

**Science in the Behavioral Sciences:
An Introduction to Psychodiagnostic Chirolgy (PDC)
in Applied Psychoanalysis**

Arnold Holtzman, Ph.D.

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The material presented in this article deliberately sacrifices form for substance. At the outset, I should make it clear that what follows is not meant to invite academic review or academic evaluation. Where Cognitive-Behavioral programs have a virtual stranglehold over academic studies in the behavioral sciences, and where their undisguised agenda is aimed at delegitimizing psychoanalytic concepts, cognitive dissonance will powerfully arrest any notion that something may be amiss here. More to the point, cognitive dissonance will arrest any openness to the notion that within the framework of these psychoanalytic concepts can be a diagnostic discipline that elevates its clinical application to the level of a genuine science.

Let us first be clear about what defines science. The prime method of empirical enquiry must be experiment and the successful replication of a given experiment conducted under laboratory conditions. Testing is the first and only acceptable program in the laboratory environment and its primary requirement is the absolute control over variables. Finally, the alignment between cause and manifest effect must not lend itself to variances in interpretation.

The vehicle we enlist to underline the scientific foundation of psychoanalytic constructs – in the main as manifest in Object-Relations perspectives – is not at all new. It has been available to therapists, essentially, since 1983, and certainly as a comprehensive discipline in psychological diagnosis since 2004. In April 2011, in languages other than English – Hebrew and Traditional Chinese – its application in child development was dramatically demonstrated. The vehicle is known as *Psychodiagnostic Chirolgy*, or PDC (the letters that will identify this diagnostic medium in the pages to follow).

To be sure, psychoanalytic intervention has long been viewed, fundamentally, as an art form even by its most committed practitioners. The reason for this is that inasmuch as the individual's historical experiences constitute a schema of references to himself, or herself, these schemas are often marked by painful emotional scarring locked in pre-conscious developmental periods, invariably remaining unavailable to conscious recognition. The same schemas may include stressful and possibly traumatic experiences originating later in life but which are thoroughly repressed from memory or otherwise denied. As such, and inasmuch as they constitute the singular signature defining the etiology of a given neurotic condition in adulthood, the therapist can enlist only his or her intuitive faculties, clinical experience, educated guesses and sharp impressions with which to access these schemas. In most instances, when the issues do not include organic disorders, this knowledge would ultimately determine the core references and thrust of the therapeutic program. Nevertheless, identifying the etiology inherent in any neurotic condition must invariably remain a derivative of abstract conceptualizations.

Attesting to the intellectual and professional integrity of clinicians identifying with psychoanalytic programs is the fundamental recognition of the existence of these schemas – internal experiences of the world defining a very singular and altogether unique knowledge of its nature – and a full, unquestioned awareness of the hold they have on the individual’s mental and emotional constitution. The ambition of every therapist here, regardless of the specific course of therapy undertaken, would be to strive to have the client secure a level of alertness to, and a measure of identification with, the schema’s constituents. The hitherto subconscious “why”, with its host of rasping tentacles, may thus be moved to bond with the material “what.” The therapist would then strive to have this awareness provide the leverage that may help the client manage problematic issues and promote a successful resolution to the therapeutic undertaking.

At times these intuitive faculties, clinical experiences, educated guesses and sharp impressions unfortunately miss the mark. Often they are spot on. The point of these remarks, however, is the manifest professional and intellectual integrity these clinicians demonstrate by recognizing the profound weight and influence of these schemas. Inasmuch as scars and unhealed wounds are well insulated from conscious recall, their readiness to account for the unforgiving and often crippling emotional investments that they generate is what allows for the possibility of an eventual resolution of the neurotic condition.

Cognitive Behavioral principles bypass these schemas altogether. The schemas which later CB therapists came to accept from the start only lent themselves to a guided program of cognitive recognition and application. Their core position sees them not so much reject as ignore the degree to which largely pre-conscious emotional investments, invariably of an acutely troubling nature, insinuate and graft themselves into the client’s deeply buried and entirely subconscious references to himself, or herself. Their theorists and clinicians deliver a mode of intervention that would enlist the client’s willingness and preparedness to consciously adopt corrective thoughts and practices in the here and now surface of their lives. Essentially, the therapeutic program would be to enlist guided intellectualizations and rationalizations applied in a rigid, somewhat compulsive, formula format geared to bringing the individual to effect a desired conscious, and rather forced response to the neurotic circumstance. The experiences thus recorded, if consistent, would promote significant corrective conditioning that would alleviate, and hopefully overtake, disturbing and stressful emotional issues.

As a rule, Cognitive-Behavioral theorists are inclined to promote the study of their discipline as a legitimate science in the complex of the behavioral sciences. They introduce it as perhaps the only program which defines human behavior and a mode of clinical intervention that accepts only what lends itself to objective measurement and concrete observation. From their mountain of literature we would understand that their most notable successes include the management of Post-Traumatic Stress Disorders, phobias, depression and anxiety related issues. They would extend this list to include psychoses and personality disorders. However, if we account for how these practitioners evaluate the success of their intervention these assertions become highly suspect. If corrective conditioning is not sustained beyond, say, two months, the intervention is not deemed to have failed. If a client fails to keep an appointment

after the third or fourth session it is the client that is faulted for not contributing to the therapist's program.

In response to extended criticism addressing the hard, coldly analytical and intellectualizing nature of Cognitive Behavior intervention, their theorists advanced the importance of investing the sessions with a measure of empathy. The attempt was to somehow lessen the distance between the therapist and the client. Essentially they reverted to Carl Rogers' client centered format, wherein the therapist demonstrates recognition of the client's contributions by confirming what he or she was sharing with them. Again, what we come upon here is an analytically defined formula applied as a rigid and entirely compulsive intellectualization of an emotional environment. However, whereas Carl Rogers gave enormous weight to the emotional significance in a client's representation of his or her circumstances, Cognitive-Behavioral therapists normally suffice with a shallow acting out of such compassion. It rarely succeeds. When asked in a survey, only one in about twenty clients thought the therapist demonstrated some degree of empathy with them.

This issue, however, is not the focus of our immediate attention. It would suffice to merely observe that the presentation of Cognitive Behaviorist psychological constructs as a science relevant to the human condition is as pretentious as it is blunting to the intelligence. It remains, essentially, the domain of those demonstrating intellectually compulsive mindsets of a decidedly analytical and somewhat mechanical bent who unfortunately suffer the gross absence – certainly the poverty of any application - of abstract thought. As a rule, and with a ready apology to the few exceptions, equally flawed would be their emotional comprehension of intimate inter-personal communication. It is all part of the same package.

PDC is a comprehensive discipline in psychological diagnosis where biometric elements – specifically, the distal upper limbs – deliver the references to the human condition. The information is garnered from the morphology, dermatoglyphics and constitution of the hands. However esoteric this diagnostic discipline may seem to those encountering it for the first time, the concept of psychological markers being represented in a client's hands is well supported in professional literature. One might also consider that the development of the skin, brain, nervous system and distal upper limbs originate simultaneously from an identical source in the fertilized egg cell – the ectoderm. Our references then to psychological expressions would in itself be wholly consistent with human biology. However it would appear that the most immediately significant support, particularly when addressing psychotic circumstances, originates with studies in the field of Psychiatric Biology.

PDC was not born in the wake of a sudden revelatory flash. Nothing resembling an epiphany was at all responsible for the discovery and development of this medium. Neither did it extend in any way from the popular culture of fortunetelling or the practices of mystics and gypsies. Perhaps it is not common knowledge, but by the middle of the last century hand analysis was an established, well-regarded and frequently applied diagnostic medium in medical genetics. It was a specialized study in most medical schools and an extension of the services offered in cyto-genetic laboratories attached to every major hospital. It was my belief that if hand analysis identified so wide a spectrum of genetic, inherited, and otherwise

acquired disorders, how marvelous would it be if the same discipline might be used to the same advantage in the behavioral sciences. Without access to schema as shaped largely by subconscious and/or repressed memories – with the enlistment of rigid defense mechanisms such as intellectualizations and denial – what the therapist often elicits from the client rarely delivers the wherewithal for a focused program of intervention. Might this diagnostic discipline then deliver its sublime promise to the tool-box, as it were, of professional behavioral specialists? I expected that the singular advantage of this medium in clinical psychology would be the degree to which it would spare the client the need of having to represent himself, or herself, to the therapist. This might prove to be the swiftest and most certain way to access the most critical, and often the most painful and most damaging, references a person may have of himself – even when such are made wholly inaccessible to conscious awareness by any number of rigid, unyielding defenses.

In the behavioral sciences the scholarly contributions of Ernst Kretschmer and William Sheldon, who visualized the human body as representative of psychological constructs, set the foundations for what came to be recognized as Constitutional Psychology. PDC finds its natural place here. However, what remains obscure is the mechanism that would explain just how physical features of the body – in the main, those originating in the hands – can link to specific facets of personality.

There remains one other issue to consider with regard to the nature and contribution of PDC in the behavioral sciences. Without qualification, *PDC proves that psychology is, in fact, a true science*. This bears repeating: PDC advances psychological analysis to the station of a genuine and wholly authentic science. It promises perfect replication - testing under the strictest laboratory conditions - and would accommodate the nature of any population anywhere in the world. Reflecting psychoanalytic constructs in the framework of Object Relation perspectives, PDC exposes the references a person may have of himself originating from the very earliest pregenital stage experiences. If there is reason to reflect on stress experiences from day one, it will access day one. Those psychical quantities that define the etiology of a neurotic circumstance and would give the measure to their severity become immediately and powerfully exposed. *In any and all individuals, when we come upon a specific psychical quantity linked to a specific feature in the hand, each of the people involved will exhibit identical patterns of attitude and behavior. There will also be a decided measure of similarity in their histories*. Inasmuch as issues related to age and health and perhaps other psychical constructions may modify to some degree the manifest expression of any biometric feature, that feature will invariably remain indelibly marking that person, and a feature insinuating itself with a deterministic severity in that same person's attitudes and behaviors. The accuracy, moreover, would verge on 100%!

