Molding Clay:

The Process of Constructing the Self and Its Relation to Psychotherapy

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Cognitive psychotherapists are concerned with the implications of the self and the process of construction of self for psychotherapy. This paper considers what attachment theory, with its emphasis on developmental processes and the protective function of attachment figures, together with current information from the cognitive neurosciences, can contribute to an understanding of psychological disorders of the self (Guidano, 1995a). From the perspective of attachment theory, the self can be considered an interactive, emergent process of intra- and interpersonal organization. Psychotherapy can be viewed as a time-limited corrective attachment relationship, implying that application of attachment theory may be useful in understanding the therapeutic relationship. The dynamic maturational approach to attachment theory is first applied to the parent-child relationship, which is then compared to the therapist-client relationship through consideration of six components of self: emergent processes, function, maturation, reciprocity with non-self, multiplicity of potential selves, and integration.

Emergent process

The self is usually spoken of as if it were some sort of 'thing.' The self is more usefully seen as an organizational *process* that is on-going and continuous across the life-span (Guidano, 1995b; Mead, 1934). Thus, there is never a completely finished, stable, or even "true" self. Put another way, the self is always becoming. This is equally true for developing children and the developing adults with whom they interact. It is also true for psychotherapists.

If we apply the ideas of the Russian psychologist Vygotsky to the attachment relationship between parents and children, we could say that the parent, as an attachment figure, works most appropriately in the child's zone of proximal development (ZPD; Vygotsky, 1987). In that zone, the attachment figure organizes his or her behavior to promote the protection of the child. This means letting children do what they can do for themselves and doing for them what they cannot do at all. But, in their ZPD, the interaction takes on reciprocal qualities that promote exchange between parent and child in ways that create new possibilities for both.

In the ZPD, attachment figures perceive the signals of the child, interrupt their own behavior and modify it to meet the needs of the child, and maintain a reciprocal interaction that molds to the child, fitting the child's need, while concurrently forcing the child to make adjustments that propel development forward. Like two malleable pieces of clay, each ready for working, the attachment figure presents one surface of the clay of self to the child. That surface should mold comfortably to the child while still requiring the child to adjust and mold to the parent. Coming out of this reciprocal experience, both selves are changed. Through this process of shaping and reshaping, selves emerge and function in the immediate context of now before being modified again.

In this dynamic interaction, each is creating a newly emergent self that is better adapted to immediate conditions and to the future development of the other. This increases the range of adaptability of each. That parents assist in the creation of the child's self is obvious. That interaction with children promotes change in parents may be less obvious - unless one has had a child. The experience is profoundly self-modifying, changing forever how one sees oneself, how one reacts to others, and the range of interpersonal skills that one develops. This occurs in the interpersonal dance of protecting, comforting, and challenging a child and is on-going and continuous across the life-span.

An advantage of conceptualizing the self as an ever-emergent process is that it emphasizes the continuing adaptation of self-organization to life's ever-changing challenges. Neither parent, nor child is static. Indeed, most parents discover that, as soon as they master some aspect of

child-rearing, the child has moved on and needs something new, something for which the parents are not fully prepared and for which they must change themselves. Not only do children emerge, parents emerge. Surely, psychotherapists do so as well in the process of fitting, adapting to, and nudging their clients forward. To function effectively during an attached person's process of change, both parents and psychotherapists need self awareness, confidence with the process of personal change, and willingness to continue this process in themselves (Guidano, 1995b).

Function

From an evolutionary perspective, two primary functions of self organization are 1) protection of self and 2) reproduction. Parental attachment figures fulfill the protective function with regard to infants and children. Infants' attachment behavior, for example, crying or clinging, alerts parents to infants' need, or perceived need, to be protected. The cry can indicate actual threat to the infant and a true need for protection or, alternatively, it can indicate the infant's perception of threat and, therefore, the need to be comforted. Attachment figures both protect and comfort the attached person; more importantly, throughout development, they assist the attached person to construct an array of strategies that protect the self from danger and regulate arousal.

