancy. They are: (1) What degree of "mental pain" did that particular infant experience in his or her early infancy; and (2) What was the relative strength of that individual's "death instinct" at birth? The first question relates to the infant's reactions to its environment, and the second relates to the strength of the infant's "constitutional" reaction to emotional distress. These are broad questions and immediately lead me to two very specific questions.

The first is to what degree did that individual wish to remain "unborn" in the face of the pain of early life outside the womb? To put that question in shorthand, to what degree have they wanted to remain an "unborn, inside baby" and have someone else "think and feel" for them?

The second question is linked, in my mind, more to the "constitutional strength" of "envious hatred", at a baby level, in the personality. Put in operative terms, how much did they "hate" being a "helpless, needy, utterly dependent baby" and "resent" mother being the "big fancy person" who "has everything, knows everything, and can do anything"? If those feelings were intense, one commonly sees an infant who's reaction is a desire to reverse the situation, and make mother the "shitted up, small, needy baby", while simultaneously taking over her role of the "big, fancy, grown-up" – in effect, an "ENVIOUS ROLE REVERSAL". I tend to surmise or suspect this, as having been a baby state of mind in a patient, when I see intense "envious arrogance" or "know-it-all behavior" in a person later in life.

– To summarize, two of the key components of the "death instinct", as a reaction to being born and out in the world, are (1) a wish to be "unborn back inside mom", and (2) "envious hatred" of all of the mental pain to which one is subjected by being born (i.e. the smallness and helplessness of infancy).

While I cannot prove it, the totality of my decades of clinical experience suggests to me that "envy" is more of an "innate, constitutional reaction", than it is an "environmental response to deprivation". I particularly say that because I have seen a generational thread of "envy" in many family trees (i.e. in grandparents, parents, and children". This is contrasted with "family trees" where their predisposition was less intense, and the response to early disturbance and deprivation was less envious in nature, even though the generations were "unconsciously recreating" their own difficult infancies with their children.

– As an interesting side note to these reactions to birth, it would be possible to create a Cartesian coordinate system or graph with the horizontal axis having "unborn" on the left and "born" on the right side, and the vertical axis having "loving engagement in life" at the top and "envious hatred of life" at the bottom. An individual's personality functioning at a given moment in time could then be charted in terms of its potential for positive engagement in life or, conversely, its potential for destructive behavior to self and object at that point in time, or a retreat from life.

Corollary on Criminality and Mental Illness:

– I also find it helpful to consider the possibility that the more "severe the emotional disturbance" in an individual, the more likely it is that "envious hatred" and "emotional violence" are central features of their unconscious inner worlds and therefore their degree of disturbance. This is the reason why it is useful to think of "criminality" as a "serious emotional disturbance", independent of whether it is manifested as "physical violence" in the poor part of town, or "white collar crime" on Wall Street, that defrauds people of their life savings.

The difficulty in thinking about the link between criminality and mental illness/emotional disturbance is twofold. The first problem is that the "most disturbed individuals" in the criminal justice system learned in infancy to use "physicality" to cope with painful states of mind. In effect they turned their brain into one big "muscle", using it to go from "impulse to action without intervening thought". This is the same as saying they are unable to contain any "painful states of mind" and are driven to immediately "evacuate/project" the painful state of mind into the outside world.

– This predisposition to "action" means that "containment" of their "physical destructiveness" becomes the overriding priority. I saw this problem over and over in my years at LA's Central Juvenile Hall. Thirteen or fourteen year old children who were "acting out", but who were physically diminutive, were sent to the "mental health system" for treatment. By contrast, those physically precocious 13 or 14 year olds, who "frightented" the staff because of their larger physical stature, were consistently treated inappropriately as a menace to society, and sent to the "criminal justice system".

– The take home lesson is that if we send violent "psychotic" patients to locked mental wards, why shouldn't the jails and prisons be skewed toward mental health rehabilitation, more like a mental hospital, instead of simply reinforcing the very abuse that has contributed to their emotional disturbance, and inability to use their minds, in the first place?

Axiom #11: Everyone Has An "Envious, Omnipotent, Know-It-All, Destructive, Self-Sufficient" – "Bad Part of Self"!

– It is useful to assume that in the early development of all human beings, there is a "part of self" that is the primary user of omnipotent maneuvers to evade painful states of mind that occur in infancy. If effect, all babies must "turn away" from both mental pain, and the loving relationships that are felt to be the primary source of that emotional pain, when the pain is felt to be too great to bear.

Gradually, the "part of self", that "turns away" from mom/caregiver, and "sucks its thumb" for example, develops a life of its own, and becomes "the me who does not need anyone else". Over time, reacting to many different painful life circumstances and various painful emotions, this part of self develops a constellation of "preferred maneuvers" under the sway of various "core painful emotions". To summarize these pains and maneuvers in a very compact manner, I have given this part of self the descriptive name of "the envious, omnipotent, know-it-all, destructive, self-sufficient part of self", or "bad self" for ultra-shorthand.

