My goal in this paper is to show how affect regulation theory can provide a scientific, explanatory, framework for Albert Pesso’s theories he called “holes in roles.” The psychotherapist and neurological researcher, Allan Shore, stated in 2012, that, “We are now experiencing a period in which rapidly forming bodily based *emotions* and psychobiological states are dominant in both research and clinical models. … this *paradigm shift from behavior, to cognition to bodily based emotion* has acted as an integrating force for forging stronger connections between the disciplines of psychology, social neuroscience, and psychiatry, all of which are focusing on affective phenomena” (Shore, p. 4, emphasis in the original). From the perspective of PBSP, which has focused on working with body for the last 60 years or so, this means we can now enjoy the support and affirmation of cutting-edge science for our theories and methods.

First, here is summary I have come up with describing holes in roles using the explanatory framework of affect regulation theory (ART): Al Pesso’s one sentence summary of his holes in roles theory, “Too much going out too soon,” refers to a developmental sequence that results in an organized adaptation to the dysregulated self-state of another person. In the not yet matured mind of a child, the dysregulated state of the other creates a self-state in the child where he or she has a felt sense of having the sole responsibility for repairing the dysregulated state of the other. This omnipotent, “I am the only one who can fix this,” self- experience leads to a dysregulated state for the child that the child must attempt to regulate. In other words, the pain/need of the other is experienced as the responsibility of the self and one’s self is the only one that can fix the other. Both the felt sense that the self is responsible for the other and the felt sense that the self can fix the other is a grandiose fantasy, which means that the self is taking responsibility for something it in fact can do nothing, or very little, about. This represents an ongoing, impossible, perfectionistic demand placed on the self. The ongoing attempt to meet the impossible demand defends the self against an intolerable dysregulated state.

**Holes in roles is a distortion of normal human communication**

Normal human interaction and communication is largely based on right brain to right brain emotional broadcast and receiving. As Shore says repeatedly in his writings, It’s the implicit knowing of the right brain that provides implicit, background context that gives human interaction meaning (Shore, 2012, 2003).

Infant development researchers, such as Daniel Stern (1985) have observed for a long time now that it is shared emotional exchanges between the infant and caregiver, that Stern calls “attunement,” that form the infants’ knowledge of their own internal states. In Stern’s words, “It is clear that interpersonal communion, as created by attunement, will play an important role in the infant’s coming to recognize that internal feeling states are forms of human experience that are shareable with other humans. The converse is also true: feeling states that are never attuned to will be experienced only alone, isolated from the interpersonal context of shareable experience. What is at stake here is nothing less than the shape of and extent of the shareable inner universe” (1985, pp. 151-2).

To be perfectly clear here, I am saying that our current state of scientific knowledge confirms, over and over again, that our human existence as we consciously know it is largely formed by unconscious, non-verbal, right brain to right brain (intersubjective) communications. These communications are largely unconscious because they are so much faster than consciousness. In fact, on a brain level, emotional processes and communication are 2.6 times faster than conscious thought (Shore, 2003). This means that what we think of, “our thoughts,” and our actions arise out of these speedy emotional processes that we cannot usually experience directly, only indirectly or unconsciously.

The philosophers, Lakoff and Johnson (1999) summarize the implications of this for philosophy: “There is no … fully autonomous faculty of reason separate from and independent of bodily capacities such as perception and movement. … These findings of cognitive science are profoundly disquieting in two respects. First, they tell us that human reason is a form of animal reason, a reason inextricably tied to our bodies and the peculiarities of our brains. Second, these results tell us that our bodies, brains, and interactions with our environment provide the mostly unconscious basis for our everyday metaphysics, that is, our sense of what is real” (p.17).

Albert Pesso’s frequent assertion that current consciousness is constructed out of memory is now clearly supported by this extensive research that current consciousness is constructed out of the emotional memories of our social, affective interactions between self and other. With “normal” or “good enough” developmental experiences between self and other we become connected to, or integrated with, all our internal experiences. Being integrated with our internal experiences means that there is a free flow of information between all our brain/mind processes.

To give a brief clinical example of someone whose internal affect states are not available, “Susan,” a young woman in her mid-twenties, came to me filled with self-doubts to the point that she found it difficult to make many decisions. Her therapy with me lasted for around a year in once a week sessions. All the structure work we did was with pillows and rocks in my office.

