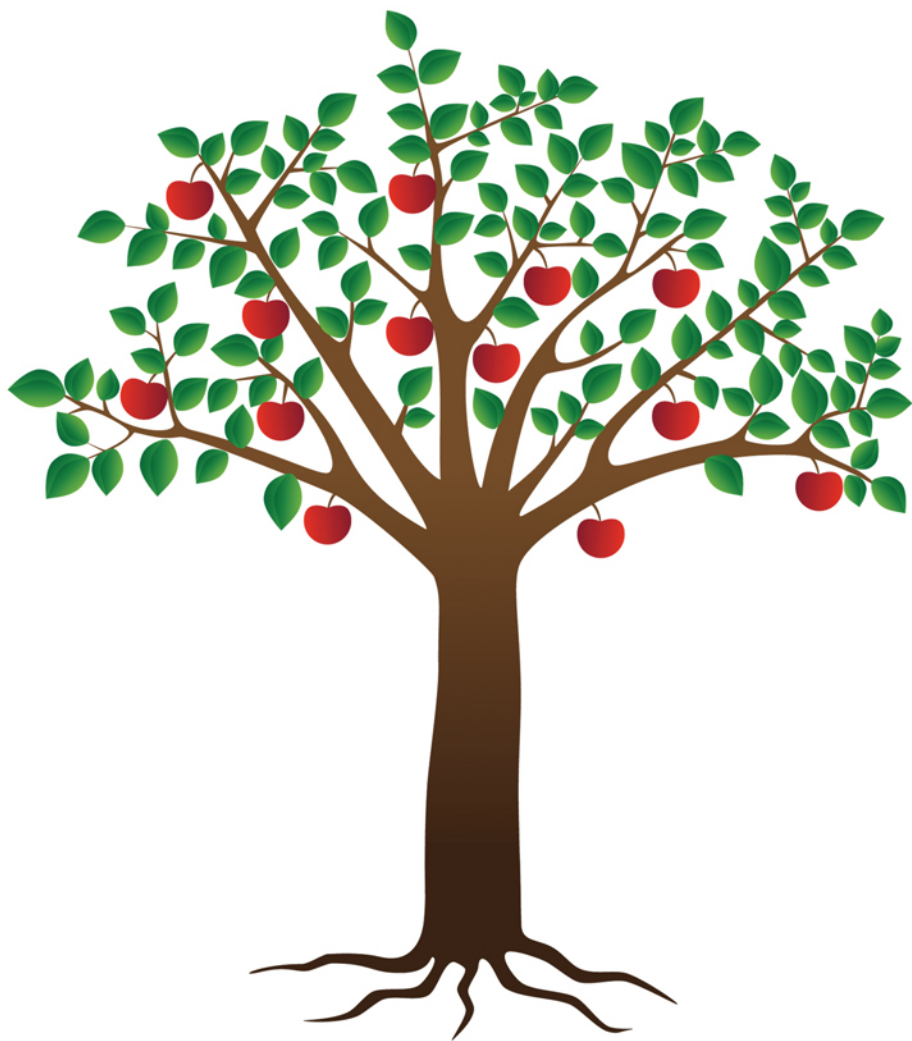


Psychoanalysis and Motivational Systems

A New Look



Joseph D. Lichtenberg
Frank M. Lachmann
James L. Fosshage



Psychoanalysis and Motivational Systems

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Prologue

In a series of books and papers, we, together and individually, have explored the unfolding of affects, intentions, and goals by conceptualizing a theory of motivational systems. In addition, we have developed guidelines for a clinical approach compatible with self psychology, a relational perspective, and many of the more traditional emphases that constituted each of our early training.* We now return to the theory advanced in *Psychoanalysis and Motivation* (Lichtenberg, 1989), and offer a new look based on the following series of proposals:

1. A nonlinear dynamic systems theory can serve as a psychoanalytic metatheory (Chapter 1).
2. A dense description of any psychic event or theoretical entity can be obtained by combining five points of view: influences, intentions, inferences, communication, and regulation (Chapter 1).
3. To the motivational systems previously described—physiological regulation, attachment, exploration/assertion, aversive, and sensual/sexual—we now add affiliation and caregiving (Chapter 2).
4. Individual motivational systems, while sometimes dominant in mental states, are often combined or shifting one to another (Chapter 3).
5. When applied to motivational systems theory, the concept of fractals, that is, the reiteration of self-similarity across domains of scale and time, can help explain the retention of a sense of continuity and the sense of identity across continuous fluctuations of mental states and epochs of life (Chapter 4).
6. Empathic sensing into the state of mind of another invariably includes the making of inferences about intentions and goals (Chapter 5).

* See Lichtenberg (1981, 1983, 1989, 1998, 2005b, 2008); Lichtenberg, Lachmann, and Fosshage (1992, 1996, 2002); Lichtenberg and Kindler (1994); Lachmann (2000, 2008); Lachmann and Lichtenberg (1992); Fosshage (1995b, 1999, 2003, 2005, 2007); Fosshage and Lichtenberg (1997).

7. Inferences are made both in blink-like rapidity, often out of awareness, and in more deliberate intuitive, nonreflective, or fully reflective modes (Chapters 5 and 7).
8. In clinical exchanges, inferences about emergent themes and about the status of the dyad often occur in a rapid intuitive phase and a more deliberate articulated phase in intervals of three to five minutes (Chapters 5 and 7).
9. The process of making inferences is the portal through which analytic (or personal) theories enter and influence the understanding of past and present, implicit and explicit levels of processing, and the relationship emerging in the dyad (Chapter 5).
10. Complex mental constructs such as love and hatred, self and identity, and creativity involve the confluence and fluid interaction of multiple motivational systems (Chapter 6).
11. Metaphoric processing is an important mode of revealing and activating similarities that are crucial to understanding meaning (Chapter 7).
12. Guidelines for therapeutic approaches that we have offered previously can be seen to provide therapeutic leverage at both the implicit and explicit levels of processing and understanding affects, intentions, and goals (Chapter 7).

Introduction

Motivational systems theory aims to identify the components and organization of mental states and the process by which intentions and goals unfold.

What is a mental state? A mental state refers to the phenomenology of being awake or asleep, hungry or satiated, safe in the presence of a supportive loved one or worried about the health of a child, satisfied at completing a crossword puzzle or frustrated at being unable to complete a work task, frightened at the approach of a dangerous-appearing stranger, angrily denouncing a cheater, craving a soothing back rub, sexually aroused, romantically preoccupied, or in the depths of despair after a romantic rejection. To give order to this multiplicity of mental states, motivational systems theory proposes groupings based on similarities of unfolding affect, intentions, and goals.

What is motivation? In everyday usage, motivation is the answer to the questions “What do I *want to do*?” and “*Why* do I want to do it?” For nearly a century, psychoanalysts regarded motivation as instinctual drive—sexual to ensure the preservation of the species, and aggression to ensure the preservation of the individual, with many variations on these themes. In our view, motivation involves a complex intersubjective process from which affects, intentions, and goals unfold. Motives are not simply givens; they emerge and are cocreated and constructed in the developing individual embedded in a web of relationships with other individuals. How affects, intentions, and goals are both emergent and cocreated, constructed, and categorized into more or less discrete motivational systems is a subject of our book.

What constitutes a motivational system? A motivational system is one of a number (we will identify seven) of complex self-organizing systems of emergent and cocreated affects, intentions, and goals. The seven motivational systems we identify are those involved with physiological regulation, attachment to individuals, affiliation with groups, caregiving, exploration and the assertion of preferences, aversiveness, and sensuality and sexuality. The process of emergence of the different affects, intentions, and goals of each motivational system involves component functional systems:

perception, cognition, memory, affect, and recursive awareness of the process unfolding (see Figure 4.1, p. 51). The foundational systems interact simultaneously, with a shift in one component influencing the other. Recognizing the multiplicity of mental states, motivations, and relational interactions, motivational systems theory regards both the moment-to-moment unpredictability of lived experience and the more sustained order that arises during development through the categorization and recategorization of experience.