– I put "envy" as the first painful emotion because it is so central in causing the spoiling of a primal good object, in personalities destined to have serious emotional disturbance. "Omnipotence" (i.e. I can do anything I need to do for myself) and "omniscience" (i.e. the "know-it-all", or more accurately, "I know all I need to know"), as favored psychic postures or maneuvers, come second and third in the name, as core elements of the "bad part of self", in its claim to not need the mom or dad as "good objects". Thus, these maneuvers are both in service of being "self sufficient", but they do not necessarily have to link to "destructiveness" as a part of getting along without the need of the parents.

It is where "envy" is particularly prominent, in the states of mind of the infant who is "turning away" from good objects, that "destructiveness" also becomes a prominent aspect of the operation of the "bad part" of self. Psychoanalytic literature and literature in general is replete with descriptions of the operation of a "bad part of self" that is particularly destructive under the sway of "unconscious envious hatred".

Milton's "Dante's Inferno" is a good place to start, as well as the biblical myths surrounding "Lucifer", who's "envious hatred of God" made him prefer "ruling in Hell" than playing second fiddle in Heaven ("serving" behind mother's breast as represented by God).

Axiom #12: Emotional violence is at the Heart of Severe Emotional Disturbance:

– As I have spent decades with patients of all stripes and persuasions, and tried to aid them in being happier and more adaptive in life, I have come to the conclusion that "emotional violence" in one's reactions to birth, infancy, relationships, and life in general, seems to correlate better than any other personality element with "severity of emotional disturbance". Put in simple terms, if you want to be borderline, psychotic, or criminal, it really helps to have a constitutional predisposition to "violent emotional reactions" to life and experience.

– I got my first confirmation of this possibility relatively early in my career as a psychoanalyst when I gave a lecture on "unconscious envy". A psychiatrist, who had spent decades working at a state psychiatric hospital, came up to me after the talk. She said she was so "relieved" to hear my talk because she had always thought that if there were a "gene', that determined a predisposition for "schizophrenia", it would be a gene for "excessive envy". The population of her state hospital, all chronically institutionalized, seemed to have been destroyed by their "extreme envy" of everyone and everything.

– In summary, after my decades of work with patients, I would be inclined to suggest that the emotional violence in a given individual is probably an amalgam of: (1) their predisposition to "intense unconscious envy" (which I take to be constitutionally passed on and inherited), (2) the degree of "violently intense " emotional experiences they had in infancy (colic being a prime example of such an experience), and (3) the quantity of "violent emotional reactions" they experienced from the caregivers and siblings in infancy and childhood. The latter does not seem to be as much "causal" but rather more "reinforcing" of the first two issues. In summary, the harsher their natural reactions to infancy, and the more distressing their infancy was by happenstance or design, the more their "violent emotional states of mind" predispose them to serious emotional disturbance.

– An additional correlation is observable with "emotional violence", and that is a predisposition to "violent" and often massive use of "projective" processes. This functionally potentiates the emotional violence, perpetuates the infantile levels of paranoid anxiety, and interferes with the possibility of the lessoning of "unconscious envy", because the individual can never find a "good object" from which to receive something good.

Axiom #13: Unconscious Envy, Early Emotional Deprivation, and Narcissistic Personality Organization:

This is really an extension of Axioms 11 and 12, with a slightly different focus. The combination of extensive "unconscious envy" at a baby level, and significant "emotional deprivation" in infancy and childhood, are at the root of the development of a "narcissistic personality organization". All babies need "love and attention" from their parents, which is obvious. Babies who are given "things" in the form of wealth and material goods, instead of an "emotional expression" of love, are at high risk to grow up "extremely self-centered". They look "spoiled", but they are actually "deprived". This underlying deprivation predisposes them to believe that "things" can be a substitute for "love" in a relationship. The punch line – great "emotional deprivation" can and often does occur just as easily in Beverly Hills as in the poor part of town.

Corollary #1: The degree to which the "good baby parts of self" were felt to be left in mental pain, and "let down" by the absence of "good parental figures", is the degree to which they (i.e. the good baby parts of self) are vulnerable to "turning away" from the good family, both internally and externally. They are then susceptible to turning to the "bad part of self", and forming a "delinquent gang", that can be referred to as a "narcissistic personality organization".

Corollary #2: When therapy is successful in dismantling a "narcissistic personality organization", it is of extreme importance to recognize that the "bad part of self" feels it is being "MURDERED OFF", and is therefore "fighting for its life". This is important as one faces the "seemingly intractable" nature of work to give up the omnipotent maneuvers of the "bad part of self".

Adolescence, Development, and the Baby Core of the Personality:

Axiom #14: Puberty and the Resurgence of the Baby Core of the Personality:

It is always the case, in normal development, that the "baby core of the personality" comes back to the forefront of emotional life at "puberty". This "rebirth" of the "baby core" offers, on one hand, an opportunity for emotional growth, and on the other hand, the opportunity to "go to hell in a handbasket". In ordinary development, this preeminence of the "baby core" emotional states will last for at least three years. This leaves the average teenager at his or her "most chaotic" from approximately the age of 12 through the age of 15. Most adolescents will begin to show evidence of moving into young adulthood at the age of 16 or 17. [See Axiom #15]

– This resurgence of the baby core of the personality confers a period of intense mental suffering, typically only second to the suffering of infancy.

Corollary: Psychological growth requires a "balanced relationship to mental pain", in the "context of good objects", or else the risk of excessive ongoing use of "omnipotent maneuvers" will retard or distort psychological growth (I immediately think of excessive marijuana smoking or obsessional computer gaming).

