

AFFECT AND SCRIPT: BUILDING RELATIONSHIPS AND COMMUNITIES

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Drawing on the affect and script paradigm of Silvan S. Tomkins, this two-part workshop will show how restorative practices work. Participants will learn to identify the nine innate affects, biological programs triggered by patterns of neural stimulation, and learn how they motivate all of us. The affects combine with life experience to form scripts, powerful emotional rules, of which we are usually unaware. We will examine the language of emotion, personality development, empathy, intimacy, and some of the scripts by which people manage affects such as shame. Tomkins's blueprint for emotional health will explain why restorative practices work. Participants will learn common emotional patterns in restorative practices and how healthy communities can help people change. A handout and reference list will be provided.

Teaching methods: Lecture/slides, handouts, vignettes, videotape, group discussion

EDUCATIONAL OBJECTIVES:

By the conclusion of this presentation, participants should be able to:

1. Understand the importance of the affect system for survival.
2. Be familiar with the nine innate affects and their facial displays.
3. Briefly state the blueprint for emotional health.
4. Recognize the importance of shame, and list four scripts that can be used to manage it.
5. Understand common emotional patterns in restorative practices and how a healthy community can help people change.

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AFFECT AND SCRIPT: BUILDING BLOCKS OF COMMUNITY

In order to help communities heal, we need to know something about how people function emotionally. We present here a framework for understanding human emotional development and behavior. Any such framework must take into account the infinite variety of human beings and cultures. It must accommodate what we know from all fields—empathic, biological, cognitive, social, pharmacological, behavioral, psychodynamic, interpersonal, artistic, spiritual, and societal. The affect and script paradigm of psychologist/philosopher **Silvan S. Tomkins** meets these requirements. **Donald L. Nathanson, MD**, a Philadelphia psychiatrist, has spent years "translating Tomkins from the English" for us. Don's extraordinary 1992 book, *Shame and Pride: Affect, Sex, and the Birth of the Self* is an overview for the lay audience. I am indebted to him and to Vick Kelly, MD.

If I am a plant, I don't need to do much. I need water, soil and light. But higher animals and humans move around. We need to know what is important because our complex environment is too variable for instinct to accommodate all needs for urgent action. We need to know what is **salient**. Tomkins hypothesized that things do not come to our **attention** (become conscious) unless amplified by emotion (affect).

Infants and other animals seem to display the same emotions as adult humans; emotion must assist in evolutionary fitness. Affect provides paralinguistic communication. Charles Darwin's global research showed that affect labels are universal. (Replicated by Ekman in 1971.)

The affect system responds to qualities of a stimulus: Increase, decrease, level. Things happen all over the body to make that information important. An **innate affect** is a prewritten brain program triggered by the shape and intensity of neural stimulation, associated with specific emotional/body experience and facial display. Awareness of affect is dependent on interpretation of this facial display. Affect amplifies anything with which it is co-assembled. Affects make good things better and bad things worse. The affects call attention to stimuli, and they **motivate** us. Nothing becomes conscious unless it is amplified by affect. **Facial and body feedback** are an important part of our experience of any affect.

We have evolved to respond to these stimulus changes in ways that have nothing to do with the content of the stimulus. Each affect is an **analogue** of its stimulus. An analogue is like something else in some dimension. A line is an analogue of a road. The stimulus for innate distress-anguish is steady state overload, and the affect feels similar. Surprise-startle is sudden and brief, as is its trigger.

Drives tell us about the nature and location of a need, but are not motivating unless amplified by affect. Drive can be useless without affect. Any affect may amplify any drive.

Pain: Pain draws us to the painful area of the body and motivates us to do something about the pain. It is both localizing and motivating.

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Components of the Affect System

Sites of Action: Places where affect can be recognized as feeling.

Structural Effectors: Nerve trunks that carry messages to the sites of action.

Mediators: Chemicals that also trigger effects at the sites of action.

Receptors: Detect affect-related information that is sent back to the affect system to cause more affect.