Susan dated frequently but couldn’t be sure if she “really liked” someone or not. She presented a picture of someone who was so concerned to please others, like her parents and others too, that she couldn’t discern if her desire to continue or discontinue dating someone was based on her need to please her parents, the person she was dating, or if the desire came from her. As she anguished about whether it was ever possible to decide what her true feelings were, I was moved to do a PBSP exercise with her (the controlled approach exercise). We stood up facing each other, 10 feet apart. I instructed her to tell me to stop when she felt like I was uncomfortably close. She did the exercise without comment and we continued our session. A few minutes later she confessed that she had actually felt uncomfortable before she had told me to stop. I suggested we repeat the exercise and that this time I would go really slow so she could pay attention. This time she was able to identify when she wanted me to stop. I instructed her that the information, which would be her sensation of discomfort, came from her, her body, and discerning that type of information was exactly how she would know if she liked someone or not. This example also serves to illustrate a central feature of someone entangled in holes in roles; namely, priority is given to taking care of the other over noticing what would be best for the self. This focus, on a conscious level, is experienced as an attempt to live up to a moral ideal of compassion for the other and so frequently goes unnoticed as a mental health issue.

This patient grew up in a socially high-status family. Her mother was constantly anxious about how she was performing in school and other arenas regarding how others would think of her as a mother. The mother came from a background of obvious deficits of early parental loss. The mother’s anxieties centered around how her peers would judge her as a mother. It became very clear to both me and my client that from as early as Susan could remember she had attempted to soothe her mother’s anxieties by being what her image of what her mother’s image was of a model child. With this focus, or, as Al Pesso used to say, by taking on this “job,” there was little room for Susan to learn what it was that she herself felt about her own desires which would then go unsatisfied.

**Biological substrates**

An important aspect of my patient’s unconscious taking on the job of taking care of her mother’s anxieties, is our capacity for empathy. By empathy I do not mean a feeling of sympathy for people. Empathy here means the ability to read the internal emotional states of another person. We can use such empathically gained knowledge to be kind to people, but we can also use it to be mean to people. Two biological facts provide the main biological substrates for our capacity for empathy. One is our ability to read another’s emotions in, primarily, faces and in bodily movements. In humans the emotions are “hard-wired” in the sense that if I feel fear the body chemistry of feeling fear is universal. If I feel fear, any human being on the planet can recognize that I feel fear. In this sense, emotional expression is universal. What is not universal is what triggers fear. I might have a fear reaction to seeing a snake, for example. A person from another culture may see a snake and think, “Oh good, lunch.” In other words, our emotions are trained by our experience. We learn what should provoke fear, shame, pride and so on. Regions of our brain have been identified that specialize in identifying the emotions of others by reading their faces.

Another biological substrate of our capacity for empathy, are mirror neurons. Mirror neurons were discovered in the mid 1980’s and are frequently described as the brains “zerox” machine. Mirror neurons allow our brains to reduplicate the brain state of another brain. According to the neurologist, R.A. Ramachandran (2011), we have so many mirror neurons that it is a problem to describe how it is that we experience ourselves as being separate people. He gives an example to describe how we are able to experience ourselves as separate from others. He was with a Gulf War veteran who had lost his hand and was suffering from phantom pain. He had his research assistant stroke her hand that corresponded to the veteran’s missing hand while he watched her. He reported that he felt his (missing) hand being stroked! Ramachandran thinks that because the veteran’s hand was missing, his brain was not receiving the nerve signals that it would be receiving if he had a hand. So, when I see someone stroking their hand, my mirror neurons fire, letting me know what the other’s experience may be like, but I have another set of neurons connected to my actual hand that are not firing which tells me that my hand is not being stroked. I hypothesize that it takes some development for children to become very clear about whose mental states are who’s as the developing mind is sorting out all the differing neuronal pathways.

Applying these principles to my patient who could not tell if she actually enjoyed being with someone she was dating or if she was just picking up how her mother felt about her date, it makes a lot of sense to me that my patient was so trained to respond to her mother’s needs at a very young age that she was understandably confused about whether the feedback she was getting about the young man she was dating was coming from her or from the knowledge that her mother was pleased with the young man. Likewise, it makes perfect sense to me that infants and young toddlers could easily be confused about whose pain is whose and who is responsible to fix the pain. Fixing pain is one example of what affect regulation is.