This, of course, is wholly new territory for the therapist. Moreover, as a corollary, the therapist will also come upon a most comprehensive spectrum of psychical circumstances including many syndromes and psychical systems that find no mention at all in professional literature. The distal upper limb delivers a unique, intricate and sophisticated language wholly relevant to the human condition. Fortunately it is a language which, with dedication, one can master. There will come a moment in time when the message in these lines will register even

in academia, and actively promote the study of PDC for all those advancing to clinical careers in the behavioral sciences.

What follows are illustrations of hands each bearing a feature which exposes a specific stressful experience originating in the early history of their bearers. When accounting for the person's response to this stressful experience each ultimately becomes manifest as a critical, often neurotic, dimension in the evolution of the adult personality. Again, and without exception, *whenever this feature is found in the hands of any individual anywhere in the world, however disparate the cultures, it will expose in that individual's personality make-up much the same history and the entrenchment of the very same critically defined and often neurotic programs.*

It should pose no problem for any clinician with access to a clientele, to test the veracity of the material that follows.

The Negative Oral Fixation

The feature that exposes this neurotic expression in personality is the clearly seen waist shape, thinning, or narrowing development of the base phalanx of the little finger. Irrespective of any other facet of personality that other features of the hand may describe, this particular development has a distinctly unforgiving and profoundly deterministic influence on the individual's personality. *It exposes an uncompromising need for controls. It underlines in the mind of this person the need to have a sure grip on the reins of everything touching his or her life. Add to this the experience of intense and troubling uneasiness, including the fear of descending to impotence, in the event of ever having to be dependent on anybody for anything.*

History:

We would expect, as a rule, that the neonate's entrance into the world external to the womb would immediately be met with delivery into the warm waiting arms of the mother. At this time a bonding is effected with the mother who serves as the marvelous purveyor and receptor of all its intense libidinal needs and drives. There would be other equally marvelous derivatives of this experience. The neonate still does not recognize the mother as an object external to itself, but it knows the total security of being totally contained, as it were. It is essentially an extension of a body greater than itself. It becomes an inherent part of the warmth that rises from the mother's body, the movement of her body, the sound of her voice, her touching, her embraces, and all else that defines its original mother experience. When it needs feeding it is fed, if cold it is cuddled in blankets, and when tired it is rocked to sleep.

What we are describing are the neonate's and the infant's idyllic experiences. These come at a time when they are utterly dependent for their physical and emotional well-being on the mother. The experiences recorded, which will remain throughout their lives as the most fundamental references to themselves, link the degree to which their emotional and physical well-being and their most critical security needs are in the parcel of their dependency upon others. This in no way precludes their eventual advancement to levels of autonomy and independence as a response to other psychical chemistries, but it does underline a knowledge of being inherently secure along with a preparedness to trust and depend confidently upon others if necessary.



The waist at the base phalanx of the little finger exposes the Negative Oral Fixation.

The Negative Oral Fixation overtakes the very earliest references any individual would have to himself, or herself when that same person, as an infant, experienced distress of any order. In the past it appeared frequently in the hands of those who at birth were removed to incubators. This is somewhat mitigated today when the mothers are encouraged to massage and otherwise effect a gentle physical handling of the infant. But if the very young infant suffers, say, severe and extended pains in its digestive system, or musculature or bone development, the experience that becomes ingrained in its mind as a first reference it itself may be in perfect contradiction to what had hitherto been described.

We may also imagine the trying circumstances of a very young infant, totally in need of an accommodating mother, when that mother herself suffers severe emotional distress. She may well be prevented from attending to her infant's needs. Depression or heightened anxieties are frequently encountered in such instances. Consider as well that for some mothers whose own early infantile needs were never met, but who, as adults, persist in striving to have them satisfied, the practice of satisfying such needs in their own infants can become seriously compromised.

These infants, as adults, would have no conscious recollection of their earliest traumatic difficulties. Nevertheless, as submerged as these references to themselves may be in their earliest pre-conscious memories, those experiences remain as indelible references to their own lives throughout the course of their lives. What then evolves among the reflexive responses to real life circumstances is this: these people find themselves prevented from depending on anybody for anything. Nothing is forgotten. Dependencies bring to the fore the fear of experiencing anew their state of frightful impotence. *At a time when they were helpless, entirely vulnerable, and utterly dependent upon others for their wellbeing their circumstances were the most painful and impossibly frightening*

Bringing a mirror to this history, the determined striving for controls along with the abhorrence of dependencies upon others would be a singular characteristic of anyone having this shape describe the base phalanx of his, or her, little finger. Furthermore it would resist all efforts at therapeutic intervention. The best ambition of the therapist would be bring its manifest expressions to accommodate an immediate conscious awareness of its detrimental personal and inter-personal effects. This awareness might then be moved to enlist the need for the same controls to promote modifications.

The Hollow-i Syndrome

The Hollow-i Syndrome exposes a seriously impoverished and often crippling conceptualization of self-worth. *Individuals suffering this construction in personality carry within themselves the conviction that their existence is utterly bereft of legitimacy or validity.* Wherever a therapist comes upon this feature when studying the hands of the client, it would be incumbent upon that therapist to measure the relative severity of this feature which is the measure of its thinness. The more severe, the more damaging it would be to the quality and design of this person's life. On the same note, the therapist would more clearly understand all that he hears from his client through the prism of this erosive perception of self-worth. Appearances at the surface of this person's life will almost invariably be deceptive.

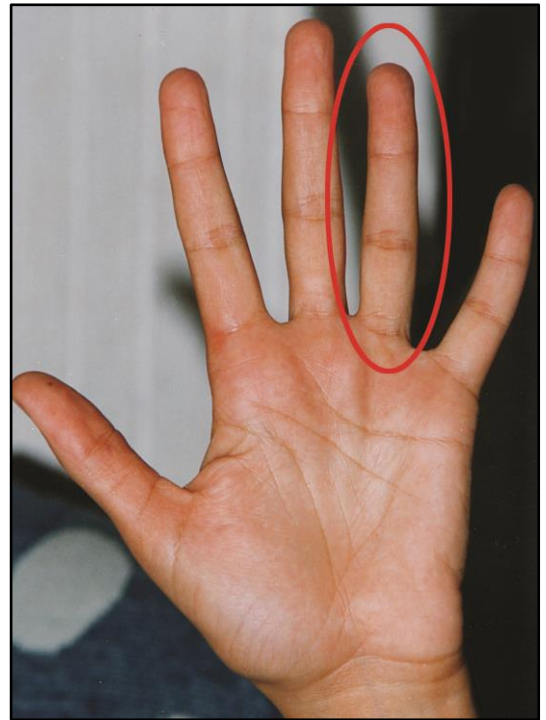
The feature linked to the Hollow-i Syndrome is the marked thinness throughout the length of the ring finger relative to the other fingers. The thinner this digit when compared with the others on the same hand, the more heightened its level of severity as manifest in personality. As a rule, a balanced digital formula will include an index and ring finger that are very similar in length and girth.

History:

The one year old infant may not yet have mastery of a language, and it is only about now that he finds his uncertain feet to support him. From this position he would survey his world and seek to access and experience as much of it as those around him would permit.

It will be some time before this child will have the benefit of rational or analytical thought with a capacity for reason. The ability to enlist judicial perspectives and considered evaluations is still many years away. But for now everything becomes invested with enormous emotional significance. Everything is felt intensely. *Feeling is everything.* His sensitivities and sensibilities are acutely attuned to absolutely everything that touches his life. It is also what fuels his endless curiosity and marvelous appetite for discovery.

This is how it must be. Thus the infant is organized to learn as much as possible in the shortest possible time. At this time information is absorbed in packages, as it were, with minimum attention to detail. One need only consider the distance an infant covers in the first two years of its life – mastery of a language, motoric development, identification with its

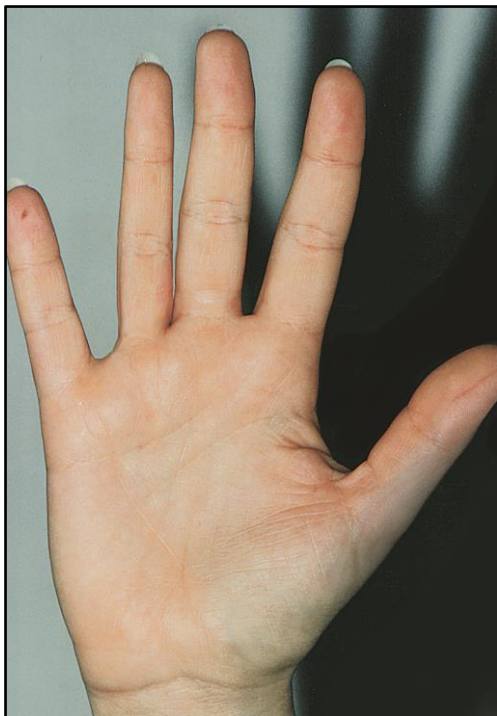


The ring finger seen here is decidedly thinner than the middle and index fingers. See also the illustration on page 13.

immediate physical and social environment, and the capacity to be willful – to appreciate how intensely involved the infant is with its life.

Into the life of this child there always comes a moment when it is wholly overtaken with excitement. For the child it would have been a hugely meaningful and powerful experience, as it carries with it a singularly marvelous significance. The child grasps that it was *his* experience. Being his experience, and his experience alone, it delivers the momentous realization that he has an existence that is separate and apart from that of his mother or father. At this time, who he is becomes a perfect and total extension of everything that he feels and imagines. What we have here and what we are describing is, in fact, the germ of what eventually evolves in the adult as the sense of self.

Consider the response of the child in the wake of just such an experience, one replete with emotional significance and such as to completely consume his attentions. He rushes instantly to his mother to expose and have her share his excitement. But at that precise moment the mother has her attentions focused elsewhere. Perhaps she is in the midst of following a complicated recipe... or conversing intently with someone on her mobile... or at her dresser preparing herself for some occasion... the possibilities are many, but what invariably meets the child's eyes is her back often accompanied by sharp words of impatience.



Seen above is a particularly extreme instance of the Hollow-i Syndrome.