Spousal attachment figures fulfill both protective and reproductive functions with regard to each other. That is, even adults are conceptualized as needing help in protecting themselves, albeit from different threats than children, and as having sexual needs that are best satisfied in enduring intimate relationships that result in reproduction. Protection and reproduction interlock in several of ways. For example, the behaviors that function to maintain attachment (seeking, touching, stroking, holding, etc.) are essential to the sexual/reproductive function as well. Similarly, the protection that is promoted by attachment is essential to managing both physical safety during sexual intercourse and psychological safety in sexual relationships. Possibly the most important connection is that, having achieved sexual intimacy with the predictable outcome of childbirth, the protective efforts of both parents are needed to maximize the probability of survival of their progeny.

Psychotherapists function as substitute attachment figures to clients seeking protection from perceived threat to the self. In this role, they, like parental attachment figures, attempt to soothe and comfort clients and also to enable them to learn more effective self-protective and self-comforting strategies. (It should be noted that when the danger is physical, other professionals, such as police or physicians, are needed.) The use of a paid professional as a substitute attachment figure carries the potential for both a corrective process that could free clients from the misperception of threat and also a distorting process that could exacerbate the problems of clients. For example, the therapist could provide the secure base from which the client could explore their past experience with danger and anxiety or, alternatively, could add the therapist's own distortions to the client's. A particular threat is that, in the intimacy of their attachment relationship, sexual feelings would be aroused. Because this is a natural co-occurrence outside of therapy, it would be expected within psychotherapy as well.

Maturation

The process of self-organization is regulated by maturation. This means that, as the brain matures, the number of ways in which it can represent the relation of self to non-self increases. Awareness of the array of strategic organizations and their developmental progression can facilitate therapists' recognition of clients' strategies, clarify their adaptive historical roots, and promote selection of ameliorative therapeutic techniques. Like Guidano's post-rationalist

constructivist perspective, dynamic-maturational theory posits that most strategies were adaptive in the context in which they developed. Infants can only represent experience as two simple transformations of sensory stimulation.

Cognition. One transformation is based on the temporal order of the stimulation. This "cognitive" transformation is represented as sensorimotor procedures of how the self responds to stimulation and the effects of that response. This transformation is well described by learning theory in terms of reinforcement contingencies that change the probability that the self will act in particular ways. Responses that are punished may, in the future, be inhibited. Responses that precede expected punishment that does not occur may be repeated, in a compelled manner, when undesirable outcomes are expected. When the inhibited or compelled behavior is temporally, but not causally, related to the outcome, there may be a basis for development of disorders of inhibition and compulsion, i.e., persistent inhibition or display of behaviors that do not function as the individual implicitly assumes that they function (Crittenden, 1997). In the terms of cognitive psychology, this form of representing the relation of self to external non-self is procedural memory (Tulving, 1979) The cognitive transformation requires only the brainstem and cerebellum (Thompson, 1985).

Affect. The second transformation is based on the relative intensity of the stimulation and is associated with affective feeling states. Stimulation that is highly discrepant from current stimulation, i.e., that reflects a substantial change in intensity of stimulation, elicits processing through the more recently evolved limbic system (Le Doux, 1995). Typically such stimulation includes very loud sounds or silence, very bright light or darkness, sharp painful touch or feather light tickling of a few body hairs, etc. Such stimulation generates physiological change in heart rate, breathing, etc. that prepares the body to fight, flee, or, in extreme cases, freeze. It creates, in other words, several dispositions to act (Damasio, 1994). Further, somatic arousal itself creates sensory stimulation that is processed through the limbic system and may lead to further arousal, i.e., it may create self-maintaining feedback loops. Arousal is experienced as unfocussed anxiety that disposes individuals to prepare to protect themselves. As with cognitive information, the representation may be accurately predictive or erroneous. When it is erroneous, it can lead to the anxiety disorders. In cognitive psychology, this form of representation is called perceptual memory (Schacter & Tulving, 1994); because the focus in attachment is on danger- or sex-related stimulation, the term selected is imaged memory, where the images may be visual, auditory, tactile, gustatory, or olfactory.

Implicit knowledge. Both of these forms of representation are preconscious and preverbal, function at least as early as birth, and organize behavior in predictable and familiar ways very rapidly, far more rapidly than conscious processing permits. In addition, both memory systems are composed of organized pathways of firing neurons, some of which reflect externally generated stimulation from the non-self and some internally generated stimulation from the self. Such neuronal pathways constitute the most basic form of representing the relation between self and non-self. Procedural and imaged memory can be considered core aspects of self that function rapidly, self-protectively, and below consciousness across the life-span.