But, before I turn to the topic of affect regulation per se, I think it fits for me to mention another important psychobiological substrate of both our everyday communicating and with holes in roles. This is the fact that we seem to have innate reward systems for being kind and generous to people. Especially to people in our own group, or tribe. This capacity has been well documented (see Keltner, 2009). Evolutionary psychologists speculate that this capacity for compassion for others was a result of the tremendous evolutionary advantage of living in groups. Groups that could cooperate together and effectively coordinate their actions had considerable survival value. Pesso said that it was if we all had a “messiah gene” in us that wants to save our fellow group members. Because this seems to an innate impulse, it is also subject to need to be regulated and is, thus, another feature of our inner landscape that is included in our emotional regulation processes.

**Affect Regulation Theory**

The topic of affect regulation is an area of massive research about how the brain works and how it attempts to maintain an optimal homeostatic balance. Affect regulation theory, as a label, is associated with Allan Shore’s life work of pulling together and integrating this research, which includes the research of Antonio Damasio and Stephen Porges as well as 100’s of others and demonstrating the implications of this research for psychotherapy. I will briefly summarize affect regulation theory with an example.

Recently I attended a baseball game with a friend of mine. After the game had begun my friend left to get some food. While he was gone 2 people, who were sitting to my right, were coming to their seats and everyone in my row had to stand up to let them pass. One of these people was a short young woman carrying a hot dog in one hand and a drink in the other. As she passed in front of me, she had to turn sideways which put her hot dog she was carrying right in front of my mouth. I instantly had a fantasy of bending my head forward and taking a bite out her hotdog. The fantasy made me laugh internally, and I was aware that in a flash I had made a quick calculation about whether such a move would be feasible. In other words, it was a rare instance where I was immediately aware of my emotional self-regulation. The picture in my mind was that it would have been a very funny scene in a movie and everyone around me would laugh as I imagined taking a bite of her hotdog in my internal theatre. The next picture, in my internal theatre, was that in actuality if I were to successfully bite the hotdog my teeth would probably not chomp through sausage with surgical precision and I would most likely end up with a ketchup drenched hotdog tangling in my mouth spewing ketchup all over me and the young women in front of me. She would probably scream in fear and outrage and I would be kicked out of the game and perhaps arrested for assault. This entire sequence, I estimate, happened in a duration of two seconds or less.

Going over this sequence, in seeing the young woman walking by with a hotdog within inches of my mouth, I experienced an arousal state that made me want to act. Such arousal states are often complex with more than one motivation for action. I had just eaten, so I don’t think hunger was the primary motivator, although the hotdog did look good. The image in my mind, that I was conscious of, was that the action would be hilariously funny, providing entertainment for those sitting around me. There could be other motivations that I was not conscious of. But, going with what I was conscious of, I was seeking the social status of being a successful entertainer for my seatmates around me and thus gaining their admiration. The motivation led to my playing the whole fantasized sequence in the inner “screen” of my mind’s eye. As the movie played out on the screen, my “mind’s body” entered the stage. On this stage, my mind reached into all my memories, all my available data base pertaining to the fantasized action, as to what I could expect to be the outcome if I were to live out the movie playing on the movie screen of my mind’s eye. In this way my brain/mind played out a simulation of the desired actions. In the simulation, which included all of my stored memories of what my experiences told me about the desired actions, the simulation came out with a negative outcome of being led out of the baseball game In shame and embarrassment with perhaps an even greater shame of being arrested. This produced a fear of attempting the action and the action was inhibited, which enabled me to have a little private chuckle as I fantasized how the scene could be humorous. In that two seconds I happened to experience consciously a bit of affect regulation.

The neurologists and researcher, Damasio (1999), thinks that our experience of an emotion is the bodily expression of the outcome of our simulated scene that was created in the theatre of our brain/mind’s simulation system. Thus, when my inner theatre played out the possible negative consequences of my “proposed” action to take a bite out of the hotdog, the feeling of fear was the conclusion of the simulation. On a conscious level, I don’t usually see the simulation, I only feel the outcome, which in this case was fear; “Don’t do it.” As Damasio succinctly puts it, “emotions are the body’s logic of survival (p.42).”

I must emphasize, first, that both the arousal I felt and the inhibition of action that I experienced, were not a product of so-called rational thought. Any rational thoughts I had about the sequence happened long after the sequence already happened. Instead of rationality, both the urge to take a bite out of the hotdog and the subsequent inhibition about taking that action were produced by bodily based cognitions. (These days emotional experience is thought of as being just as much as a cognition as the “cold” cognitions of conscious thinking.) Secondly, I want to highlight the fact that the vast majority of our actions in the course of day happen in this same extremely fast emotional manner. This is why Damasio (1999), describes consciousness as “the feeling of what happens.” At least 95 percent, if not more of our daily activities work in this rapid-fire manner. We only notice “what happens” after it happens. Pesso termed this level of functioning as “see-do.” Our brains prefer to operate this way because it is way more efficient, and fast, and thus improves our chances of surviving in the world immeasurably over the more ponderous, conscious voluntary actions.