Alternately, the pubertal child may retreat to the relative calm of "latency age" psychological states, with its "excessive, obsessional splitting of emotions apart from thoughts" and "object relationships". Such a retreat leads to further emotional development and object relationships both becoming distorted and/or impoverished.

Axiom #15: Ages 13 to 15 are Commonly the Most Confused, Unstable Years After Infancy:

– In my first decade of private practice I consulted to Los Angeles County Juvenile Hall where I had the good fortune to evaluate almost 900 adolescent boys for the court. Their ages ranged from 11 to 17 years, with the bulk being in the 13 to 16 age range. They were detained in those days from such minor offenses as "running away" from home, or habitual truancy, to such major crimes as robbery and murder. Each had a detailed history taken by a social worker. I interviewed each adolescent and occasionally their parents. It was an extraordinary opportunity to see a museum of teenagers, with a childhood history attached to add to my impressions of the adolescent.

– I came away with two ideas that are pertinent to this discussion and one additional observation. The first idea is that the "baby core" of the personality is clearly "reborn" back to the surface of emotional experience at "puberty". I am thinking of "puberty" as commencing with the "hormonal changes" that occur typically with the first menstruation, or ejaculation. For girls this is commonly at ages 11 to 13, and for boys ages 12 to 14, although these ages seem to be trending earlier in recent decades for whatever reasons.
Attendant to this "rebirth of the baby core" of the personality is a tremendous amount of "confusion" and "anxiety" surrounding the questions of: (1) Am I a child or an adult?; and (2) Do I want to grow up and leave the relative peace and safety of childhood?

– The second take home lesson I learned was that the period of maximal instability and chaos seems to be from about the ages of 13 to 15. Commonly, during the latter part of the fifteenth year and into the sixteenth, the teenager begins to "settle into" what will become their "adult " sense of identity and the early versions of their "adult" personality structure.

– During my decade long stint at LAC Juvenile Hall, I longed to understand what correlations from these adolescent's childhoods I might observe that would allow me to predict "delinquent" behavior in a reasonably reliable manner. It seemed only logical to me that it would correlate reliably with divorce, violence, alcoholism, too many children in the family, etc. Frustratingly, although all of those were regularly present, I found none that were predictive in the sense of always leading to delinquency! But I did make one observation – almost every child began to be "truant" from school, before they got in trouble.

Implications for the Therapist:

– The first take home lesson from these experiences for me is that one "CANNOT PREDICT" how a young person will turn out later in life as an adult, based on their behavior during ages 13 to 15, as so many parents are afraid is the case. I find myself explaining over and over to parents that the "rebirth of the baby core" is an opportunity to "rework" difficulties remaining from infancy, providing the potential for a better understanding and outcome if things were rough in infancy.

The parents need to be patient with their "impossible teenager", recognizing that he or she is in the "eye of the tornado/hurricane" that is "early adolescence", and things will "begin settle down", typically in the second half of the fifteenth year or into the sixteenth. It is no accident that one is not allowed by society to drive a car until the age of 16, and insurance companies do not take you off the high risk pool until the age of 25, when the "frontal lobes of the cerebral cortex are finally fully developed.

– The second implication is that one cannot make a "reliable diagnosis that will hold up in adulthood" of any child or teenager before the age of 16, and realistically really before the ages of about 18 to 20. One can only describe "symptoms" or "behaviors". The personality is still too fluid in its development to represent "adult" structure.

If I had been diagnosed by my teenage behavior, I might been thought to display elements of psychosis, perversion, sociopathy and criminality, addiction, and psychosomatic illness. In this day and age, every teenager seems to display "gender identity and object choice confusion", much less commonly on open display in my day. I assume this is mainly because society is much more accepting of these issues now than it was when I was pubertal in the late 1950's.

Marriage and The Baby Core of the Personality

Axiom #16: A Good Marriage Requires Love, Compatibility, and Commitment:

– To have a proper marriage (i.e. happy, satisfying, and enduring), it can be said to require "love, compatibility, and commitment". "Love" is a function of the baby core of the personality, "compatibility" is a function of genetics and environmental experience, and "commitment" is a function of the adult part of the personality.

It is almost counter-intuitive that "love" is in fact the easiest to achieve. Babies can fall in love with any good mother, and by extension, the "baby core" of any adult can do the same. Arguably, this so called "love" can be put on a continuum. At one end is "infatuation" that is based mostly on "idealized projections" into the other person, i.e. making them what you "wish" they would be. At the other end of the spectrum would be a more reality based "romantic love" that is by my arbitrary definition an amalgam of "baby level" and "adult level" attractions (i.e. more realistic in the accuracy of the appraisal of the other). The "baby level" portion of this attraction seems to very commonly go on mostly, or entirely, at an unconsciously.

– In contrast to the deeply unconscious elements involved in "falling in love" with someone, "compatibility" is much more recognizable at a "conscious level". For example, someone who wants to live on a boat and sail around the world does not fit with someone who cannot swim, is afraid of water, and gets horribly seasick. They would recognize that "incompatibility".