Self, non-self, and strategies for eliciting protection in infancy. Parent-infant interaction fosters transformation of basic reflexes into context-adapted patterns of behavior. Two aspects of this are important. The first is universal and consists of the cognitive and affective transformations. Each creates a dispositional representational model (DRM) that can be used to organize behavior. When both procedural (cognitive) and imaged (affective) representations

dispose the infant to the same response, action proceeds without interruption. When they yield different DRMs, cortical processing can resolve the discrepancy by discriminating the stimuli more accurately (in the sensory cortices) or differentiating more fully the possible responses and their expected effects (in the prefrontal cortex). Cortical processing both permits erroneous information to be corrected and also takes more time than precortical processing. If the danger is eminent, this time can expose the infant to harm. Consequently, when either representation is intensively activated, it tends to catapult the infant into immediate self-protective action on the basis of incomplete processing of incompatible procedural and imaged representations. Thus, danger and threat of danger maximize the possibility that (1) erroneous information will be carried forward unchanged and (2) synaptic connections of the neuronal pathway representing the enacted response will be strengthened, thus, increasing the probability and speed of their reactivation in the future. In addition, precortical responding reduces the infant's experience with cortical processing, thus, failing to facilitate integrative pathways.

The second important aspect of parent-infant interaction is its influence on the organization of three generic patterns of implementing these DRMs; the pattern used by a particular infant is determined by the pattern of parental response to the infant's distress signals. In attachment terms, these become Ainsworth's ABC patterns of attachment (Ainsworth, 1979). Infants whose distress leads to crying will associate that somatic state not only with its eliciting conditions, but also with the parents' response. If the outcome is prompt soothing, the somatic experience will not distress the baby unduly (probable Type B[i]). But if the outcome is a shouting mother or one who picks the infant up frantically while struggling against her own rising distress, the somatic image may in the future lead, in the first case, to inhibition of display of distress (probable Type A) and, in the second case, to a self-maintaining feedback loop of affect escalation that increases distress (probable Type C). Through this process, some infants learn that cognitive predictions, based on temporal order, yield the greatest safety and comfort with their caregivers; the corresponding behavioral strategy (A1-2) consists of doing what the parents reinforce (i.e., the right thing) and inhibition of negative affect. Others learn that an affective strategy (C1-2) of rapid arousal yields the most satisfactory outcome and, in the most felicitous of outcomes, infants learn to integrate both sorts of information to yield balanced cognitive-affective strategy (B1-4) of predictable temporal contingencies and accurately expressed feelings for managing interpersonal relationships.

New self-protective strategies and new forms of representation in the preschool years. Using preoperational intuitive intelligence that reflects maturational change in brain structure occurring at the end of the second year of life, 2-5 year old children both communicate with language and construct new strategies. Early linguistic representations, including both semantic and episodic representations (Tulving, 1979), permit more elaborated representations of the relation of self to others and to the context. Semantic representations consist of verbalized forms of procedural knowledge. Episodes are verbally constructed integrations of a sequence of events, the external context, and the affective response of self in a particular instance; they are, in other words, sophisticated, event-specific cognitive-affective integrations. Both representations require cortical processing, yield additional dispositional representations, and permit more sophisticated organizations of behavioral response than infant strategies (Crittenden, 1995). The compelled strategies involve children's taking the parents' perspective and organizing their behavior to please the parent, either through compulsive caregiving (accompanied by false positive affect

and inhibition of anger, fear, and desire for comfort) of withdrawn or neglectful parents (A3) or compulsive compliance (accompanied by inhibition of all affect except fear) with hostile and punitive caregivers (A4). The coercive strategy involves splitting the negative affective states of anger, fear, and desire for comfort so as to display only anger (C3/5) or only fear and desire for comfort (C2/4), exaggerating the display of one while inhibiting the display of the other, and alternating the displays, based upon the behavior of the caregiver. This creates an unresolvable struggle for dominance between parent and child. The Type C strategy becomes organized around the coercive use of distorted nonverbal, affective communication to influence others' behavior.