Thus, to point out another feature of affect regulation, affect regulation is a way to make very rapid *decision.*  Any action an organism makes, as the neurologist, David Reddish (2013) puts it, represents a decision on the part of the organism. This means that most of our functioning is run by what I like to call the “autopilot”[[1]](#footnote-2) function of the of the right brain dominated affect regulating processes that verbal conscious systems have very little to do with.

Along these lines Stephen Porges (2011) has introduced an important phenomenon which he called “neuroception.” Neuroception refers to the fact that the brain constantly, and completely out of consciousness, evaluates all incoming perceptions of sight, sound, smell and so on, for signs of danger. If danger is perceived the autonomic nervous system immediately kicks in. This happens faster than conscious thought can be aware of. The autonomic nervous system is the home of the famous “fight or flight” and “freeze” responses. Porges’s research revealed that there is a third pathway that evolved in the human brain which he called “the social engagement system.” Because the social engagement system is the newest evolutionary system, the human brain will first turn to social engagement to solve a perceived danger. This is like if you have a choice to buy a computer program that comes in a version 1, version 2 or version 3, you are probably going to version 3 as being the most effective and up to date. In concrete terms this means that a human child who feels threatened by something is going to automatically choose to deal with that danger by turning to a reliable caregiver first to solve the dangerous situation. If a caregiver is unreliable or not present, or, especially, if the caregiver is the source of danger, then the brain turns to the fight, flight or freeze modes of action. Regulated affect states are emotional states that have been effectively handled by the social engagement system. That is, regulated affects are emotional states that have a history of being solved by contact and help from another person. This means that the human capacity to maintain an optimal homeostatic balance is largely a social construction.

**The social construction of reality**

Pesso asserted that good enough parenting, which results in children growing up to be functional, happy adults, was parenting that met the developing child’s needs for interactions that would give the child a sense of place, nurturing, support, protection and limits. All these needs, Pesso asserted, can only be fully met by actual interactions with the parents. In other words, these basic needs can only be met via some form of social interaction with another person. In short, the basic needs must be successfully tied to the engagement systems of the autonomic nervous system.

The notion that there are basic developmental needs that can only be met with human interactions is in correspondence with the now widely held understanding that our sense of reality and of self is largely a social construction. If our basic needs were met in a good enough fashion, we grow up to be adults who find that living is essentially satisfying versus frustrating, pleasurable versus painful and unpleasant, connected to ourselves and others versus alienated, and meaningful versus random and confusing. All of this is dependent on what types of social interactions are available to us. Even though we are born with the genetic potential to lead lives of satisfaction, pleasure, connectedness and meaning, we cannot attain these qualities without the right social interactions in our development.

Let me say a little bit about this notion that reality is socially constructed. The philosopher, Robert Searles (1995) points out that we all, whether we’re philosophers or not, can readily distinguish between what he called, “brute facts,” from “social facts.” Examples of brute facts would be mountains, rain, rocks, and the heat of the sun. Brute facts are facts that exist no matter what anyone’s opinion of them are. Social facts are things like, marriage, property lines, identities and one of Searles’ favorite examples, money. Social facts have what is now commonly referred as an intersubjective reality. For example, two people get together, make promises to each other in a community setting and we say that they are a married couple. We as a community agree that the two people are “married” which has a shared intersubjective meaning.

The other day I was thinking about the notion of intersubjective meaning while riding my bicycle. In my hometown of Minneapolis there are miles of bike paths that consist of a painted white line on the side of the road. In some places, instead of a line there is an actual barrier made of cement. A cement barrier is a brute fact. It provides a degree of actual protection from passing vehicles. A white painted line is a social, or intersubjective fact. People traveling on the roads recognize that the line represents a barrier but there is no actual barrier. As I’m peddling down the road within the white line, I contemplate how easy it would be for someone to run me over either on purpose or by mistake. However, for the most part, I feel way safer biking on a road with a painted line because I generally accept the intersubjective fact that the line means the same thing to the drivers of cars whizzing by as it does do me. The white line is a barrier that is a socially agreed upon fact.