When, as often happens, this experience is repeated with some regularity, the child soon understands that in his mother's eyes all that fell so profoundly on his attentions and all that he had felt so intensely had neither validity nor legitimacy. But who he is is what he feels. If what he feels does not merit validity or legitimacy, the sense of who he is becomes bereft of these very same values.

The therapist should consider that this feature is a variable. Inasmuch as it may extend the entire life of the individual with unfortunate consequences for the quality of that life, the morphology of this digit lends itself to adjustment and should not be visualized as deterministic. Very often adjustments are recorded on one hand only. Nevertheless, this would be indicative of a positive development, or the potential for a positive development – a correction which should be pursued and enhanced.

The Deficit Father Syndrome

A glaring omission in the academic literature devoted to the behavioral sciences is an understanding of the father's specific contribution to the mind and future emotional development of his child. This understanding, had it been serious and comprehensive, would have contributed much insight into some of the most prominent, pressing and increasingly divisive socio-political issues of our day. It would have delivered a fair understanding of the issues dealing with sexual bonding and familial identity. It would have contributed much insight toward an understanding of the drive that spurs the ambitions of politicians (and not only politicians) and their need for recognition. Moreover, it would have gone far to explain the sublime profit registered by the likes of Israel's Vanunu and America's Snowden, along with all the many lesser grade vigilantes. The theme itself, were it related to in comprehensive fashion, could have, and should have, added hundreds of papers and many tens of volumes to the shelves of every library devoted to the behavioral sciences.



Note the deficient length of the index finger. See also page 16.

The therapist would encounter this syndrome only in its most extreme form – a profound sense of isolation and alienation in what we have come to identify as “peer-group rejection,” (not the subject of this work.) Much as the narcissist personality will never seek the intervention of a professional behavioral specialist, so too would the bearers of this awkward parental history feel that nothing is amiss about themselves. In these notes I will offer little more than an introduction to the basic fundamentals – the first building blocks – of the Deficit Father Syndrome. Apologies if I leave its more complex expressions to the applied inventiveness of the reader.

The morphological representation of this development in personality is a digital formula exhibiting a short index finger relative to the middle and ring fingers. If it is there it cannot be missed.

History:

The Deficit Father Syndrome underlines a history wherein the individual, from that period in his or her infancy when the image of the father as a "significant other" began to assume concrete proportions, suffered a deficit, as it were, in certain very specific and very central

components, which, normally, are natural to and consistent with a relationship between a father and his infant/child. What the Deficit Father Syndrome will depict is the subsequent psychical organization of the individual both as a direct extension of this deficit and as an expression of the response aimed at compensating for it.

When the cognitive development of the infant slowly permits an awareness of a larger world of experiences and impressions, the central image in this new landscape of objects and colors is that of the father. Hitherto its only knowledge of the world was via its body centered mother-experiences. (Even had it been the father who had actively handled the infant at this time this would not change) but now it finds the physical person of its father central to its attentions. Beyond the father, but in the very same dimension where the infant first came upon him, it finds everyone else.

In the framework of its earliest auto-erotic experiences, the bonding, the sense of attachment, and of being wholly contained by the mother was almost entirely a function of its internal body experiences. It *knew* its mother via the experience of its organic self – essentially the way her voice, touch, body warmth, physical handling, feeding and all else had molded it.

This changes soon enough, but upon recognizing her physical person and linking her to these internalized experiences, the infant also comes upon its father who serves as its bridge to its outer social world. Unlike the mother, the father had emerged from a dimension external to its hitherto internal body experiences and organic self-experiences.

Those early mother experiences along with the new physical person of the mother, would normally have delivered the child a knowledge of her contribution to its physical security and emotional well-being. But now its world had considerably expanded. Along with the mother it discovers a father, and the child's future world experiences became a function of the intervention of both in its life.

Until about the age of three the child must record a number of very specific father-experiences. In this regard we shall not be describing what would merely be nice for the child to have happen, rather we would introduce these experiences as needs of a most critically important order. The first of these experiences would be the father's very early and unqualified identification with his child. Following this would be his profound readiness to integrate the child's existence with his own. This does not come about as a conscious "formula" which the father applies in compulsive fashion to their relationship. The child will know this from the tone of his voice and each time it sees the image of itself reflected in his eyes. Finally there must be a comfortable physical intimacy between them.

To the degree that these quantities are absent from the child/father relationship...to the degree that they are withheld from the child...so does the child record the natural rejection of itself by others as an inherent reference to itself. This person will come to relate to other people with a marked degree of guardedness. It will be that this person's social interactions (apart from the closer and more trusted relationships) will lack a certain fluidity. Attitudes will have a forced, defensive quality. Even before reaching adulthood, this person will experience feelings of hesitancy, uncertainty, discomfort, possibly even a sense of alienation in his or her

social interactions. When more intensely expressed, the person would be apprehensive about the possibility of being the focus of the hostility of others. He or she may also feel a certain hostility directed toward these same people.

There is another side to this coin. While these father-experiences are not genetically dictated, one might have guessed differently. If the child is denied them it will be moved to compulsively compensate for these deficits in the framework of experiences with the body that is essentially an extension of the father, namely the larger social world. To compensate for these deficits (and they are worth repeating) the father's "organic" identification with the child, the integration of the child's existence with his own, and the close physical intimacy where the child might be carried on the father's shoulders, for example, this individual will be powerfully driven for the better part of his or her life to somehow win the awareness of others and



record their profound recognition and respect. In more extreme instances, the compensation may take the form of some dangerous action that only one with a superior social morality would dare undertake. There are many excellent examples from around the world, most notably those who confront or otherwise threaten the security of their country. Their numbers would include such as Mordecai Vanunu from Israel, and, more recently, Edward Snowden from the United States.

Arrested Emotional Development

Arrested Emotional Development is a syndrome whose central expression in any adult is the poor alignment between heightened levels of intelligence promoting a capacity for the analytic absorption, processing and transmission of information, and the sustained emotional investments in unresolved security and attachment issues having their roots in early pre-genital developmental stages. The therapist encounters this neurotic condition most frequently when asked to intervene in marriages threatening to come apart. All efforts at counseling fail when this feature in personality remains unrecognized and unaccounted for. And even when duly recognized and accounted for, which is far more the exception than the rule, the therapist's best efforts generally come to naught. This syndrome does not readily lend itself to significant adjustment even with a full awareness of its nature.

Fundamentally, each of the partners in the marriage originally represented himself or herself to the other in a manner that invited a more binding union. Quite apart from the sexual attraction, the factors of education, intelligence, interests, behavior and the promise of fidelity were such as eventually permitted a lasting commitment from both.

The partner of the one suffering Arrested Emotional Development rarely grasps what is responsible for the strained temper of the marriage as it progresses. This person encounters increasing levels of hostility in the wake of bitter accusations and aggressive resentment. All this would certainly be troubling to both partners, although it invariably extends from their spouse's unforgiving disappointment for something that seems to resist simple definition.

Without fail, the feature of the hand that identifies this syndrome is the little finger that, when held upright in line with the other fingers, fails to reach the crease line separating the upper and middle phalanges of the ring finger.

History:

The infant that had just entered the world is much like plasticine or soft clay in that it readily assumes the shape of whatever experiences touch it. Normally these experiences begin with a bonding with the mother which delivers a sense of security and of being wholly "contained". With time and the continued development of its cognitive and motoric faculties the tempers of other experiences contribute to the further "shaping" of the child.

Psychoanalytic literature defines three fundamental development stages, although these have been open to considerable redefinition, renaming, and more precise divisions. Nevertheless, in all these studied contributions to professional literature the bottom line, as it were, unfailingly underscores the specific experiences essential for the emotional growth and development of every infant and child. We shall not be speaking of something that is merely nice to have; we shall be speaking of absolute requirements. *The Arrested Emotional Development takes root when specific experiences which should have been recorded during specific developmental stages in the early life of the infant and child were denied it.*

The infant becomes a child, the child a youth and the youth an adult. Inasmuch as this person's intellectual faculties may permit high academic achievements and impressive careers, and whose motoric development may have promoted remarkable skills in sports, dance and the like, the vacancy of some essential building block experiences from those early years remain sustained as vital and immediate needs. Although these are very much the needs of an infant they nevertheless remain invested in the adult, with huge emotional significance.

At risk of gross oversimplification we would identify the very earliest and most vital need of the infant as the need for bonding. Its highly charged libidinal energies are entirely object-seeking. Fortunately, its body becomes the target of the mother's own libidinal drives and her body the target for his. If any facet of this mutual attachment is experienced by the infant as less than organic, the need will not dissipate nor will it diminish with time. Quite the contrary. It will insinuate itself strongly in the complex of emotional needs still demanding satisfaction throughout the life of this person. Very much the same will later be true of the need for security in belonging. Its certain attachment to others along with the experience of its life being made meaningful to others – particularly the dominant images in its environment – is another very critical dimension of its early formative experiences. There is more, of course, but when for any reason the infant and child is denied a critical and fundamental

developmental experience its emotional development will resist continued evolution.

A short little finger.

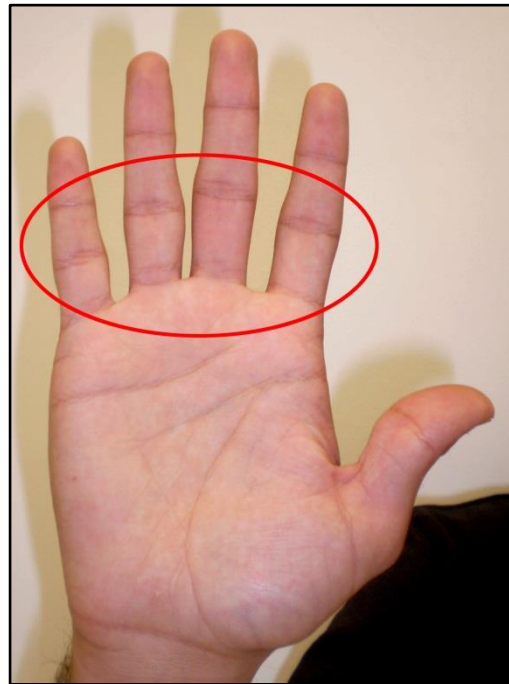


The difficulties faced by marriage counselors we spoke of earlier are rooted here. The adults bearing this syndrome may have originally impressed their partners with their maturity, intellectual acumen and sophisticated professions. These are the people their partners were given to see and with whom they linked their lives. What remains largely unseen, however, would be the expectations of these people to have their partners recognize and accommodate these very early emotional needs. It would be the rarest of exceptions if this came about. It is certainly ironic, but the bitter disappointment with their spouses soon duplicates, in a manner, the crippling emotional stresses they suffered as infants and young children. Their frustration becomes manifest as abrasive and altogether erosive confrontations.