– It has been my impression, and I still have been unable to find an exception to it, that all couple who have (1) a proper courtship,(2) get to know each other fully, and (3)fall in love and have that love as a major reason for marrying, are "amazingly compatible" at both conscious and unconscious levels in their personalities. They may seem to have different styles in coping with these commonalities, at an unconscious level, but they "fit" nonetheless. This leads to a powerful implication for the marital therapist as outlined in the Axiom 17.

– "Commitment" is actually the most difficult of the three key elements of a good marriage to achieve. This is because it is predominantly an "adult capacity", although it is born of one's earliest baby states of mind. That is to say, that if the infant "turned away" from its "good objects" in infancy, it is at high risk to do the same in marriage to a spouse during times of stress and emotional pain.
This is where the "adult part of self" comes into play, both in "managing mental pain" and "preserving a loving relationship" to one's spouse. Remember that marriage vows always mention "through thick and through thin", in one's commitment to one's spouse. It is harder to actually do in real life, as witnessed by a 50% divorce rate in the US.

Corollary: There are "no sides to be taken" in marital therapy because both parties have unconsciously co-created their marital difficulties. This began at the inception of the relationship, based on how they "unconsciously" divvied up" who was going to "contain" which of the parts of their personalities (i.e. unconscious inner worlds). This divvying up of internal structures might include the "needy", or "angry", or "depressed", or "crazy", etc. aspect of both of their personalities. I will elaborate in the next Axiom on this point.

Axiom #17: All Couples Who Courted and Married for Love, "Fit" at Unconscious Levels:

– When speaking of marriage, it is often said that "opposites attract". I have been looking my entire career for an example of a couple who were so "opposite" in their personality structures that they did not "fit together" and I have "NEVER" seen one. In fact, all of my experience with individuals and couples suggests that only "sames", to coin a word, are attracted to each other.

That is to say that for a couple to be even mildly attracted to each other, they must have a very great deal in common. The confusing aspect of this commonality is that what they have most importantly in common are usually structural elements at a deeply unconscious level, about which they may be entirely unaware. As a patient described once on a first date, "the guys seemed really boring for the first hour, and then he said something that sounded pretty crazy and I instantly felt more attracted to him". Needless to say, she had no clue why that was so.

– I am not discounting "conscious attitudes" as unimportant. Things like appearance, attitudes about intimacy, family, politics, religion, children, hobbies, travel, food, etc. are all very real and play a significant part in attraction and conscious choice. But the truly "deal making or breaking commonalities" are always at a "deeply unconscious, baby core level". Most people can describe some "manifestations" of these "baby level" unconscious elements but cannot abstract out the details at that primitive level.

Perhaps most importantly these baby level commonalities might include such things as: (1) the level "emotional intimacy" expected in the relationship,(2) how "dependent" on each other they feel is safe, (3) how "appearance oriented or materialistic" they are, (4) how "narcissistic" they are, (5) how "cruel" or "grudge full" they can be, (6) how "paranoid" or "idealizing" they prefer to be, etc.

For example, one partner might have been adopted, and the other lost a parent to cancer in infancy. Or maybe both had parents who were alcoholics, or parents who divorced, or families without much emotional contact, etc. The basic point is that they both have "parts of self" and/or "versions of mom or dad" in common, at a deeply unconscious "baby core" level.

– What actually happens then, in the "unconscious marital contract", is that they in effect "divvy up" these various unconsciously shared parts, deciding who will contain which parts. So for example, one partner might hate feeling "small and helpless", and the other partner always wanted to be "taken care of" by a good parent. So they might choose that one will be the "good parent", in control of the relationship much of the time, and the other will be taken "care of" like a baby, in effect meeting each partner's unconscious preferences.

Alternately, they both might share a "fear of dependence" at a baby level, and agree they should both have careers, meet their own needs that way, and then "share life together" on an absolutely equal footing. This is very common in marriages that resemble two "siblings" who have chosen to "band together".

– The degree to which the baby core of each individual's personality has "problematic" elements, and this is a key idea for the marital therapist, is the degree to which the marital relationship has the "potential" for difficulty. In turn, this potential for difficulty can be said to correlate with the degree to which the "omnipotent maneuvers" are used to evade mental pain.

Axiom #18: All Marital Difficulties are a Function of the "Baby Core" of the Personality:

– It can be said that the degree to which the "fit" between two partners at a baby level contains potentially "problematic" elements, is the degree to which the marital relationship has the "potential for difficulty" during the marriage. This tends to be particularly the case when "stressful situations" arise in the course of the marriage and aggravate these baby level difficulties.

Perhaps the most common aggravator of underlying baby level difficulties is the "birth" of a child. While it is often the first child's birth that stirs up "baby level" issues in one or both partners, occasionally it is not until a second, or even third child is born, that these difficulties are recreated. This is especially true where the first baby is "identified with" as having possession of both mom and dad all to his or her self, and the underlying "sibling rivalry" that is problematic is not stirred up until the second child is born.

– Any emotionally stressful event, that disrupts the normal flow of the marriage, is likely to evoke baby level issues. A move, job change or loss, serious illness, death in the family, infidelity, birth of a handicapped child, etc. are all likely to stir up underlying issues. The degree to which these elements are "problematic" for either individual, is the degree to which they will then become problematic for the marriage.