We like to think of social facts as having the same degree of facticity as brute facts. For this reason, people can become very anxious when social facts change. For example, for some people marriage is a union between a man and woman. To allow marriage between various gender arrangements can threaten some peoples sense of reality. Social facts are frequently bolstered by a religious belief that the social fact was created by “God,” as some religious institutions declare. Likewise, money printed in the USA features the phrase, “In God we trust.” Before money was invented people traded known commodities. I’ll trade you a bushel of carrots that I grew for an animal hide that you have. The value of the items was a concrete known fact. The value of a dollar is an intersubjective fact of, “we all agree that a dollar is worth x amount.” But during times when the “value” of a dollar is rapidly changing for reasons that the average person can in no way understand, people tend to want to exchange their dollars for something more concrete, like gold.

I’ll not pursue this line of thinking any further, but I do want to make the point that if you take the time to think about it most of our adaptational energies are devoted to managing social facts rather than brute facts. It’s very true that if someone moves from a tropical climate to Minnesota there are certain adaptations to the brute facts of the different climates that must be made. If one is out and about in the middle of a Minnesota winter without the right clothing, one can literally die. We must have adequate capacities to adapt to the brute facts of our world. But most of the facts that we have adapt to are intersubjective, social facts. In fact, even most of the brute facts we encounter, like winter, are handled our social arrangements. I don’t make my own winter coat; I buy a manufactured one. Evolutionary psychologists have pointed out that most of our human brains’ evolutionary development over the last 100,000 years (Wright, 1994) has been about improving our capacities to live with each other. Attachment theory has demonstrated quite thoroughly our existence both as individuals and as a race is completely dependent on the interpersonal, social bond between the infant and caregiver.

Earlier, I quoted Daniel Stern, saying, “feeling states that are never attuned to will be experienced only alone, isolated from the interpersonal context of shareable experience. What is at stake here is nothing less than the shape of and extent of the shareable inner universe.” This comment is showing that the emotional attunement of the child’s care givers to the child’s emotional states determine the child’s ability to enter shared intersubjective states with other people

Thus, from the perspective of affect regulation theory, and from PBSP theory, humans are social, “pack” animals to the core. Both our sense of outer reality and inner reality is largely a social construction. This social construction is a product of the ongoing dialogue between our genetic make-up and the social realities that we find ourselves in.

This development of our internal and external sense of reality is formed first in the right brain, with its direct connections to lower brain systems, like the limbic systems and the autonomic nervous system. It is the wiring of the right brain which is the foundation upon which further development is built upon. The development of the right brain takes place starting in the third trimester of pregnancy until around the age of 2. Experiences that the human infant has in those first 2 years are thus, crucial as to whether the child develops a robust inner life which can connect to the inner lives of others.

**Omnipotence**

The concept of omnipotence, which Pesso defined as the experience of “I’m the only one,” plays a large part in Pesso’s holes in roles theory, as well as his theories about psychopathology in general. From the explanatory point of view represented by affect regulation theory, states of omnipotence, or, the experience of “I’m the only one, there is no other,” represent self-sufficient, non-interactional fantasy solutions to dysregulated emotional states. A term Pesso uses rather than dysregulated emotional states is “unbounded” states.

Going back to my example with the hotdog, my aroused need seemed to be a need to make a positive impression on the group of my seatmates in my immediate area. This could be a need for “nurturance,” to receive interactions from others that indicate that they love me. The need creates an “arousal state,” which sends me into a search for possible actions I could take to meet those needs. I fantasized an action whereupon my regulation system rejected the fantasized action. My regulation system, or what Pesso would have called my “map,” worked. I never experienced any anxiety, depression or disassociation as I was in the aroused state.

Let’s look at the same sequence as if my arousal state evoked a dysregulated response. Here’s one such possibility. If I had spent my first few years in a family system that had very little nurturance, which means, that I grew up in a family system that provided me with less than “good enough” interactions that told me that I was loved, I would have grown up with a constant “hunger” for loving, nurturing interactions. In a manner that is both biological and psychological at the same time, my system would have been in a constant arousal state looking for nurturance. This constant arousal state would be encoded into my memory system. That is, when my system felt the need for nurturance my encoded memories around the need for nurturance would be imbued with a very problematic sense of frustration, or even of trauma. This means that when I grow up to be an adult, when I feel the psychobiological need for an interaction that gives me love, my prediction system would flash up a warning that this need state is only going to be met with a painful frustration. If the deficits in nurturing interactions were severe enough, the memories associated with the need state would be even stronger than painful frustration, they would be outright traumatic.