Thus, the first 4-6 years of life are a period of increasing refinement of strategy to developmental context as maturation makes new distinctions perceptible and new response patterns possible. With their maturing capacities, children construct contextually-adapted strategies for regulating the protective function of caregivers. This progressively increases the *specificity* of children's adaptation to unique aspects of their developmental contexts.

The school years: variability and integration or rigidity and distortion. Once language becomes possible and motor competence permits children to explore widely from their caregivers, children begin to establish additional attachment relationships, for example, with grandmothers and daycare providers. Entry to the wider context of schools and social organizations provides children with substitute attachment figures and exposes them to others' strategies and the occasions for using those strategies. This facilitates the construction of new strategies, each suited to certain circumstances or relationships. Children begin to integrate these multiple strategies into a self that is internally coherent while, nevertheless, varying strategically from one occasion to another and from one relationship to another.

In addition, school-aged children are expected to explain their behavior, especially when they misbehave. Doing so requires children to become aware of and examine their multiple dispositional representations and to understand which motivated their behavior in any given instance. Some children discover, however, that honesty is not acceptable. These children learn to construct adult-pleasing, but false, explanations for their behavior. This is false cognition and it forms the basis for organizing a new strategy: the punitive/seductive C5-6 strategy. Children using this strategy integrate the ability to deceive others regarding their intentions into a new form of coercion in which deception is used to blackmail or seduce others into relationships. This strategy typifies various forms of coercive relationship from bully victim pairs, to gang activity, to couple violence.

Adolescence and adulthood: sexuality and integration. Following the second major period of neurological maturational, puberty, adolescents begin to integrate emerging reproductive strategies into their attachment strategies for selecting and regulating relationships. In addition, the transition from an egocentric, protection-seeking form of relationship to a reciprocal exchange of perspective-taking, protection, and comfort develops in couple relationships. With the birth of children, the self is transformed yet again into a protective attachment figure for an attached child. Functioning successfully as a parental attachment figure requires substantial awareness of one's own motivations, competence at regulating one's own behavior, and flexibility of strategy (Crittenden, Lang, Partridge, & Claussen, 2000). By adulthood, humans become able to choose which aspects of self to display, to reflect about themselves and their behavior from multiple perspectives, and to imagine and prepare for possible, but not-yet-experienced, circumstances (cf. moviola technique; Guidano, 1991).

Although linguistic representations become increasingly complex and important for the organization of behavior, they do not replace the earlier sensory-based representations. Indeed, procedural and imaged representations elicit behavior more rapidly under threatening conditions throughout the life-span. For example, a recurrence of the smells, sounds, or sights associated with past danger can immediately elicit self-protective responses that operate outside of conscious awareness. Because speed is most critical when one feels threatened, less conscious, sensory-based representations may be of greater importance to individuals who have experienced actual threat or who frequently feel themselves to be threatened than to less threatened individuals. For the psychotherapist, this implies the importance of attending to non-verbal functioning and of transforming it into verbally accessible forms of self that are available for self-reflective consideration (Fonagy & Target, 1997).

Once humans have the maturational potential for conscious, sophisticated, and self-aware thought, an intentional course of self change becomes possible for the first time. The paradox, however, is that language is the most easily distorted and falsified form of communication whereas linguistically structured self reflection is the most accessible means of identifying and correcting distortions. Assessment of the non-conscious aspects of linguistic communications (such as the discourse analysis of the *Adult Attachment Interview*) can alert the informed listener to distorted linguistic processes and provide a means to bypass the persuasive distortions of language (Crittenden, 1999, 2000). The outcome of development in adulthood is that consciously regulated *variability* of self becomes possible. The ideal outcome is for each individual to have both a wide repertoire of strategies and a consciously accessible process for selecting strategies to fit current circumstances.

Reciprocity with non-self

An important component of the dynamic-maturational perspective on self-organization is that the self does not exist alone; it always reflects an interface with others and with the context. The self, in other words, is always in a reciprocal process of shaping, and being shaped by, the non-self. Attachment figures are essential components of non-self through which infants and children structure a protective interpersonal world.