The inability to manage these elements typically then requires marital or individual therapy, otherwise the risk of divorce becomes very high. One not infrequently sees couples who have remained together, but never really addressed the underlying issues in their marital relationship, and have lost intimacy and love over an extended period of time. Invariably, they have recreated and become just like their views of their own parents, who were seen as an unhappy couple, stuck with each other in a lifeless, sexless, sterile relationship. While tragic at one level, it is oddly "safe" at another level because "nothing is left to lose".

Corollary: Because all couples fit together at an unconscious level, their marriage is potentially "savable" if they are both willing to do the work to rebuild it. Even if they have "fallen out of love", the marriage may be salvaged by understanding the baby level elements that have caused the disruption of their relationship.

The main exception is perhaps when they married without ever having "love" for each other. This is sometimes seen when marriage occurred as a matter of convenience (e.g. to look respectable or to have a child). It may also occur when there is an unconscious or conscious fear that no one could "ever want or love" them. Those situations seem more common later in life, when desperation sets in, and the individuals are probably too scarred or damaged to be able to be married (i.e. without first having a personal analysis).

Axiom #19: It is Essential for All Individuals and Couples to be Able to Differentiate "Adult" from "Baby" States of Mind:

– In the early Kleinian literature, this idea was referred to as proper, or mature, “horizontal splitting”. I understood this to imply that a mature personality had “baby level” states of mind differentiated from “adult, more realistic” states of mind. In effect, the work of analysis was to distinguish “invalid”, “distorted”, and thus “unrealistic unconscious phantasies”, and “innocent misconceptions”, from more “adult, realistic” views of oneself in the world.

An example of this distinction occurred when a patient of mine, years ago, was in the early phase of his analysis and came to his Monday session announcing that I would be “proud of him” because he had purchased three suits with vests, just like the ones I wore. He genuinely confused his attire and external appearance with internal, structural personality change. He thought if he “dressed like an adult” it meant that he had “become adult”. I would have categorized this as an “innocent misconception”, that was a product in part of how concrete this man’s thinking was, early in his treatment. He really did not yet recognize the scope of his “unconscious inner world”.

– In summary, what I wish to suggest is that it is very human to have “baby states of mind” completely comingled with, and undifferentiated from, “adult states” of mind and behavior. It often takes some years to make significant separations and distinctions between them, in a given individual or couple. But it is a distinction that is critical to the long term improvement and stability of the personality and relationships.

This axiom is nearly the same as saying that a patient in individual therapy does not truly recognize their need for therapy until they have a conviction that they have an unconscious inner world. The difference with a couple is that their partner is telling them constantly that they do problematic things of which they are unaware and need to be aware of that fact. This is tantamount to saying “you have an unconscious inner world and better start working on it” or our marriage life is in peril.

Corollary:

– The “hallmark” of the differentiation of a baby state of mind, from an adult state of mind, is that “baby” states of mind are almost always “INAPPROPRIATE IN THEIR INTENSITY” to the situation at hand. That is to say that they are most often “too intense” and “exaggerated” for that situation, but they can also be “too minimal or even absent”, for the reality at hand. As an obvious example of the latter, the inability to have any “feeling” at all, when someone close dies, is a common example of a “baby level” predominating in this paradoxical manner. It may be an unconscious reaction to the possibility that if one allowed feelings to exist at all, they would completely take over and that one would “fall apart”.

Until someone is aware that they are “over” or “under” reacting to a situation, they do not necessarily recognize that something in their reaction “needs to be understood and modified”. Spouses that routinely “blow up” or “scream” at each other may believe they are justified and being and “constructive”, when in reality I have never seen any relationship that is enhanced by “shouting” at each other.

– When “baby parts” of the personality predominate during times of loss, disturbance, conflict, etc., one often sees anger, blaming, defensiveness, etc. in a marital relationship (or life in general). . When these sorts of emotions are predominating, and the individuals do not realize that their reactions are not “adult” in nature, then they have no way of knowing that they need assistance. They are likely to just make a mess of their relationships and life.

– When “adult” states of mind predominate during those same times, the predominant emotion is more likely to “GUILT” or “SADNESS”. This is a “sane”, realistic reaction. The problem is that because sadness and guilt can be very painful, it is not uncommon for the individual to have an “innocent misconception” that they should not have the feeling. It may also be a more problematic “affront to their omnipotence” that they would be “losing control” of their emotions or appearing to be “childish”.

In summary, it is the therapist’s job, as I see it, to begin to make the differentiations between “adult” and “infantile” states of mind, from the first time a patient enters the office. Needless to say, the therapist needs

to be clear about these differentiations, his or herself, and that requires having had analytically oriented treatment.

Axiom #20: Emotional Development Tends to Only Occur in the Context of an Intimate Relationship

– Another way of saying this is that for emotional development to take place, the "baby core" of the personality must be "engaged" in the relationship. Bion suggested that one can usefully divide relationships into three categories according to the "depth of emotional intimacy" involved. He did NOT mean to imply intimate as in "sexual" intimacy.
His three categories of depth of the emotional link in a relationship are "casual", "contractual", and "intimate".

– As I think of it, "casual" implies someone you recognize, maybe even know their name, but with whom you do not actually socialize. A neighbor you see when walking your dog in the morning might fit this description.