Where a relationship is sustained with no call for a counselor's intervention we would understand that the person as a child, perhaps in line with Piaget's "Magical Thinking," identified with the image of itself as reflected in the eyes of the dominant images in his or her life and so projected this somewhat diminished image to the partner. Many of these people gravitate to professions where they work with children, professing a natural understanding of children. Along with doubts related to inherent worth, this too is in the parcel of this syndrome.

Intellectualizations and Rationalizations

When earlier we described the circumstances of the child where virtually every experience was invested with emotional significance, and the capacity for rational thought would come only with time, who it was essentially constituted everything that it experienced emotionally. Feeling was its total world experience. For young children, in their minds the measures of everything extend entirely from their emotional investments in them. Their thought processes start out as wholly emotive configurations which, simply stated, suggests that their emotional chemistries at this stage in their development determine how they grasp the world, and the mechanics of how they communicate with others.



Note the prominent knuckles over the waist shaped base phalanges.

With intellectualizations and rationalizations, a cognitive style which appears to be largely an inherited feature, perhaps open to some modification, we come upon the complete reverse. Here, thinking powerfully overtakes feeling. Perhaps it would be more accurate to say that thinking overwhelms feeling. However sincere and convincing the emotional expressions of these people may seem, they would, as a rule, have exercised considered thought – the rational mind – to determine and virtually dictate the exact color, direction and intensity of these expressions.

When I would encounter this development in the hands of a client referred to me by a therapist my first suggestion would invariably caution the therapist from undertaking a program of intervention based on how this person chooses to represent himself, or herself. Just about everything in the client's description of his or her circumstances would be plausible... entirely believable. There would be a perfect alignment between cause and effect. Everything this person describes would have good reason and adequate explanation, all carefully packaged and delivered. Inasmuch as it would not be their intention to mislead the therapist, this "package," would have just about everything in it other than the truth.

This is not to say that they are necessarily bereft of the libidinal investments that extend from an inner world rich in color and substance. This is not to say that they are without a capacity for abstract conceptualization and creative invention. Neither is this meant to imply that they cannot be emotionally motivated with manifest passion related to personal ambition or their career. But we are saying that in those frequent instances where individuals feel impelled to invite the intervention of a therapist, the entrenchment of intellectualizations and rationaliza-

tions would have seriously corrupted any alignment between their core identities and the lives they had, in fact, designed for themselves. Almost invariably these people find themselves in their forties overtaken with the sense that there is little connection between who they are and the choices they made through the years. They feel themselves literally as strangers in the world into which they had consciously delivered themselves.

Now, I will provide a word about the construction of a core identity. In the simplest terms, within every person – from the moment of birth – there is an innate program that is unique to that person. Essentially, it delivers a response mechanism to specific stimuli, and this mechanism would be thick in the weave of a certain and very fundamental knowledge of what is inherently good and inherently wrong for this person. We know that even the youngest infant can respond with a happy smile to one stimuli and cry in the wake of another. But the same mechanism in the adult delivers an unlearned but certain knowledge of whatever is in genuine symmetry with his or her true needs, talents, feelings, sensitivities and sensibilities. If one can imagine how easily a key can turn in the lock it was designed for, one would have a fair picture of the quality of any individual's life if it effects a loyal representation of his or her core identity. The born singers and dancers would reach their respective stages, the born writers would write, and the born mathematicians would find their waiting blackboards (or whiteboards).

The cerebral displacement of emotions is equally the displacement and abandonment of the core identity. With intellectualizations and rationalizations there is always the risk that by committing one's life to forced cerebral formulas in line with a practical analytical mindset – one aimed at delivering the acceptable responses to real world circumstances – the life of this person invites feeling not unlike a key forced into the wrong keyhole. Pushed too hard it may bend or even break, but it will not turn that lock.

These people do have the benefit of at least three distinct attributes.

1. They strive in compulsive fashion for controls.
2. They persevere however long or arduous the program undertaken with a measured investment of energies.
3. They perform their best under stress conditions. They would not be averse to creating those stresses themselves.

The features that identify intellectualizations and rationalizations are prominent knuckles over easily discernible waists, or narrowing, of the base phalanges of the middle and ring fingers.

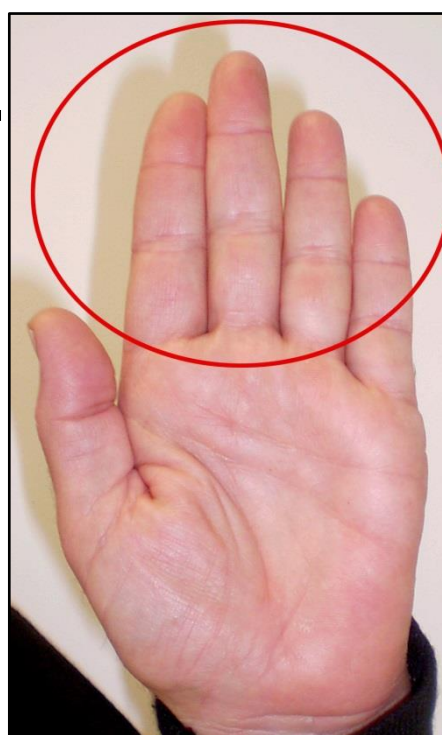
Men with these features most often gravitate to careers in engineering. Women with these same features are more inclined to identify with the behavioral sciences. It is not rare to come upon instances where the reverse is true. Where this feature is coupled with a strong motoric development we would often meet long distance runners and those that commit their lives to the theatre.

Inhibitions

Inhibitions are essentially responses that have evolved to manage high level anxieties. The nature of these responses is the determined avoidance of any confrontation with whatever experiences had originally promoted these anxieties. In this they would seem to share an etiology that much describes entrenched phobias. The difference between the two, however, is that whereas phobias invariably link directly to the original stress experience – invariably a traumatic experience – inhibitions manifest as seemingly benign neurotic styles of attitudes and behaviors with the individual exposing no link to any specific causal agent. To most it would seem that these attitudes and behaviors had always been a facet of that person’s nature.

Nevertheless that causal agent is there – one that had been grafted deeply in the conscious and subconscious references these individuals would have had of themselves vis-à-vis the world external to themselves. The causal agent would be identical in each instance, and it would be the gross *parental failure* suffered by each of these individuals in their early years.

We can identify and detail four programs of inhibitions, each clearly differentiated from the other. But the morphological construction in the hand which exposes their solid entrenchment in personality is the same in each instance. *Inhibitions are identified by the marked deficiency in the length of the nail phalanges of the fingers – in the main the middle and ring fingers – relative to the lengths of the middle and base phalanges of the same fingers.* It would be differences in the relative rigidity of the fingers when held erect that would identify which of the four programs was integrated into the personality of the individual.



Compare the decidedly short nail phalanges with the lengths of the middle and base phalanges.

Program 1: Inhibitions in Compliance/ Submission

The fingers would be held rigidly lacking even a trace of flexibility.

The central difficulty of people with this program in their make-up is in being unable to comply or submit to the orders of others. They cannot accept any situation where others have authority, however legitimate, over any aspect of their lives. The problem becomes most pronounced and most damaging when these people are required to accommodate the demands and expectations of bosses, department heads, and managers – indeed of anyone with the authority to make demands of them and expect compliance without question.

History:

Parental failure in this instance would invariably be rooted in the child's experience with a rather cruel, ever demanding, unfeeling and grossly oppressive parent – almost invariably, the father. This parent would have shown no tolerance whatsoever to even the slightest negative reaction were this young person to have attempted a response. This history often includes the experience of the arbitrary and capricious nature of the demands, issued largely without reason, and contributing nothing of substance or significance. No support would have been forthcoming from the other parent.

Program 2: Inhibitions in Intimacy/Trust

We would find the fingers mildly flexible when pressure is applied.

Here we come upon a neurotic style which promises to grossly and irreparably bring to ruin any close and intimate relationship. This person would powerfully inhibit any readiness to contribute anything of himself, or herself that might promote a genuine sense of intimacy or a feeling of closeness and trust between the partners. It would be beyond the ability of this person to behave otherwise in this regard; hence we may speak of a rather fixed and troublesome neurotic dimension in personality. The quality of this person's life in the context of relationships which invite emotional investments is generally poor – invariably the partners in the relationship suffer a sense of distance from each other. Two people remain two people.

History: An extended exposure to a home life wherein the parents demonstrated little or no loyalty or responsibility to one another, and where often the infidelity of the partners was the source of much bitterness and resentment in their relationship. There would have been no effort on the part of the parents to insulate the child from the acrimony that gave their home its temper.

Program 3: Inhibitions in Aggression/Assertion

When held together in an erect position the fingers would be particularly flexible.

Inhibitions here manifest as a painful inability to be assertive in just about every facet of this person's life. For example, this person would elect not to bring to the attention of a store-keeper that the change he or she received for a purchase was a dollar short. If someone inadvertently stepped on his toe he would be the one to offer an apology. Confrontations of any order are out of the question. The reluctance demonstrated by these people to effect what is justly their right and in their interest often diminishes their inherent worth in the eyes of others. It seems beyond comprehension. But for this person low self-esteem, a sense of enormous guilt, and the readiness to accommodate others seemed always to have been an indelible feature of his or her personality.