Family interactions are the bi-directional process through which we make people (Satir, 1972). To use Bowlby's metaphor, parents and children are on separate developmental pathways (Bowlby, 1979). What they meet along these pathways shapes the clay of self such that, when they come together, they differ. As they move into the tight orbit of intimacy, each presents some aspects of self that have been shaped by their separate experiences and these aspects must now be remolded to fit the other person. That process of shaping and being shaped around a productive discrepancy is central to personal development. It is important that, in this zone where they meet, parent and child expose the clay of self in ways that promote flexibility and do not create harm.

When the parent's clay is too fully formed, too hard and dry, the child must scape against it or be shaped in deforming ways by it. There is no place for the child to attach, no opportunity for mutuality and reciprocity. The child must either get on alone, which is not possible to do in childhood, or must distort him or herself to fit the shape of the attachment figure. In attachment terms, the child is likely to construct one of the compulsive patterns (A3-4), in which the child organizes from the parent's point of view to meet the needs of the parent. Such a child develops a self, but much information about the self and about others' ability to adapt to the self is lost in favor of information about the needs and desires of the attachment figure. On the other hand, if

the clay is too soft, too wet or squishy, the child's attempt to snuggle in or to resist the slip and suck of the mucky ooze can result in a smothering embrace or a furious tussle. In attachment terms, the outcome is likely to be a Type C coercive struggle for the child role, through either excessive anger or incompetence/submission. Whether the strategy is Type A or Type C, the child is forced, through interaction with the non-self, to organize self-protective strategies that are skewed. The harmony of finding one's self fitting comfortably and protectively against the non-self is lost. Most people who seek psychotherapy have had the experience of distortion of self to fit an attachment figure's limitations.

The metaphor fits psychotherapy equally well. When therapists present true aspects of themselves that fit the client's need and are offered in a truly reciprocal, protective, and growth challenging relationship, the development of the client is fostered. However, not all therapists can manage the uncertainty and personal vulnerability that this entails. For example, if therapists fear aspects of themselves, their own or others' pain, or intimacy itself, they may rigidly and technically structure a dry therapy around doing the right things, i.e., following the rules of their system of therapy as they were taught to do. In such cases, the client as a unique and suffering individual is rebuffed and sometimes is sufficiently aware of the therapist's discomfort to behave in ways that protect the therapist from the client's needs (A3). Alternatively, the client may care for himself (A6). Both responses defeat the therapy. Ironically, these responses to therapists' limitations are likely to reflect precisely the distortions that brought the client to therapy.

The opposite pattern may also occur: the client may battle coercively (C3-6) to force the therapist into personal recognition of his or her unique self, sometimes using self-destructive risk-taking or tender seduction that concurrently demand and deny intimacy. When the therapist is too little formed, too soft and yielding, the client's struggle may force intense and personal intimacy on the therapist which, when it fails or is withdrawn, can carve deep and painful cuts in the therapist. This not only harms the vulnerable therapist, but, when clients discover it, as they must, it may frighten them with a view of their power to destroy the hoped-for source of protection. The negotiation between the psychotherapist as a corrective attachment figure and client in the client's zone of proximal development is limited or even curtailed. Where is the safety if the guide is a source of threat or refuses to acknowledge the danger? Where is the safety if the guide cannot enjoy closeness or is in need of protection?

Is this anything more than a recasting of the notion of transference and counter-transference? Conceptualizing both therapist and client as emerging selves that are shaped, in part, by non-self and viewing therapy as an entraining interaction in which the two come together around issues of self-protection for the client is more than just a restatement of the transference issue. In particular, it suggests greater flexibility on the part of the therapist and presumes that the therapist can manage the balanced (B) state of self awareness, flexibility, and on-going adaptation. Although effective therapists must be able to use all strategies, each must be employed consciously and purposefully such that they serve only the strategic goals of the therapy and are not defensive for the therapist. The same, of course, is true for parents. They, too, need a range of strategies, but, as noted by the Papou_eks, parenting is usually intuitive (Papou_ek & Papou_ek, 1979). Therapists who deal with the failed outcomes of misguided intuitive parenting cannot so easily afford an unreflective approach. This is crucial when one considers the data on psychotherapists: more than a few (and far more than in the normative population) suffer from the same endangered childhood history and distorted intra- and