– Similarly, a "contractual" relationship is one in which some form of "contractual" situation brings you together regularly, but it is still not someone with whom you have an emotionally personal relationship. Relationships to co-workers and superiors at work most commonly exemplify this level of relationship.

– By contrast, it is usually only with (1) family, (2) close friends, or (3) dating or marital partners, that one has a truly emotionally "intimate" relationship, in Bion's sense of the word. And it is most commonly only in that sort of relationship that the "baby core" of the personality is routinely engaged. This makes for a circular, but useful, definition of an "intimate relationship". It is one in which the engagement of the "baby core" of each person makes it "intimate", and it is only "intimate" if the "baby core" is engaged.

– The main implication of this idea is that for a change to take place in someone's personality, in a manner that is truly "structural" in nature, as opposed to "superficial", "intellectual", or "contrived", it must occur in the realm of "real emotional significance" to that individual uniquely.

For me, with my current thinking, it seems to imply that this "emotional contact or resonance" occurs at the level of the "amygdala". This is not to say that higher level cognitive functions are not involved, they clearly are involved. But they must ultimately have an impact on the emotional relationships stored at the level of the amygdala if any real growth and development is to take place.

– Take for example an infant whose mother went back to work full time in the infant's second month of life, or who was given up for adoption at birth because the biological mother was a single student, and did not feel ready to have a child. In either situation, the infant might develop an "innocent misconception" that it was "not lovable" and therefore "bad". If that "unconscious phantasy" is carried into adulthood, despite in reality having loving parents and a husband or wife, that individual is still likely to be predisposed to periods of mild depression, whenever he or she is not fully successful at something.

Let's imagine that person sees a psychiatrist for medication, during an episode of depression, and recovers adequately. He or she is still subject to the same reaction in future situations. In contrast, let's say that individual goes into a more ongoing therapy relationship, after a subsequent bout of depression. They are likely to gradually recreate with the therapist, in the "transference", that same "feeling that they are unloved and bad". The therapist recognizes the historic link, and they gradually over time, see this same quality of "negative transference" from multiple angles. If they continue their "constructive interactions", the very quality of their emotional relationship is gradually altered. This represents an actual "structural change", based on many elements of the "emotionally intimate relationship" to the therapist.

– I find it useful to distinguish this quality of change from one in which an aspect of the personality is "split off and projected", but the underlying "paired relationship" (between a baby level part of self and a version of mom or day) goes on at the level of the "amygdala", unaltered.

This can be seen in therapies where the therapist and patient engage in a mutually supported attack on someone, often a parent, sibling or spouse, creating a "folie au deux", that encourages the projection of a "bad", and thus unwanted part of self or internal parental figure, into someone in the outside world. This amounts to the unconscious use of a "manic defense". It does not lead to "structural change", even if the individual "feels better". Instead, it usually increases personality "rigidity" and "paranoid anxiety", not to mention ruining the relationship to the recipient of the projections .

– In summary, because true "structural change" in the personality seems to only take place in the context of an "emotionally intimate" relationship, such changes later in life typically require an intensive therapy situation, and are most commonly and readily created by an "analytic level" of intensity of therapy. This level of intensity and intimacy allows the "baby core" of the personality to be engaged in an ongoing manner, without resorting to excessive defensive maneuvers to evade the pain that the relationship allows to be recreated.

Being a Therapist and Doing Therapy

Axiom #21: Being a "Good" Therapist Requires Extensive Training, Emotional Balance, Curiosity, and Imagination

– It is the "kiss of death" as a therapist to be prone to: (1) "narcissism", (2) "sitting-in-moral judgment", (3) "omnipotent" and "omniscient" states of mind, and/or (4) have difficulty in "setting limits" and "preserving boundaries". Unfortunately, most of us start with our fair share of these characteristics or predispositions.

Most of these correlate with (1)the activity of "unconscious envy", (2) a predisposition to the excessive unconscious use of "projective processes" to get away from experiencing baby states of mind, (3)and whatever "innocent misconceptions" or "distortions" we have about life, boundaries, and intimacy, left over from our infancies and childhoods.

– This means that even the most potentially "talented" young therapist still has an "amygdala", and an abundance of things they do not know about themselves. "Talent" for therapy requires (1) liking "interaction" with people, (2) an active "curiosity" about the workings of the unconscious inner world in self and other, (3) a general familiarity and comfort operating in the realm of "emotional experience" that we might arbitrarily call "psychological mindedness", (4) all rounded out with a readily available "imagination" that can creatively think about and verbalize emotional states, including recognizing the use of "symbols" particularly as conveyed by dreams, that represent baby states of mind.

Axiom #22: All Therapists Need a "Personal Analysis" to "Calibrate" Their Instrument

– Every therapist was once a baby! He or she had experiences stored in their amygdala during those early weeks and months, and WILL RECREATE them with their patients, whether they are aware of it or not. Thus, just like in a marriage, or any emotionally intimate relationship, what they do not understand about themselves will, inevitable produce difficulties in the therapy relationship.

Therefore, everyone who does therapy should have their own personal treatment to understand the major "baby elements" in their own personality. Otherwise, they will "project" problematic elements into patients, and/or they will have "problematic reactions" to the "baby aspects" of their patients, that are being "projected" into the therapist.