History: Parental failure linked to inhibitions of this order generally extends from a home environment where the young person was exposed to an overly demanding and endlessly critical regime. Almost invariably just about every word spoken and every aspect of this young person's behavior would be subject to harsh judgments. At the same time the parents would impress the child with how much they had sacrificed and how much they continue to

give of themselves for his or her benefit. In such instances the young person might be moved to let the years pass and then rebel aggressively – often in a manner that would punish the parents. However, where this order of inhibitions appears to have overtaken this person's attitudes and behaviors we would understand that the young person surrendered to the crushing shame generated in the home environment.

Program 4: Inhibitions in Responsibility/Independence

There would be no resistance to even the slightest pressure on the fingers

Inhibitions here expose those individuals who are unprepared to assume any responsibility for the management of their own lives. It would not matter if they were in their 30's, 40's, or even their 50's. The normal willful gravitation to autonomy and independence had been arrested at a very early age. As a rule, the parents take this responsibility upon themselves, often quite willingly. The most severe crisis in the lives of these people is when a parent becomes lost to them either by their demise or by becoming incapacitated. Such instances are not to be confused with others requiring similar support arrangements due to physical or mental health issues. Those described in these lines may be well educated, eloquent, and knowledgeable of world affairs, but they have no reply when admonished for being in this state of abject dependence without the wherewithal to assume any meaningful responsibility for their own lives.

History: Essentially the failure of the parents here was in their blunting of their child's natural growth to autonomy and independence. At a time when the child would have learned from the interaction with his peers what effort needed investing on his part to get that which he wanted, a parent, or perhaps another adult, would have intervened to spare him the effort. It would be at about this time that the child would become alert to the capabilities that he possessed and which he might enlist to create a desired reality. But the dominant images in his environment would have delivered that reality without necessitating any effort on his part. In a sense, the child developed a skewed understanding of the relationship between cause and effect. He had learned that to lift, say, one pound of object, one ounce or less of effort would always suffice. The parents would have insulated him from any stress conditions by satisfying all his wants at home, and further insulated him from whatever difficulties he may otherwise have been required to overcome outside the home.

Splitting

Splitting is an entirely genetic construction. It would have no etiology that might otherwise explain its entrenchment in personality. Inasmuch as it is a fixed feature in the borderline personality disorder, and is associated to a degree with the narcissistic personality disorder, in itself it may promise neurotic attitudes and behaviors but would fall well short of a pathological condition. It is, fundamentally, a feature common to most infants but which continued development modifies considerably. It would appear that in adults splitting manifests a genetic configuration that powerfully anchors the infantile program in personality.

This construction in personality is made evident by the general shaping of the fingers which would appear somewhat cone shaped. *The tip, or nail phalanges of all the fingers, excluding the thumb, would be relatively pointed, while the base phalanges would always show a discernible thickness.* Splitting, when thus identified, cannot be mistaken for any other expression in personality.



Splitting is identified by pointed fingertips on conic fingers. See the illustration on page 25.

Splitting is essentially a problem with the management of ambivalence. Between the extremes of an idyllic “all-good” and the irreconcilable “all-bad” is a vast grey area that is ambivalent in the sense that it is neither entirely “all-good” nor entirely “all-bad”. Where the factor of splitting must be accounted for, this person will relate to the value of anything as either “all-good” or “all-bad.” Lost is whatever the grey area may have represented.

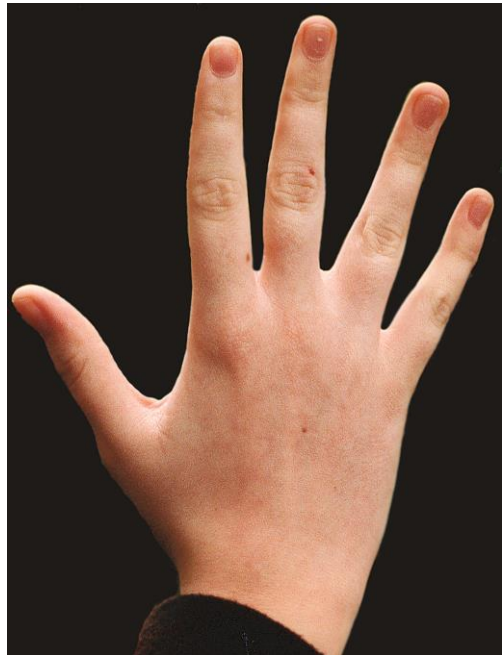
Splitting in relationships promises chaotic and unstable mood swings often with mind-boggling suddenness. Love can revert to hate and back again in a flash. There will always be intense emotional experiences. Qualities of quiet softness, tenderness, and gentleness in close intimate relationships will too often remain unknown quantities.

Splitting is a natural phenomenon in childhood. Consider the concept of summer holiday, for example. It has two central constituents – the holiday itself (no school, no teachers, no homework etc...) and the time factor (two months that have a beginning, middle and an end). The child would split the concept so that its grasp of the holiday is entirely “holiday”. The time factor is invariably lost. So when the child finds itself once again at a school desk the reality comes as a total surprise.

Imagine a young woman hopelessly in love with a man who for whatever reason cannot commit himself to a serious relationship with her. One day they converse and decide to meet in two days. For the length of these two days the woman finds herself in a state of absolute euphoria. Her grasp of their relationship is dictated now only by the first constituent – her love for him. But when they meet and eventually separate she sinks heavily into a depressed state focusing now only on the second constituent – that he cannot belong to her. She was unable to grasp both constituents of their relationship together.

However it must be said that these same people often demonstrate strong intuitive faculties. They often inspire others to actualize their ambitions and then to excel in them.

Particularly interesting are those instances where the factor of “splitting” is matched to a strong intelligence defined by an analytic cognitive disposition. This invests these people with a practical here and now mindset that, outside of relationship issues, tends to blunt the harder corners of the splitting. Many of these people gravitate to corporation executive positions, including banking and investment concerns where their natural intuitive talents often win them considerable respect.



The Focus-On-Me Mother Syndrome

People having to manage with this syndrome frequently invite the intervention of career counselors at some time in their early twenties. At this time they are generally called upon to make very focused and critical decisions with regard to their future lives. These decisions will invariably relate to studies with which they can identify, and the acquisition of such skills as may serve as a foundation for suitable careers in the future. They may not verbalize whatever thoughts they may have about aspirations for self-actualization or self-fulfillment, but these goals, however ambivalent they may be in their minds, would be at the heart of all that they wish to realize for themselves.

This, of course, would not apply to everyone seeking career counseling, but we can differentiate rather easily between the two groups. In the latter instance the interven-

tion of the career counselor could contribute to a decision with which the young adult may identify. In the former instance, however, the counselor gets trapped in the murky labyrinth of a “Yes, but...” conundrum. Every educated and considered suggestion is met with a “Yes, but...” so that with the last of their exhaustive sessions the young person exits as he or she had originally entered. The cost to the counselors, apart from their terrible frustration, can be damaging. Unless well practiced they find themselves unable to escape the erosive experience of their impotence.

Where the Focus-On-Me Mother Syndrome prevails we come upon individuals who cannot identify with anything in their physical, material, external world affairs that affords a natural link to what and how they feel about themselves. This almost suggests a place on the spectrum of autistic disorders. However, nothing here is genetic or otherwise of an organic nature. The communication that normally transpires between any person and himself, or herself was forcibly arrested at an early age. It is in the nature of this communication to have these people learn, in the wake of experiences, with what they can surely identify and what they must reject, what has value in their eyes and what is meaningless for them, what they would like to bring into their lives and what they should best turn their backs upon. They are exposed to models touching on just about every facet of human experience. One or more of these models may become invested with very personal emotional significance. Identifying with these models becomes a most natural human development.



Note the short ring finger. See also page 28.

With the years and approaching maturity these people seek to find a place for themselves in the world that had become familiar to them. At this time they would normally be prepared to assume responsibility for their adult lives. Toward this end they enlist their capacities to be willful and enlist their executive functions to effect what they had learned (or should have learned) over the years that best expresses who they are and who they can be. We would indeed speak now in terms of the drive toward self-actualization and self-fulfillment.

The Focus-On-Me Mother Syndrome will have denied the young person access to this developmental program. Who they are and who they can be often remains without substance or definition through the better part of their lives.

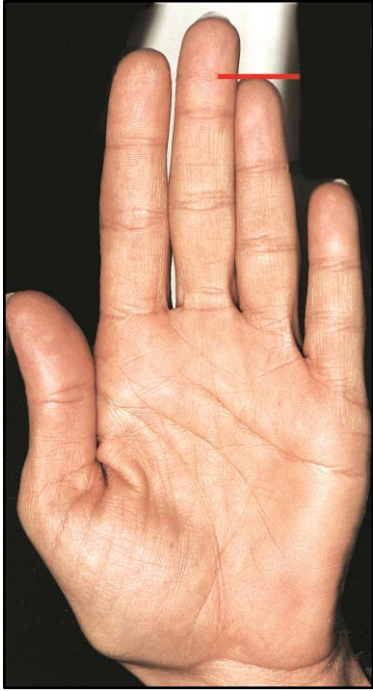
History:

Everyone with this uneven digital formula will be partner to the very same stress experiences in their early lives. Their inability in later years to realize a measure of identification between their mental and emotional attunement to their lives and the choices they must make – in short, the direction they must give their lives – is entirely a consequence of the defenses they had originally adopted to find reply to those specific stress experiences.

In each case the young person would have suffered the corrosive experience wherein the mother's emotional commitment to it was felt by that child as being less than organic. It must be said that the Focus-On-Me Mother Syndrome is only one of several possible responses which may often appear together. Later we shall describe the facets of a False Self and the corrosive Exploration Deficit when entrenched in personality, all unfortunately originating in the context of the child's mother-experience.

Normally, when the child begins to experience the world and invests these experiences with meaning, a manner of communication with himself, or herself, delivers an evolving program of possibilities relevant to the child's sense of having an existence apart from his parents. The young person begins to link the experience of itself (talents, skills) with avenues of expression available in the world beyond itself. In adulthood, this evolved program does not always lend itself to total realization, but the sense of an identity delivered by this process of communication between the individual and himself, or herself, delivers a solid foundation to this person's life.