Organizers: Prewritten programs that organize these mechanisms into coherent scripts. The innate affects of Silvan Tomkins.

Nine Innate affects	triggers	facial displays
Positive (Inherently rewarding):		
<i>Interest-excitement</i>	optimal increase	Eyebrows furrowed, track, look, listen; mild increase in respiratory and heart rate.
<i>Enjoyment-joy</i>	decrease	Face relaxed, mouth wide, smile, eyes bright, +/-laugh.
Neutral:		
<i>Surprise-startle</i>	sudden onset/offset	Blink, eyes wide, sudden inspiration, "Oh!" Resetting affect.
Negative (Inherently punishing):		
<i>Distress-anguish</i>	steady state overload	Sobbing/wailing; arched eyebrows, tears, red cheeks, flailing arms, legs.
<i>Anger-rage</i>	steady state extreme overload	Generalized muscle tension, clenched jaw, scream of rage, red face. (Tight lipped is backed-up anger.)
<i>Fear-terror</i>	too rapid increase	More furrow of brow, blanched, frozen stare, strong increase in heart rate and respiratory rate.
<i>Shame-humiliation</i> partial impediment to positive affect	Eyes averted, head down, turn, blush, slump; interruption of cognitive and affective processing.	
<i>Dissmell</i> (root of contempt)	hunger auxiliary (smell)	Upper lip raised, head drawn back; "Ewww." (Root of racism, prejudice.)
<i>Disgust</i>	hunger auxiliary (taste)	Neck cranes forward, head down; lower lip and tongue protrude.

The computer model of the emotional system (Nathanson)

Hardware: Brain, body (including hormones, muscles controlling face, posture, voice; body parts with other roles)

Firmware: Drives and affects

Software: Learning, social conditioning, experience

Note: These are **interrelated**; change in one will change the others. Example: Obsessive-compulsive disorder drug and behavior therapy study.

Features of the Affect System:

The innate affects are urgent, abstract, analogic, matching in profile to their stimuli, correlate stimulus and response, general.

Of course, life is more **complex** than innate affect. Affects can occur at varying intensities, and can be combined. Any affect may amplify any drive, another affect, or any mental content or experience. This can result in very different life experiences. We learn to up- or down-modulate affect as we grow up.

From birth, without realizing it, we begin to link things together, to learn, to try to predict what will happen, so we can try to get more good feelings and fewer bad ones. This is the realm of **script**. Even a one-year-old has many scripts. Most of adult life is scripted, with little pure innate affect. That is why we all may react differently to the same event.

Definitions:

Affect: Innate, brain mechanism, genetically transmitted; acts to amplify anything with which it is co-assembled.

Feeling: Conscious awareness of the presence of an affect.

Emotion: Affect + feeling + associations to previous experience of an affect.

Mood: A cyclic phenomenon. Scenes retrieved contain material that is unfinished and triggers more of the same affect. It disappears immediately when a new stimulus for affect appears.

Mood Disturbance: When some biological agent or malfunction stimulates enough of the sites of action from which we normally form the gestalt of an affect, we decide that an innate affect has been triggered, and handle it like normal mood. Plasticity of the affect system is absent; does not yield to new stimulus. Examples: hyperthyroidism, panic disorder.

Affective Resonance: Affect is immediately visible as facial display and body activity. We tend to mimic facial/body display of others, providing kinesthetic data analogous to innate affect, and thus a (milder) experience of innate affect.

Empathy: Whatever is experienced during affective resonance must be explained. We scroll through our memories to find applicable life experiences producing similar "emotions."

Affective Attunement: Parent's assessment of baby's affect display, followed by his/her willingness to accept whatever meaning s/he assigns such display. Until the development of verbal language, interaffectivity provides parent-infant communication.

Affect Modulation: Innate affect is a spontaneous phenomenon expressed without modulation. All societies require that, by the age of three years, children are able to mute innate affect display so they are less likely to take over our consciousness by this distraction. A primary task of parenting is teaching children to modulate innate affect according to the rules of a particular culture.