Corollary:

– "Negative transferences" are the most commonly avoided transferences by therapists and patients alike. Ideally, a therapist needs to "anticipate", and bring up the possibility of a negative reaction that a patient may have in the future or is currently having unconsciously, long before it is in "full bloom". Most therapies that are "interrupted prematurely" are "ruined by unanalyzed negative transferences", something I learned early on in doing therapy.

Perhaps the single best hint or clue that such an issue might come up is whether or not the patient "turned away" from their "good objects" at any point in infancy. For example, sucking one's thumb throughout much of childhood, serious adolescent rejection of the parents, history of significant drug and alcohol usage, serial infidelity, etc. all suggest that the patient does not remain in the relationship to a "good object", but instead "turns away" in the face of excessive mental pain, often including "envy of the goodness" of the object.

The latter idea is of particular importance because occasionally a therapy is making "good progress", and then comes unexpectedly to a screeching halt, and the patient quits seemingly out of the blue for no apparent reason. If the therapist had seen the correlation from the patient's earlier history, they might have anticipated this "negative transference reaction".

– It has been my repeated experience that I need to point out to a patient in the early sessions that based on their history, they will "unconsciously" need to "recreate" their negative reaction they had in their infancy or childhood, with me in the therapy, in order for it to get analyzed, instead of repeated through "action".

When that "negative transference" finally comes to fruition, patients will often say to me, "you said I was going to feel this way, back when we first met". This gives us both more time to explore the "origin of the negative reaction", without the patient "acting" on it without awareness of its unconscious origin. It is as if the "anticipation" of it makes the idea more likely to have significance that needs to be "thought about" rather than "acted upon".

Corollary: If the therapist and patient are "too scared" or "unaware" of the negative element, and wish to preserve an "idealized" view of their work together, an extremely common situation, then there is an almost inevitable risk of projecting the "negative unconscious element" into someone outside the therapeutic relationship. This nearly always is a spouse, parent, sibling, or co-worker who does not deserve the full blame for whatever is wrong.

Axiom #23: The Therapist's Problematic Infantile Countertransference versus Normal Countertransference:

– This has always been a difficult topic for psychoanalysis, as seen from Freud's and Klein's time, to current day. The crux of the problem might be framed by the two questions. First, is it possible for a therapist to be an impartial judge of a patient, without reacting "problematically or neurotically"? And second, would it be "desirable" even if it were possible to not react to the patient?

– If it were true that patients could use "words alone" to convey their "states of mind", it might be possible to be "impartial". But the problem is that damn "amygdala" again! Some of the most important and early states of mind, stored at the level of the amygdala as "memories as feelings", can only be "lived out" through unconsciously performed "song and dance" on the patient's part. Furthermore, they must inevitably be "received at a primitive level" by the therapist's mind, as a "feeling", and then converted into "thoughts" that can be expressed in "words".

This process corresponds to Bion's notion of very primitive, unthinkable states of mind (which he arbitrarily referred to as "beta elements") requiring the infant's mother to take them into herself, and convert them to "thinkable, usable states of mind". Bion arbitrarily gave the mother's "reverie", about the "infant's raw states of mind", the name "alpha process", and the products of the mother's mental work were referred to as "alpha elements".

– This points the way to the core issues that are involved in the problem of "countertransference" (which I will call CT for short). Let's presume a patient manages to convey something to the therapist by non-verbal communication, that is very important. How can the therapist "DISTINGUISH" his or her own "baby level" reaction to the matter at hand, from the patient's unconscious communication through pre-verbal or non-verbal means?

– For example, what if my patient is critical of their mother, and I am also in a mood to be critical of my own mother. I might collude with the patient in their urge to blame their parent, and both of us are not taking responsibility for our own contribution to the issue at hand.

What if the real issue is that the patient is recreating, with me, an early, very primitive difficulty with their mother. What if the issue is that the mother was unwilling to consider her own "problematic" failure to "take in" the infant's states of mind, when those states of mind were painful to the mother?

What if, by complaining about his or her own mother, the patient is trying to recreate a situation with me, where I am the mother who is "failing to see" that I am the person about whom the patient is complaining. In effect, my own CT reaction of not wanting to be "to blame" for anything, and my willingness to make mother the "bad guy", is leading me to fail to receive an important, but primitive, song and dance recreation of an early version of mother in the patient's unconscious inner world.

– I see this type of CT difficulty regularly in less well trained people doing therapy. They are often colluding with their patient to project everything bad, and put all the blame for their marital woes, into their spouse. The therapist agrees with, and thus colludes with their patient's projections into their spouse, not infrequently ruining the marriage. By failing to aid their patient in "taking back projections", which were they recognized and stopped, would greatly improve the marriage, the therapist is actually doing harm. Furthermore, the patient's projections into the spouse, not infrequently, represent criticisms the patient would need to direct at the therapist in the transference, if the therapist were willing to allow "negative transferences" to exist.

– In summary, we can arbitrarily divide CT into two categories. The first would be the "expectable human reaction" that most of a group of therapists would have, when a patient conveyed a certain state of mind by non-verbal song and dance, with or without the use of words.

The second is the therapist's own "baby level" reactions, which may be both entirely "unconscious" and "irrational". This has a lot to do with why it is usually wise to keep strong reactions to a patient to oneself. These reactions are often the therapist's own issues, thus something to be kept private to the therapist. They represent useful material for his or her formal therapy, or later ongoing self-analysis. This is one of the main reasons why candidates in psychoanalytic training are required to be in a personal analysis for much of their training.