interpersonal problems as their clients[ii] (Elliott & Guy, 1993; Pope & Feldman, 1992; Pope & Tabachnick, 1994; Radeke, 1998). Further, it is probable that a substantial number breach the barriers of sexual intimacy with clients[iii] (Bajt & Pope, 1989; Bernsen, Tabachnick, & Pope, 1994; Gartrell, Herman, Olarte, & Feldstein, et al., 1987; Pope, Keith-Spiegel, & Tabachnick, 1986). The risk is that, in the inherently reciprocal process of interactive construction of self, the therapist who is threatened by intimacy or whose preconscious models are distorted may function too much like the recipient of service. On the other hand, the therapist who, being aware of this risk, relies on a consciously constructed professional self may present a stiff, false self that clients will intuitively recognize as a sign of vulnerability. In either case, the therapy is hijacked for the benefit of the unsuspecting therapist.

The construction of self through interaction with non-self requires two individuals, each of whom is moving through separate processes of change, to bring aspects of themselves into sufficient synchrony to maintain a protective and growth-producing relationship. This is true for children and their parents, for spousal partners, and for clients and psychotherapists. My point is that self is not independent of non-self; it always carries the thumbprint of the non-self. In this way, non-self is an integral part of self. Psychotherapists need to be very knowledgeable about the self that they offer to patients. Only with this knowledge can they expect to bring appropriate aspects of themselves into harmony with the developmental needs of their clients. Being able to do this is probably equally critical for parental attachment figures and for psychotherapists functioning as temporary corrective attachment figures.

Multiplicity of potential selves

The array of differently processed representations of different relationships creates a multiplicity of potential self-organizations. The ways in which these are connected is integral to the self. That is, each of us could be any number of different selves and, indeed, we are somewhat different with different people and under different circumstances. The goal of psychotherapy is not to rid the individual of distorted forms of self and their associated self-protective strategies. Rather, in the perspective offered here, each distortion and strategy functions adaptively, given the circumstances in which it was learned and applied (Crittenden, 2000b). Those circumstances include the individual's maturational competence at the time, previous developmental experiences, and circumstances and events external to themselves. Because all of these change over time, the point of therapy becomes identifying the distortion and associated strategy and seeing its historic adaptive quality while, at the same time, exploring current conditions to identify critical features that require a different strategy. When this new strategy is learned, it can be added to the repertoire of possible strategies, as opposed to using it to replace earlier, currently maladaptive strategies.

Consequently, psychotherapists need to identify the range of self-organizations that regulate their clients' behavior and the conditions that elicit these strategies. In particular, it would be helpful to know what most threatens particular clients and, thus, reduces their potential to reflect productively about their own behavior. Often psychotherapists assay this by examining their own relationship with the client. But this can be tricky. Unless the therapist knows him- or herself very well and knows something about their own direction of movement, there is risk of a confusion of self and other. Without some objective measure, it can be difficult to identify one's own delusions. Even without this source of confusion, few therapists can elicit the full range of clients' self-protective functioning in the relatively protected setting of therapy.

This suggests the need for broad-range assessments that are also highly specific with regard to eliciting conditions and strategic responses and that can tap, with reasonable accuracy, non-conscious functioning. This precludes most self-report measures. Further, the need for reliability and validity of assessment precludes projective instruments. Most attachment assessments lie somewhere between these two poles. They provide replicable, semi-structured probes that elicit enactment of strategic, self-protective responses. Moreover, they are developmentally sensitive, usually being constrained to a single developmental age. Their application to both client and psychotherapist can improve the quality and efficiency of psychotherapy.

Integration

The process of resolving incongruent dispositional representations is central to self-organization. The ability to integrate multiple dispositional representations to yield one best-fitting response requires neurological maturation, prior experience with the integrative process, and time. Time is especially important because greater processing yields more sophisticated and adaptive responses. It also delays responding. Thus, when danger is eminent, full integration carries risk to survival. In safety, however, full integration permits more finely adapted responses. Because the perception of imminent danger implies the need for prompt self-protective action, integration is most difficult to accomplish under conditions of perceived threat or danger.