The Empathic Wall: To some extent, we learn to shield ourselves from the affect of others.

The Tomkins Blueprint

Because we have evolved with an affect system with some affects that feel good and some that feel bad, each human is motivated to:

1. Maximize positive affect
2. Minimize negative affect
3. Both of these actions work best when all affect is expressed.
4. Anything that helps the performance of these three rules is good for human life; anything that interferes with them is bad for us.

The Tomkins-Kelly Blueprint for Intimacy

Intimacy requires a private interpersonal relationship within which two people obey the following four rules:

1. Mutualize and maximize positive affect
2. Mutualize and minimize (metabolize) negative affect
3. Intimacy is only possible when each person agrees to express all affect so the first two rules will work.
4. Anything that helps the performance of these three rules fosters intimacy; anything that interferes with them is bad for intimacy.

The Tomkins-Nathanson Blueprint for Community

A community is a public system of individuals who agree to:

1. Mutualize and maximize positive affect
2. Mutualize and minimize (metabolize) negative affect
3. A community holds together only if it has a forum for the public expression of affect.
4. Anything that helps the performance of these three rules fosters the sense of community; anything that interferes with any of these rules places the life of a community in jeopardy.

Biological factors and affect:

Physical illness

Drugs/drug withdrawal: Alcohol, benzodiazepines, lithium, caffeine

Mental illness (neurochemical glitches, etc.)

Fatigue, hunger, pain, etc.

Things feel important because they have been amplified by affect. By their effects on body structures, the affects call attention to things in very different ways. **Are the patient's affects providing information, or are they interfering with functioning?** We look for intensity or duration out of normal range. How do we sort out increased or decreased affect due to script (that is, software glitches needing psychotherapy) from hardware glitches needing medication treatment? Often, the problem is both. Pattern recognition is important—if a syndrome is present, we treat the patient with what works (medication, psychotherapy, or both). If the patient is having difficulty functioning due to symptoms, pharmacological treatment should be considered. Ultimately, even psychotherapy and psychosocial factors are mediated biologically. (Kandel, 1998) **A healthy affect system can respond with the appropriate affect for any particular trigger.**

We rule out other medical disorders, drugs, medications, etc., that can cause symptoms, i.e., a hardware glitch producing the experience of an innate affect. We must recognize and manage the underlying condition. **Substances** such as thyroid hormone, asthma medications and drugs of abuse influence **affective development**, also. A patient who wipes out adolescence with alcohol or marijuana doesn't learn adult affect management skills and has to be taught.

Psychopharmacology: The intentional use of chemical substances to return affect physiology toward normal. It may be needed for hardware and firmware defects, or for extreme affect related to problems in living.

Psychotherapy of biological glitches: We help patients understand normal emotion after they have been treated with medications. Patient, and probably family, will need to adapt to the new functioning of the affect system.

Any affect human adults experience is likely to be multifactorial: Illness, work or home stress, drugs, hormones, upbringing, old patterns of feeling and behavior (scripts) may factor in. Medical treatment and medication (which modify "hardware"), and psychotherapy techniques (which modify "software") improve the **plasticity** of the affect system. Psychotherapy must modify the brain, but we don't know how.

PART II

Script Formation: From birth, we begin to link things together. We want more positive affect and less negative. We start to try to predict what will happen, and control the outcome. Humans are pattern recognizers. We go through life having affects triggered, and **learned triggers** accumulate. Other things become linked to affect sequences. Further, if stimulus-affect-response sequences happen over and over, we develop **emotional "rules"** for managing such families of scenes; the rules are called scripts. Most of adult life is managed by scripts. We are rarely aware of their operation. Script theory helps us view people in the **context** of family, neighborhood, and culture.