In all instances where we come upon evidence of the Focus-On-Me Mother Syndrome we know that this mode of communication did not transpire between the young people and themselves, but between themselves and their mothers. The mothers became the primary targets of their attention and the focus of their communication experiences. The child would start the day urgently needing to learn how the mother finds herself. Is she ill, angry, depressed, calm, annoyed, excited, morose, happy, optimistic or perhaps just busy with chores? The child would then know how best to accommodate her moods and temper and in this way assure some measure of control over the way she would then relate to him. This intense focus on the mother often persists for years.



There is a more insidious circumstance that embeds this syndrome in personality and invests it with a more unforgiving deterministic quality. Imagine a child playing in a sandbox and falling on one of the corners. There is now a tear in the trousers and a cut that bleeds. The frightened child rushes home. If we pause here we find the child intensely focused on himself. That painful cut, the flowing blood and the anguish from having torn his trousers are the target of his powerfully focused attentions. But then the mother sees him. “See what you are doing to me,” she shouts at him. “See what you are *always* doing to me.” And with this his attentions instantly divert away from himself and fix firmly on his mother. The details may differ, but those bearing the Focus-On-Me Mother Syndrome which is defined by a particularly high degree of severity in the hand (the relative shortness of the ring finger) will often have had much the same experience. With the years the mother’s contribution to this circumstance generally dims.

In the hearts and minds of her children she gets to bear little if any responsibility for this syndrome having overtaking their lives.

The Exploration-Deficit Syndrome

With this syndrome invested in personality we come upon a particularly insidious manipulation of an individual's link to his or her physical, material, and social world. There is even a mild autistic temper to their mindsets. Among many of these people – most notably in their late teens through to their late twenties – we find them travelling to distant lands and submerging themselves there for months in the extreme nature of the prevailing surroundings. Some would reach the deserts of Australia, others the Brazilian jungles. There would be those who would climb the Himalayan Mountains, others may be moved to trek the tundra in the far north of Alaska. All share and respond to much the same history.



The Exploration-Deficit Syndrome is identified when the middle finger can be bent backward at the joint as seen here.

Those that were without this chapter in their lives suffer greatly in its absence. That somewhat autistic factor – the sense of being without an organic attachment to their immediate physical environments – persists. Very often this contributes an erosive influence on the designs given to their lives as more mature adults.

In many instances the individual would be conscious of feeling his world somehow divided into two camps. In one camp would be everyone apart from himself. In the second camp he would find only himself. This has him experience a

sense of separation and apartness even within the social groups with which he identifies. These two camps will generally have merged by the time this individual has reached his forties, but until then he feels himself struggling with the weight of an emotional burden the nature of which he would be at a loss to explain.

A therapist encountering this morphological development must always account for a seriously damaged sense of self-worth. A sense of worthlessness tempered with a large measure of shame is almost invariably a critical factor here which this therapist would do well to address. This does not always seem to apply to a client who appears to have been blessed with abundant charm, good looks, intelligence and even a degree of assertiveness and self-confidence, but, however deeply hidden – and perhaps even denied – the scarring is there.

History:

As infants with their motor and cognitive development now delivering them to the world external to themselves, they encounter a world rich with endless unknowns. There is no end to the fascination this ever expanding dimension has for them, and we can follow the determined ambition of these infants to access and examine everything that is within their reach. If it will not fit into their mouths they will try pushing it or throwing it. If it is standing they will have it fall, and whatever it is they will try taking it apart. Driven by an insatiable curiosity throughout the length of their waking hours, they cross distances on all fours to gain some measure of familiarity with, and mastery of, the contents and character of their environment.

This is just as it must be. The infants learn that on this they sit, with that they play, this they wear and that they eat. They learn that water spills and that glass breaks...that hands get dirty and water cleans. But this is much more than a learning process – it is a bonding process in every sense. These infants quickly grasp that they are neither extraneous to the fabric of this new dimension nor passive observers. They are very much fixed organic constituents of this physical and material world and partners to all shared experiences.

The Exploration Deficit factor sets in when the infant is largely prevented from effecting this close and very personal experience with its physical environment. Almost without exception in such instances, the mother, or surrogate mother, would tend to be overly anxious, overly critical, overly fastidious, or overly whatever. She insulates the infant from these experiences and disrupts the bonding process with her admonitions in the spirit of “...this will tear... this will break...this you will make dirty...this don’t touch...keep away...this isn’t for you...”

It does not end here, of course. Imagine this infant at the age of eleven months. It has not yet mastered a language, nor is it walking, but it is acutely sensitive to everything happening around it. On all fours on the kitchen floor it discovers an old pencil long lost and forgotten, say, under a corner of the refrigerator. It retrieves the pencil and fits it into its mouth. If the taste of the eraser is not to its liking it will try the other end. At this moment the mother sees, to her horror, what the infant is up to. Without ceremony and with shrill voice she takes away the pencil and deposits it in the trash.

The mother, of course, knows about germs, but the child still cannot understand her words. Nevertheless it is very much aware of the shrill sound of her voice, the hard furrows in her brow, her cold eyes and the turn of her lips. If this was a single experience for the child it would be of little consequence. But with Exploration Deficit manifest we would have as a point of departure the impressions of the child having to suffer the same shrill sounds and angry demeanor any number of times, day after day. It may well be that this child is more important to the mother than her own life, but if what the child had experienced was her reaction, say, to health issues, relationship tensions, financial stresses or other problems affecting her adversely, the child would see and understand only how the image of itself was being reflected in her eyes.

The child comes away knowing that his mother is grossly disappointed in him, that he is no source of joy for her, and that he alone is responsible for her anguish and distress. Considering that we are dealing with a child that still cannot fathom an existence separate and apart from his mother, the impressions he must contend with are too impossible to bear. Any number of defense mechanisms take root here, but what a therapist must account for when the client is very many years removed from these experiences, is that the child had powerfully identified with the image of itself as reflected in his mother's eyes at that time. That identification persists. This is explained in Piaget's concept of *magical thinking* so that however successful this person may be in academia or professional life, and however warmly this client may describe the nature of his mother when attempting to recall those early days, he nevertheless bears the psychological infirmity that is in the parcel of exploration-deficit.

Autistic Pockets

I first encountered the term “autistic pockets” in the late Frances Tustin’s brilliant work *Autistic Barriers in Neurotic Patients* (Karnac Books, 1986). She speaks of *capsules of autism* which persist well into the advanced years and extend from an acquired “encapsulation” of “the damaged part of personality.” This is precisely what we shall be describing here.

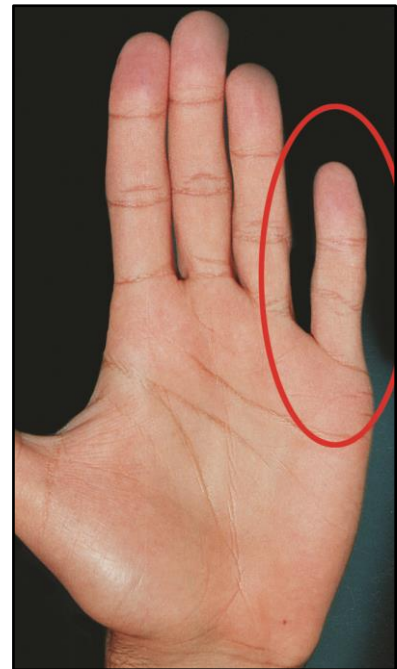
The therapist encounters clients who seek to understand, and hopefully overcome, a serious impediment in the intimate experiences they share with their partners. They have no difficulty effecting a sexual union but from that moment they complain of feeling nothing. Although most men succeed in achieving orgasm this is experienced without passion or meaningful pleasure. Women will confess that the experience of penetration leaves them quite uneasy and often has them suffering a sense of numbness or with shallow feelings at best.

The “capsule of autism” in such instances originates at a time when the infant would still be suckling at the mother’s breast. Modes of intervention that fail to address the specific stresses suffered by the infant at this very early pre-conscious period in its development will know only abject failures. Cognitive behavioral therapists, even those identifying with a cognitive processing of schema, will invariably complain (as is their wont) that the client resisted intervention.

History:

Ideally, when the neonate is first delivered to the waiting arms and breasts of the mother the miracle of bonding is received as a blessing by both the mother and her newborn infant. All the inherently libidinal needs and drives that were in the parcel of the neonate’s heritage from its time in the womb now flow from the infant to find their natural targets on the mother’s body. When Ronald Fairbairn, the Scottish psychiatrist and psychoanalyst, amended Freud’s *pleasure principle* explaining that libido is, in fact, object seeking, we were able to fully comprehend the deep, comprehensive, and utterly absolute nature of this bonding.

An overriding principle in PDC holds that potential always equals need; that wherever we come upon a potential for any talent, trait, ability, or capacity for whatever, that potential will invariably define that person’s responsibility to himself, or herself. When we consider the infant and the considerable libidinal energies invested in it, we would understand the essential dichotomy wherein its potential constitutes both a need to reach a willing target and, equally,



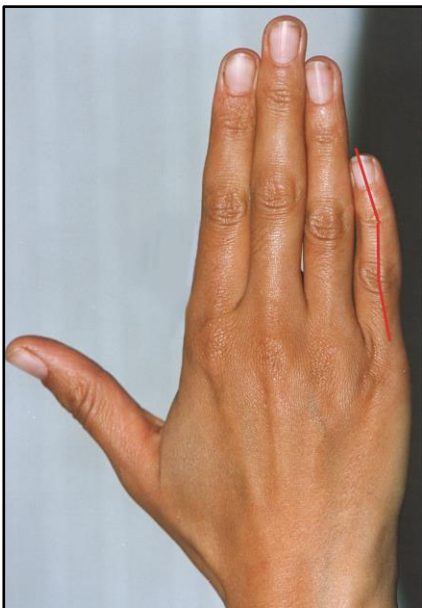
Here we find a particularly extreme morphological representation of Autistic Pockets. See page 32 for a milder instance..

the need to experience being the target of libidinal investments originating external to its own body.