Since much of the communication in therapy goes on at this "pre-verbal/non-verbal" level, it requires the therapist to be able to differentiate their own "reasonable reactions" to their patient's communications, from their own "baby level, neurotic, irrational, unanalyzed reactions and unconscious phantasies". This links back to Axiom 22, with the necessity for all therapists to have their own personal treatment, and it anticipates Axiom 24.

Axiom #24: The therapist should never "take sides" in marital therapy!

– As I mentioned earlier, I see this over and over in therapists doing either individual therapy, or in doing marital therapy. This is not restricted to spouses as the therapist may side with the patient against a parent, sibling, boss, etc. The underlying issue is the same in all of the situations, i.e. "bad stuff" and "blame" are being "projected" instead of "owned".

This is probably most commonly a product of the therapist's inadequate training, with the result that they do not have the concept of "projective processes" understood in anything more that the most rudimentary sense.

However, it is also very commonly a product of more problematic, neurotic CT reactions and prejudices. As I said earlier, mothers, fathers, and spouses come in for the lion's share of such collusions between

therapist and patient to project “bad stuff” into them, and spare the therapist and patient the arduous task taking responsibility for one’s own problematic reactions and behavior.

Axiom #25: The Gift of Sharing an Exploration of the Workings of Another Human’s Mind Should Be Cherished

– I once had a boy in treatment who was fascinated with the workings of “planets and outer space”, when he clearly really wanted to understand what had happened in the womb, and infancy, with regard to himself and his twin sister. He could not bear the pain of a tragedy that occurred at birth, his mother’s subsequent depression, and the harm it did to his entire childhood. He projected the problem as far away from himself as possible, and attempted to work on it at great distance from the actual humans involved, who themselves could not face it.

– As therapists, having calibrated our own minds to do the work of exploring the unconscious “inner space” of “psychic reality”, we are doing work that is even more fascinating that that of the astro-physicist, but also one hell of a lot “scarier”. It is also quite “amazingly fascinating” stuff, and potentially never the same from day to day. As I like to say, even when a patient is extremely “boring to the point of being soporific”, there is still the “fascinating” question of what it is that he or she doing to render life “so empty of emotion”, or seemingly “devoid of meaning”?

– I regularly hear young therapists lament about the difficulty of doing the work with patients. It always reminds me of the pain I felt in the first five years of practicing as a mental health professional, when I had patients bring in their struggles with painful thoughts, their dreams, etc. and I had little or no real in-depth understanding of what it all meant. It was hard to wait years, with personal analysis and supervision in the meantime, before I reached a point of having a modicum of understanding of what might be going on in my patient’s unconscious inner worlds, and in my own.

– Because I ultimately wished to understand myself, and felt propelled to do the “work” of facing my mental pain, despite my own narcissistic personality organization and unconscious use of omnipotent maneuvers and manic defenses, I managed to come out on the other side with a more constructive and productive approach to life.

– I wanted my patients to feel able to face their own mental pain, with me at their side, and not evade it with medication or magic. As a result, even though probably half of all my patients during my career have come to me on medication, or have been on medication prescribed by someone else during treatment with me, I myself am still on my first “prescription pad”, when it comes to my doing the prescribing of medication.

Furthermore, were it not for the fear of being sued, I rather doubt that very many patients really require medication, if one is willing to see them frequently enough that the patient can bear to “stay in contact” with his or her unconscious inner world between sessions (meaning it often requires seeing a really distressed patient three to five times per week).

[Note: I am not suggesting that a patient who is acutely psychotic does not require hospitalization and medication, but I am suggesting that medication is very “over prescribed”. This amounts to saying to a patient, “let’s see if we can make your pesky inner world go away, so I don’t have to do the hard work of learning to understand the workings of my own inner world, in order to be able to understand the workings of your unconscious inner world”. Children as patients are particularly susceptible to this feeling that the “grown-ups” just want their minds to “go away”.]

– It is my impression that all psychotropic medications essentially do the same thing, they make it harder to “feel one’s feelings”. When a patient is in a treatment that can manage that patient’s feelings and states of mind, all patients will come to the conclusion, sooner or later, that they are missing out on a portion of life by being unable to “feel” themselves fully.

I have NEVER had a patient who has not ultimately wanted to stop their medication, because they thought they could get along without out it, and they wanted to be able to completely feel the "good" aspects of life, This is usually because they are no longer afraid of their painful states of mind. [Again, chronically psychotic and schizophrenic patients, who are not a part of my practice, would be exceptions to this rule].

– Whenever I really think about it, I feel that it is such an "honor and privilege" to have a human being come into my office and expose the most intimate and detailed "workings of their mind" to me. There is nothing more interesting in the universe, and nothing to be cherished more, save perhaps "life" itself. I go to work every day expecting interesting, new things to occur, and I feel so fortunate to have a career that I enjoy, even love!

In summary, this leads me to want to paraphrase the saying of early American history, "Go West Young Man (or Woman)". I would like to say "Calibrate Thy Instrument, and Go Deeper – You'll Never Have a Boring Day in Your Life!"