If sequences happen repeatedly, or trigger very intense affect, we tend to group them and develop an emotional reaction to them. **Scripts are rules** for the management of scenes; both the rules and the scenes themselves can be magnified by new affect. This new affect now can become part of other scripts. The magnifying affect may not be the same affect as that in the scenes. Scripts can include future or past, similar or contrasting.

Script Evolution: Nathanson (1996): "The function of a script is to simplify the process through which any mental content may be analyzed for its resemblance to prior experience and to provide rapid deployment of strategies for its management."

Distortion: Though scripts improve efficiency of information handling, we tend to try to fit new material into our existing scripts, distorting the information. We may have trouble seeing new situations as novel.

Scripts become much more important than the scenes from which they arise. Scripts may be **strengthened** by the formation of **analogues**, or **disconfirmed**. A highly magnified script requires little reminder of the past; it is **easily triggered and involves very intense affect**.

Some Types of Scripts: Ideological; Affect Management (Sedative, Pre-Addictive, Addictive); Limitation-Remediation (Commitment, Acceptance, Hope, etc.); Celebratory, positive and negative; Macho; Shame (Damage-Reparative); Affluence.

Macho Script: Affects gender-labeled, with fear, distress, shame, enjoyment feminine; excitement, dissmell, rage masculine.

Personality: For any individual, the pattern of scripts used in interpersonal interaction. Personality formation depends on the differential magnification of affect within family, subculture or culture and on life experience.

Emotional Health: Affective **plasticity** due to normal affect biology, plus culturally appropriate, **adaptive scripting** enabling optimal functioning in all areas of life.

ONE STEP AWAY FROM HEAVEN: THE EXPERIENCE OF SHAME

The Sequence of Shame

Triggering source, Physiological Phase; Cognitive Phase; Decision Phase; Reactive Phase

Source: Initially, any stimulus that impedes (partially stops) the expression of interest-excitement or enjoyment-joy. As we accumulate experience of the innate affect shame-humiliation, learned triggers accumulate. Each may be a miniaturized or symbolic analogue of an impediment to positive affect.

Physiological Phase: Eyes down and averted from the source of the impediment, face averted, loss of tone in head and neck causing a characteristic slump, blushing--sudden vasodilation in skin of face, cognitive shock, interruption of whatever positive affect had at that moment been in progress, interruption of ongoing affective communication.

Cognitive Phase: As we recover from the cognitive shock, we scan memory for previous experience of this affect. All possible experiences of shame may be grouped as follows:

- A. Matters of size, strength, ability, skill
- B. Dependence/independence
- C. Competition
- D. Sense of self
- E. Personal Attractiveness
- F. Sexuality
- G. Issues of seeing and being seen
- H. Wishes and fears about closeness

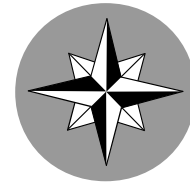
Decision Phase: Now filled with the uncomfortable memories just recovered during the cognitive scan, we decide whether to add this new experience to our list of defects and failures, or to defend against it. Acceptance would require revision of our sense of self.

BUT WHAT DO WE USUALLY DO????

Reactive Phase: The Compass of Shame

Point of Compass	Style of Operation	Range of Action	Auxiliary Affects
WITHDRAWAL	Shame affect as such	Hiding to depression	Distress; Fear
ATTACK SELF	Avoid helplessness	Deference to masochism	Distress; Self-disgust; Self-Dissmell
AVOIDANCE	Prevent the affect	Cover-up to drugs	Excitement; Anger
ATTACK OTHER	Avoid inferiority	Put-down to sadism	Anger; Dissmell; Disgust

ATTACK OTHER



WITHDRAWAL

ATTACK SELF

AVOIDANCE

Nathanson, 1992

Over the past century, many of the problems of Western society (violence, rudeness, bullying, incivility, pride in toughness and explosiveness) are related to a **cultural shift in shame scripts away from withdrawal and attack self to avoidance and attack other**. How do we reverse this? How do we create a safer, more respectful culture?