Determination of which representation will guide immediate behavior depends upon the interaction of maturation, experience, and context. When the parent is a source of danger, children's learned mental and behavioral strategies may not prepare them well for the (safe) world outside the family. On the other hand, when the context is dangerous, interaction with the parent may assist the child to acquire culturally adaptive, self-protective strategies. In either case, change in context may yield a mismatch of self to context. For example, under dangerous conditions, formerly safe individuals may generate defensive responses too slowly whereas, under safe conditions, formerly threatened individuals may respond too rapidly on the basis of partial processing that elicits unnecessary or maladaptive self-protective behavior. There may also be a need for psychotherapy when the natural process of self-adaptation has come to a halt. This can occur when (1) there is no external impetus to change, for example, when a family system settles into a dysfunctional pattern that everyone is afraid to change, or (2) the individual's current strategies function to prevent attending to or resolving the problem, for example, when there is dependence upon any addiction from alcoholism to "workaholic" self-distraction. Both of these situations can lead to a stable state of discomfort and, ultimately, to depression. In both cases, a combination of introducing a mild and unexpected threat (Guidano, 1991) and providing a safe opportunity to explore it may break the impasse. Under such circumstances, a comforting guide can be a great advantage. Thus, one function of psychotherapy is to unsettle existing patterns while providing a safe and comforting relationship within which to explore new strategies, new self-other representations and integration of multiple representations in a process of on-going adaptation of an emergent self to a changing and variable context.

Conclusion

Although schools of psychotherapy can teach theoretical perspectives and sets of techniques, ultimately each therapist has only one tool: him- or herself. When freed from the limitations of its unique developmental history, the self of the therapist is the most potent and flexible tool possible (Hubble, Duncan, & Miller, 1999). In a reflectively managed relationship, the therapist

uses the interaction of him- or herself with the client in the intimate and reciprocal molding of one person by another. Each is changed by the process. If, however, the therapist has a limited understanding of self, especially of the preconscious procedural and imaged representations of self, and if he or she has engaged too infrequently or too incompletely in the process of integration, the power of the self may be distorted or even destructive. Neither goodwill, nor technique are sufficient to mitigate against this outcome. Indeed, they can augment its impact by relieving the unwitting therapist of self-doubt. The risk of such an outcome is especially great if the therapist has a history of distorted or difficult relationships that have not been adequately resolved.

The self is a very powerful tool. In close relationships, both parental and psychotherapeutic, it can mark indelibly the emerging self of both attached person and attachment figure. One must be brave or foolish to accept the role of parent; luckily biology, in the form of sexual motivation, has (historically) eliminated the decision for most parents. For psychotherapists, the issue is different. Because they choose and train for the role of correcting developmental error, they should be comfortable with self-awareness, with the uncertainty of change, and with the process of integration of discrepant representations of self. Without these competencies, they cannot expect to guide another person, particularly a suffering person who has been exposed to threat in intimate relationships, through the challenging process of self revelation and change. Instead, they risk recreating the threat and augmenting the distortion.

The self is never static, never complete. Its emergent quality creates hope. Its complexity in the form of multiple dispositional representations processed differently through the elaborateness of the human brain and integrated elegantly in the cortex creates the possibility for each person to step out of the mire of a misguided developmental history. The brain is the most flexible human organ; it is the interface between self and not self. It is at that interface, in the experience of reciprocal and reflective intimate relationships, that the self organizes and can reorganize to construct new and more adaptive strategies that both protect the self and reduce the probability of danger. In the safety of protective and comforting relationships, even seriously distorted people can realize the enduring possibility of humans for change. Psychotherapists have the opportunity to participate in and guide that process.

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[i] For a graphic representation of this model, please access the WebPage at www.patcrittenden.com.

[ii] Based on 9 self-report studies with a total sample of 6473 psychotherapists, approximately 50% of therapists had experienced childhood physical or sexual abuse or both, 85% had received psychotherapy while being therapists (and the therapy lasts approximately 6 times longer than for non-therapist clients), almost two-thirds were diagnosed with depression and one third with suicidal thoughts, 20% reported withholding "important," usually sexual, information. Psychotherapists also reported more current personal and health problems, more anxiety, and more job satisfaction than other professionals.

[iii] Based on 4 self-report studies of 3551 psychotherapists, 87% reported being sexually attracted to clients, 18% had considered sexual involvement more than once, and 6% reported sexual activity with adult clients (24% with child clients). Almost two-thirds of the same respondents reported treating 1 or more clients who had been sexually abused by a prior therapist and they reported this to authorities in only 8% of cases.