The young infant that had the benefit of a full and rich bonding with its mother quickly learned to identify with the reality wherein it was totally secure, total complete, totally contained, with its perfect wellbeing embellished with the most pleasurable tastes, smells and sounds.

Consider, however, the experience recorded by the neonate, and later the young infant, when its rich libidinal drives do find the mother's body but, for whatever reason, or reasons, the mother is prevented from investing her own libidinal drives to link organically to her infant. She might be suffering a period of depression, or overtaken with anxieties of one order or another. She might be contending with health issues or relationship issues. But her child never gets to record the experience of its body serving as the target, hosting the libidinal drives originating with its mother.

Nothing is ever forgotten. In the first instance when the child as an adult enters a relationship that lends itself to romantic and physical intimacies, a bonding is effected. It is a sexual bonding where the two bodies merge comfortably into what becomes a single body. This person would find delight in this bonding because it promises to deliver the total security, the whole sense of completion, the experience of being entirely contained, and with his or her perfect wellbeing thoroughly assured. With that original idyllic experience of bonding grafted



Note the "S" shape of the red line on the little finger.

into this person's memory, however early in life, it remains as a vital reference to everything he or she seeks to duplicate. It is an experience fixed in the lexicon of references this person now has to himself, or herself. In the wake of a full sexual experience this person is rewarded with virtually every joy the infant had known.

In the instance of the person that had never known the experience of its body receiving the libidinal drives of its mother, the physical union with the body of a partner proves to be bereft of any true sense of attachment. Two people remain two very separate people. The wealth of experiences that the original bonding with the mother's body might have afforded this person in earliest infancy had never been realized. Nothing of those experiences would be in that same lexicon of references this person would have to himself or herself. None of those experiences would be available for replication. And herein is the

autistic pocket – the capsule of autism. The woman would feel the penetration into her body as something foreign to her, almost unnatural and at best a source of temporary discomfort. The man in this instance may easily effect a penetration but then knows very little if any sexual excitement. A numbness of feelings invariably leaves him cold and disappointed. As a

rule he faults his partner, explaining to himself that she is not the right woman for him. The woman, more often than not, demonstrates a tad more honesty and blames herself.

It is with intention that I have made no mention of the defenses often enlisted to disguise autistic pockets of this order. A woman may impress her partner as being very sensual and invariably gratified in the wake of their intimate experiences. Shortly after they marry, however, the defenses she had enlisted may lose much of their urgency. Some men may be reluctant to marry until rather late in life, if at all. Many feel compelled to seek intimate experiences with many women in the hope of somehow coming upon that one woman who can deliver them that ethereal sense of completion. It never happens, although sometimes, later in life, exhaustion brings them to believe that at last they did find her.

Split Loyalties

Perhaps no single construct in personality is responsible for as many failures in clinical intervention as those which originate with what we would describe as split loyalties. Its most prominent expression is the unsettling sense of estrangement from what can only be described as this person's life. This is invariably accompanied by a chronic sense of vulnerability often severe enough to become fixed somewhere on the spectrum of paranoid neuroticism. If one can imagine a tree with its trunk and branches growing at a distance from its roots you have the crux of the emotional disturbance we shall attempt to define here. These people live the length of their lives carrying a dark and heavy weight in their hearts. They are invariably at a loss trying to link this feeling to some aspect of their lives that permits recognition, but being considerably removed from the sensibilities of the children they once were they are equally removed from the source of their distress.

History:

Without exception, this construct when identified by its morphological signature is the result of the parents of the young person living on two separate planets, as it were. This is often manifest in their loud, endless and tempestuous bickering. Not quite as often but equally damaging is their life together spent in an atmosphere of a rigidly enforced and heavy silence with each demonstratively ignoring the other. Then, of course, are the marriages that come apart ending in the physical separation of the mutually antagonistic partners. As for the failed marriages that are sustained, if my memory still serves me, it was the late comedian Alan King who gave one explanation when he had the husband admit: "I wouldn't give her the satisfaction."

When a child comes into the world to Inuit parents at the icy north, or to isolated village Indians on Brazil's Amazon River, in an amazingly short space of time that child becomes one with its environment. This environment delivers a central pattern to the tapestry that becomes its entire world. Its very identity extends from this environment. The parents are also very much in the weave of this tapestry. The child, finds itself linked to the two dominant images in this world that introduce it to the culture, the language, the gods, the foods, the values, and all else that deliver this identity. However, we are now asked to consider a home environment wherein the parents collide on almost every issue. The child was meant to have found itself as an integral constituent of a secure, containing and enveloping family unit, but this family unit utterly and cruelly fails the child.



The angular setting of the nail phalange as seen here identifies Split Loyalties.

This is not without a price. Imagine this child perched atop a tall tree, when suddenly the earth shakes and this once sturdy tree crashes heavily to the ground. Imagine further what terrors overtake the child as it falls when it knows that in another split second it will be crushed on the rocks. That terror persists through adulthood. It never leaves the individual. It is this that explains the dark and heavy weight in their hearts that we described at the outset.

Add to this a repertoire of references this person would have to himself or herself – references that are rarely defined with any degree of clarity. Between the ages of two to seven, again in line with Piaget's *magical thinking*, the child cannot but see the parents as idealized images. Whatever is right for them dictates what must also be right for the child and what that child would do well to emulate. There is little room for choice or selection here.

This has us consider the circumstances of the individual that, as a child, never had access to any consistent references to values of any order. It is here that we find the trunk of the tree growing at a distance from its roots. The crushing dissonance that described the child's mother/father experience allowed for no anchor in an identity that would normally have extended from the home.



The difficulty for therapists in such instances is the adjustments time would have effected. With the years the adult might be moved to enlist a good measure of rational thinking matched to a more mature and considered understanding of the parents. That history would now have lent itself to explanation. With understanding invariably comes forgiveness and this, surely, is all for the best. However, the therapist should not expect every client to contribute to any therapeutic program that would judge the parents negatively – this inasmuch as these people continue to suffer badly the consequences of their stressful exposure to the difficulties their parents had had with

each other.

The False Self

The most frequent complaint the therapist hears when encountering instances of a false self is the client's feeling that he or she is living a life that can only be described as a sense of alienation from the self. Said simply, these people feel that they are living not as themselves but as *alongside* themselves. They are living, but living falsely. Not every client would be adept at representing himself, or herself accurately, or in articulate fashion, considering that the false self is experienced as an emotional abstraction. The very concept of the self is essentially an abstraction. But on encountering this morphological development in the hand the therapist would never err grasping what the client's words in fact represent, subsequently fitting them to the etiology of this specific neurotic circumstance.



The complete dislocation of the little finger exposes the false self.

D. W. Winnicott's work has allowed us to understand that only a true self can be analyzed and respond to a therapeutic program. If the therapist fails to recognize the client's adoption of a false self, all efforts at intervention will come to naught. Very frequently compounding this difficulty is that it would be in the nature of a false self to function under the umbrella of practiced intellectual processes. These intellectual processes can be very sophisticated, thus masking the false self perhaps too well. They would then invite identification as a true self.

We would explain the self as that organization in personality that effects a consolidation between the anchor conscious-awareness delivers to the physical, material and social world, and the largely subconscious inner-world dimension which contributes emotional responses to stimuli along with the capacity for abstract conceptualizations. The latter would be linked to the individual's very singular core identity. In other words, the self effects a merger between thinking and feeling...between mind and body, as it were. The enormous profit this affords the individual is that every choice and every decision fluidly accommodates just how this person both thinks and feels about them. With this sure sense of balance this person now has the wherewithal not only to be the person he or she was meant to be, but to design a world in harmony with the turn and temper of this perfectly tailored comprehensive identity.

History:

The history is always the same. The child "learns" from its mother that who he or she is, is unacceptable. Invariably it is the mother's critical demeanor and cutting words, along with an

oft repeated demonstration of her disappointment, that convinces the child that who he or she is, is utterly wrong. The damage this effects, beyond the devaluation of self-worth, is rather more insidious than these words may suggest. The child is moved to totally reject just about everything inherently natural to his or her person.

However genuine may be a talent or capability that these children possess, it would be their determined intention to conceal and deny its existence. The born dancer will convince the world that she has two left feet, and the born writer will complain of dyslexia and how difficult it is for him to compose even a simple letter. The born athlete will gravitate to the lifestyle of a couch potato, and the actress will never get any closer to the stage than a seat in the first row of the local cinema.

The false self takes root when these children begin to absorb and powerfully identify with everything that defines the mindsets of their mothers. They thus seek to neutralize her impossible threats. They acquire a perfect grasp of her perfectionist values, her likes, her dislikes, her expectations, and all her frames of reference relating to schooling, interpersonal relationships and the like. All this they integrate into their minds and hearts having them as their very own points of departure contributing the foundation to all their references to themselves and to the world external to themselves.

Will

The subject of these pages on will points an accusing and unforgiving finger at the deplorable failure of all those responsible for the academic education of every student following any behavioral science curriculum. Neither the city nor the century matters. It matters not if the walls are bedecked with ivy and rising from manicured landscapes, or an address just off a busy street. It matters not whether the bias of the learned professors leans to cognitive-behavior principles or to the gamut of psychoanalytic theories. As a reference to the psyche of a man, the academic study and clinical application of psychology in all its forms has the constitution and backbone of a medusa.

The bankruptcy of the theory and practice of psychology may best be exemplified in the recent publication of the DSMV which belabors the significance of every possible expression of human behavior that its authors could identify. Here we were supposed to find the splintered stamps of every psychical expression the busy minds of its respected authors could grace with a name – a virtual genome of the psychical matter that delivers to man the quality of being human – a perfect DNA sequence, as it were, of all mental phenomena. As such, if there exists a single system in the psyche of man...a system central to absolutely everything inherently human in a man and one that lends itself to measurement...a system that establishes the ceiling of every man's possibilities in every area of human life...a system responsible for every man's gravitation to autonomy and independence...a system that addresses and fine-tunes intelligence and motor functions...a system in the psyche that triggers the executive functions in a man and can bring ambition to effect...a system that decidedly and unconditionally differentiates between any and all men without reference to race or color...and a system that receives no mention whatsoever on the hundreds of pages of this tome, what, pray tell, can possibly be the value of this wasteful sacrifice of a forest? Indeed, what, pray tell, can its authors possibly know of the human condition inasmuch as they have invested a virtual lifetime in its study?