First, we need to start teaching people about their emotions, by providing **affect education**, especially for kids. But affect education must be backed up by living those healthier scripts. Where do we find healthy environments? What are their characteristics? They provide love. When we are out of line they call us on it without excessive shaming. They push us to be the best we can be. They give positive feedback. They require us to respect others. Sound familiar? We are describing high support and high control--a restorative milieu. **We create healthy scripts over time while living in a restorative environment--or a family with great parenting!**

Providing explicit affect education and long-term immersion in a restorative milieu creates an effective "vaccine" against violence and conflict and builds a safer, more respectful society.

INDIVIDUAL CHANGE IN THE CONTEXT OF COMMUNITY: AFFECT IN RESTORATIVE PRACTICES

Research shows that restorative conferencing creates and repairs relationship networks, builds social capital, and helps people learn the skills to get along with each other. In contrast to the traditional criminal justice system, **conferencing** and other **restorative practices** put Tomkins's blueprint into action. The blueprint can guide the individual facilitator, as well as anyone who is trying to live more restoratively in informal interactions and informal practices. Although conferencing is not therapy or parenting, there are similarities. "Effective therapy must involve dense affect in a therapeutic context that guarantees safety to both participants, in scenes that may be repeated often enough or with enough intensity that the affect so triggered causes reorganization of the pre-existing affect management script." (Nathanson 1996)

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Restorative justice procedures and family group conferences bring together members of the community in a safe place (#4) to express their feelings about an incident and its effect on them (#3). All are given time to talk, expressing both their positive and negative feelings about the situation (#1 and 2). In a successful conference, the expression of affect allows the group to understand each other and to feel better, while the offender, if any, becomes aware of the effect of his or her behavior on others. The offender can hear others' negative affect about behavior, but will often hear positive things about him/herself, also. He/she will therefore feel shame without being pushed out of the group. Making restitution provides a way to make up for negative behavior, ending the incident. The offender remains part of the community, increasing the likelihood of receiving positive affect from others, rather than rejection. A contract may set up community rituals or other celebratory scripts that draw the community together.

Early in a conference, the affects expressed will be mostly negative. As the conference proceeds, **the affect in the room generally becomes more and more positive**. Lauren Abramson, Ph.D., first identified the affective shifts in conferencing in 1995. According to Abramson and Moore, (2002):

Stage One: The group begins with feelings of anger, contempt and fear at people for what they have done. People are asked how they have been affected by the incident, and begin listening to others. People begin to look at behavior instead of people, and the affect shifts.

Stage Two: People feel disgust, distress and surprise in reaction to hearing about actions and motivations. There is a powerful silence after all have had a chance to speak about what happened and how they were affected. Participants begin to feel that they are all in it together. This stage is short.

Stage Three: Collective vulnerability, as the group experiences shame physiology. The community reflects on how things happened. This is the shift or balance point; the group's affect is poised to become more positive. The next stage begins when the facilitator asks those most affected what they would like to see come from the conference.

Stage Four: Plans for the future are made. Members feel interest followed by relief (enjoyment-joy).

Affective resonance and understanding are crucial (not cognition alone.) Participants typically move through more distancing and toxic emotions, e.g., fear and dissmell, then through distress and shame toward the positive affects. Surprise and distress (often tears) presage cooperation. If there is an offender, s/he feels shame for hurting others, and shame serves as a barrier to connection with the group. Shame, according to Tomkins, is only triggered when there is a positive bond. A person will want to restore that bond. Shame signals openness to heal or repair. The group may also feel their responsibility for the event. Marie Fitzgerald calls the moment of the shift "collective vulnerability". Participants begin to feel the need to make it right with each other.

The Silvan S. Tomkins Institute offers study groups, a listserv, and a collegial community at www.tomkins.org. Phone 215.546.1853 or 1.800.317.1669.

Dr. Deppe offers training and supervision to individuals and groups in person and via Internet or videoconferencing. 802.658.7441 in USA or email deppe@together.net for more information. Thank you for your interest!

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