We developed our theory from the findings of both infant observation and clinical (psychoanalytic) observation and research. We will illustrate with a brief vignette from the observational and the clinical domains.

MOTHER AND CHILD: THE OBSERVATIONAL DOMAIN

We will use a common positive experience between mother and infant to delineate simultaneously interacting components that lead to the unfolding of mutually influencing intentions and goals in the motivational systems of both.

Ann approaches three-month-old Katie with a smile and a greeting as Katie awakens from a nap. Katie orients her head, eyes, and body to her mother. As her mother's arms go out to her, Katie smiles and organizes her body to be picked up. Using this simple vignette, we can identify the activation of Katie's attachment motivational system to seek the safety and affection of her mother's warmth and arms, and the activation of Ann's caregiving system to affectionately and playfully attend to her daughter's needs. The ultimate goal of both the attachment and caregiving systems is the creation and preservation of intimacy.

For mother and child, the anticipation of the renewal of their intimacy triggers an affect of joy that is easily kindled between them. When the unconscious or conscious perception of a stimulus that induces an emotion is processed, brain sites that are preset to respond to a particular category are activated (Damasio, 1999). An immediate nonconscious affective/procedural response, present in the newborn and available throughout life, is necessary for successful adaptation to environmental challenges and the physiological adjustments needed to meet these challenges. In contrast, conscious feeling states enable previous emotional experiences to be recalled and current experiences to be accessed for planned decision making. In the example of Ann and Katie, the response of each to the other instantly allayed any concern about danger or risk, allowing each to be comfortably responsive to the other.

The presence of functioning memory is active in both Ann and Katie as evidenced by the ability each demonstrates to use prior experience to anticipate the other's intentions and goals. Cognition is active in both or

no memory could have formed. Unlike her baby, the mother is able to consciously connect her emotion with past experience and evaluate her current experience. What happened when Ann and Katie looked into each other's face? Each reads information from which each can infer that this is familiar, this is safe, and this is pleasurable. Each can go on to make further inferences (Chapter 4). In rapid-fire fashion, Katie could infer that she was about to be picked up. Ann could infer a great deal more about her baby's state of receptivity, while the baby could only provide signals indicative of that state.

From the inference she formed and by orienting her body accordingly, Katie indicated her intention to cooperate with her mother's intention to pick her up. From the inference Ann formed, she recognized that her prior intention to pick up Katie after her nap was a goal she would be able to achieve. For both mother and baby, the spontaneous facial expression of pleasure through which each communicates with the other illustrates an intention and action that does not require conscious planning. In this example the impetus to act on mutual compatible intentions is evident from the shared greeting and the shared coordinated movements. In comparison to three-month-old Katie, many of Ann's actions are taken with full conscious intent, and goals are based on recognized prior experience. Consequently, Ann's actions can be modified by a conscious appraisal of circumstances and new goals formed, such as a diaper change rather than the immediate feeding she had planned.

PATIENT AND ANALYST: THE CLINICAL DOMAIN

Ms T, a single professional woman in her mid-30s, was referred to me (JL) by a well-respected, experienced therapist. Her referral statement was unusual. She indicated that Ms T had made many prior attempts at therapy, including analysis, before coming to her. She had worked with the patient individually to little effect and then placed her in a group where the initial fit dissipated into rejection by the group. She hoped I might find some way to help the patient.

Arrangements for a consultation were made in a friendly businesslike manner. Entering the waiting room, I found a well-groomed, attractive woman who returned my smiling greeting in similar fashion. In the consulting room she volunteered her reason for coming as her disappointing attempts at dating and treatment. Her description of her life experience and responses to my queries were succinct, coherent, and cooperative. She demonstrated an understanding of her own dynamics and those of others. On an Adult Attachment Interview (AAI) she would have been classified as securely attached. Two thirds of the way through the session, I glanced for a split second to my left as a bird flew by the window. When I looked back at