In the late thirties, Knoph in the United States published Otto Rank's seminal work *Will Therapy*. Here for the very first (and last) time we come upon a recognition of the very central and altogether defining role that will has in the psychological mapping of every human being. It was a huge leap beyond anything hitherto introduced in the mountain of papers issuing from the Freudian camp at that time. Indeed it remains a huge leap forward even today, almost seventy-five years later, considering all the volumes that fill the shelves of every university library devoted to the behavioral sciences. But even here Rank confessed that he had no idea what will is – no idea pertaining to the psychical organization from which will arises. He describes it as a *deus-ex-machina*, the implication being that its appearance and contributions were manifestly inexplicable and unrelated to any other recognizable dimension in personality.

At this time, however, we can describe precisely what will is and from where it originates. We can take its exact measure and describe in detail all that it contributes to the global

program that is the human being. And consider this: without the investment of this system in the psyche of a man there would be no psyche and no man. There would be more sophistication in a squawking chicken than in the mess of bone and protoplasm that might otherwise have been a man.

I write all this, in this vein, knowing full well the accuracy of Schopenhauer's dictum. "All truth passes through three stages. First, it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident." It could not be otherwise, and I mention this because it so accurately describes the forty years since Psychodiagnostic Chirolgy (PDC) was first introduced to the community of behavioral specialists. But let us proceed.

Imagine a monkey born in a jungle, living its full life in this jungle, and eventually dying there. At this time the jungle remains quite as it was when the monkey was first introduced to it. However, if we follow the life of a man finding himself in this very same environment we might find him hewing trees, leveling a stretch of land, building homes there and later growing corn. With his demise it would be fair to say that the jungle was not as it once was. The essential difference between the man and the monkey was that whereas the latter was organized to adapt the man was oriented to the taking of initiatives. The monkey adapted to its physical environment, and to its social environment. It was adept at adapting. The man, however, was organized from his early years to exercise his will in deliberate fashion.

More than the capacity to differentiate between man and monkey, the dimension of will sets clear divisions between one man and another. Inasmuch as statements of this order rankle the sensibilities of those committed blindly to political correctness, the reader will shortly find that this inherent order natural to every living organism crosses no lines with regard to race, color or religious creed.

Where the dimension of will is particularly weak the impulse to will is weak, and this individual would demonstrate what largely described the monkey's orientation to its environment. Here we may find an unskilled laborer employed in a factory. This laborer adapts comfortably to the terms and conditions and expectations of those who had hired him. He identifies comfortably with his union membership, and he adapts equally to whatever his wages permit.

When the dimension of will is stronger the impulse to will is stronger. Here we would find those taking such initiatives as would have them acquire skills and trades. Their wages and work conditions may offer considerable improvement over the first instance, but these people too would accept the authority of their managers and bosses.

The infant comes into the world with no impulse to will. This changes soon enough. It does not take long before this young person begins slowly to distance himself from those formulas that had earlier secured its well-being with dependency arrangements. The child becomes increasingly self-reliant, ever testing its readiness to be independent. The dimension of will here is blossoming, and a vital impulse to will has now become the vehicle that will, in the years ahead, deliver this young person's life to its natural stations.

It is inherent in the system of will, which delivers the impulse to will, to deliver every individual from the original state of total dependence upon others to the final station of absolute autonomy and independence. It is the only dimension in the comprehensive organization of the psyche that is geared to so perform. The degree to which this dimension of will is invested in personality is wholly deterministic and entirely consistent with the levels of autonomy and independence ultimately realized. Put another way, given that capacity to ultimately realize absolute autonomy and true independence, there is no way under the sun that these people might accommodate the authority of managers and bosses. There is no way they can accommodate a reality which has a fixed salary determine the ceiling of their financial possibilities. To a man, these people must and do demonstrate an unfettered loyalty to all that their traits and talents permit.

If, in fact, we find this program particularly well entrenched in personality, with the dimension of will investing the personality with an intellectual vitality along with sophisticated academic interests such as law, economics, medicine and the like, the impulse to will promises to carry this individual to the highest stations of leadership in his or her chosen field. The truth is that the specific field or interest hardly matters. If one such individual opened a dry cleaning establishment, for example, this person would have the company expand the number of its branches to where it would become the largest dry cleaning concern in the city, and perhaps in the country. These people aspire to accomplish. They forever endeavor to reach the highest stations of whatever their respective professions permitted.

As just noted, when the infant comes into the world it is without will. This makes handling it a relatively comfortable chore for the mother who can do much as she pleases with it. She can decide what it should wear, where they should go, who they shall see, when to bathe it and what to feed it. Not every mother will accept these sentiments, I know, not when she feels that her infant has quite overtaken her life. But almost imperceptibly the germ of will takes root. By the time the infant reaches the age of two – the terrible twos to many mothers – the largely passive infant becomes a fixture of the past. Everything the mother now suggests, requests, or demands is met with a defiant “NO!” “Eat this.” NO!” Put this on, it’s cold.” “NO!” “Come to the table.” “NO!” “Let’s go visit Grandma.” “NO!”

This mother should heave a sigh of relief. She delivered and is raising a healthy child. This emphatic “NO!” that greeted whatever she asked of her infant carries the unmistakable signature of the wondrous seedling that has emerged to meet the sun. Here is will fixing a firm anchor in that child’s psyche. We know the child is not yet at a level where it can enlist this will to effect considered decisions, but by the very act of saying “NO!” to its mother it is, in fact, saying “YES!” to itself as a being with an existence separate from her own. Its impulse to will is now moved to create a reality different from whatever the mother had intended. It still has no idea what it really wants or does not want, but it finds enormous profit in taking these first steps to create a reality that comes about entirely by its own design.

We can also explain what will is. Freud introduced us to the life, sex and death instincts which immediately fueled the creative imagination of many who endeavored to explain their purpose and singular expressions. In PDC we remained loyal to Freud’s listing but permitted

ourselves considerable relabeling. It was very clear that all the instincts were stationed in the subconscious dimension and their function could only be to sensitize the individual to any threat to his or her physical or emotional well-being. As they had no access to conscious awareness they could only respond to the stimuli received. Each of the instincts had its own repertoire of responses, and in this context we explain how the life instinct is oriented to confront aggressively that which threatens the individual. The sex instinct would neutralize the threat by identifying, or bonding, with it, in a sense. The most poignant example of this would be the behavior of passengers on a hijacked airline. Even in less extreme instances, however, the sex instinct would never inspire an aggressive response. Contrary to what is suggested by the term “death instinct”, here too we find a program geared to securing the continued well-being of the individual. Indeed, we would find the individual save himself, or herself, from threatening circumstances by retreating from them.

Will is also an instinct. Unlike the others, however, its natural station is in that dimension that enjoys a full conscious awareness of the world external to the person. With this awareness the dimension of will is exposed to real world circumstances and would be alert to all the possibilities this world affords. Thus the drive to will, or the impulse to will, can move the executive functions to the taking of initiatives. Without exception, each such initiative would perfectly mirror the orientation of the other instincts to secure the well-being of the individual. Add to this the very singular trigger response of this drive in the wake of this awareness which fires the impulse to will to promote the interests, actualize the capabilities and altogether enhance the life of that person.

Although not essential to the theme and temper of these notes I would mention that the many possible morphological constructions of the thumb translate into the range of the manifest expressions of will. These constructions are described at length in the PDC textbook – *The Illustrated Textbook of Psychodiagnostic Chirolgy in Analysis and Therapy*.

A Final Word

Most of those in academia who are responsible for the acceptance of students and the fixing of curriculums offering advanced studies toward a degree in clinical psychology are without a shadow of a doubt the worst people for the job. Fortunately, the giants of the past who had originally introduced us to this fascinating and esoteric world of study were spared the need to get past the numbing stupidity and gross uselessness of the entrance examinations. Very likely they would have fallen by the wayside. If they lacked memory chips for brains, if analytic cognitive processes were not entirely what they lived by, and had no great passion for statistics they would have needed a family who had several million dollars to contribute toward the construction of a new wing at the university to have had a chance at being accepted.

It is entirely for this reason that cognitive-behavioral agendas have largely overtaken the programs of studies, while those aging professors and lecturers still identifying with psychoanalytic theory and practice are looked upon as dinosaurs from the ice age. Genuine creative inventiveness with a smattering of abstract conceptualization – thinking that does not lend itself to being tightly boxed, labeled, and with a place waiting for it on some forgotten shelf – is an anathema, a virtual *bête-noir* to the people running the departments. There is no room to manage anything the likes of which wasn't there before.

Fortunately at street level cognitive-behavioral programs of therapy are largely disregarded. Other than being enlisted to contend with phobic issues and some order of depressions, CBT has proven to be quite useless in therapy – a decided impediment, in fact, for the likelihood of any success in all but a very few instances. The clinicians, to a man, describe their approach to therapy as eclectic. In other words they will use anything that works, and cognitive-behavioral formulas are not prominent in their bag of tools.

In the few pages I have presented here I have endeavored to introduce the reader to several constructions in the psychological organization that is a man – constructions that remain totally unknown quantities in all academic studies in the behavioral sciences. I would ask the reader to predict the measure of success a therapist may record with a client if the information relevant to any of these constructions is not accounted for. In my PDC textbooks there are over sixty such constructions – many being absolutely central to any program of therapeutic intervention.

Studies in the behavioral sciences have ceased to advance in any truly meaningful way ever since behaviorism and cognitive-behaviorist theories relegated anything that did not lend itself to measurement to the dustbin. But what we are presently witnessing is quite amusing. When behaviorist principles were finally grasped as insufficient it was understood that it should best merge with talk formulas and the investment of disciplined cognitive processes. This proved to be the Elysium for all the analytical, practical, here and now mindsets. CBT was paraded as the true science of psychology. When it became evident to all that the embar-