So, there I am at the baseball game, already in a constant arousal state to get loving interactions. The hotdog floats in front of my face and I fantasize that if I were to take a lightning quick bite out of the woman’s hotdog, people would love and admire me. However, with my history of severe deficits, what comes up on the inner stage of my mind’s body is a fear that I will re-experience nothing but painful frustration and perhaps, even trauma. Now, suddenly, I have a danger that I must respond to in my inner simulation. First, I experience the need state for affection as being unbounded. If you think of arousal states around having a need as being like an alarm going off, unbounded need states are memories of the alarms going off with no way to turn them off; a very uncomfortable state. If there is trauma associated with the memories of the need state, the danger may not be just unpleasantness; it might be associated with survival. One common, omnipotent, or non-interactional way to solve this is to disassociate from my need state. That is, I’m going to protect myself from the experience of having a fire alarm going off in my head that I don’t know how to turn off, by not allowing the need anywhere near my consciousness. This act of dissociation is an effort to protect myself from the predicted painful state of feeling intense frustration with no solution. I hope you can follow that. First, there is a need state that leads to an arousal state where the brain is looking for a way to satisfy the need. As with all actions I might undertake, If I perceived someone who looks like they might meet my need, my emotions prepare me to act, to make a “motion.” Before my brain allows me to act it first runs a simulation, with my mind’s body and my mind’s eye, about what the outcome of my “purposed” action would be. In this prediction phase, my brain draws from all of memories of similar previous experiences. In this case, with a history of deficits, a memory will pop up of how I handled the painful frustration. A common solution from childhood would be to disassociate from my need state. Disassociation means that I simply don’t allow myself to be aware of the need. Another common childhood solution would be to feel shame. “I am bad for wanting love.” All of this takes place in our brain faster than we can perceive; it is unconscious.

Pesso (2013) listed common defenses against unbounded, dysregulated arousal states. These are: Depression, which is a general inhibition of all energy; Disassociation, which breaks off connections to consciousness, kind of a sticking our heads into the sand and not seeing the danger; Avoidance of completions and closures, which protects me from acting out aggressive and sexual drives in a dangerous way as well as protecting from other dysregulated states; and finally, guilt and shame, which holds down energies perceived to be dangerous. These defenses protect the self from painful dysregulated states but with major side effects like an overall deadening of the body which reduces our capacities to feel happiness. These defenses also reduce our ability to take in important information which severely limits our choices about how to act and be in the world.

Pesso’s concept of “ego wrapping” represents his description of regulated, bounded, processes of getting one’s needs met. In my example with the hotdog, my need for nurturing admiration from others did not produce memories of painful unmet needs. I did not need to defend myself from any painful affect states and thereby didn’t need use any of the defenses I just mentioned. My need for nurturance was ego wrapped which means that at that level of arousal my emotions where regulated. When our emotional states are regulated, we can use the social engagement system. When my friend I was with at the game returned, I recounted the whole sequence with him which gave us both a good laugh. In that way my desire to be seen as an entertaining guy was safely satisfied.

**Albert Pesso’s theory of holes in roles**

Holes in roles represents the final stage of Pesso’s development of his PBSP theory. The precursor to holes in roles was his clinical concept of the “magical marriage.” In the magical marriage scenario, the developing child is exposed to an absent or weak parent. The child experiences the pain of the other parent and cannot tolerate the ongoing need state of that parent who seems to be trapped in an unhappy state. The child attempts to remedy the state in the other (the parent) by fantasizing that he or she can replace the missing spouse. The child unconsciously fantasizes that, “I can make mommy/daddy happy by being the missing partner that is making mommy/daddy so unhappy.” Because this is an omnipotent, grandiose fantasy solution to the intolerable pain of the other, the fantasy must remain unconscious. Let me explain why omnipotent fantasies must remain unconscious.

A small child, say a toddler, can wish that he or she could fulfil the role of an adult companion for another adult, but the chances of this happening are close to zero. This means that if the fantasy gives relief, the fantasy must be maintained for it to keep giving relief. If it wasn’t unconscious the fantasy would be subject to actual feedback loops with reality, which in turn would not sustain the omnipotent fantasy that the child is using to defend itself against the pain. This is like, if I am anxious about not having enough money to pay my rent, I could attempt to reduce my anxiety by fantasizing that I had just won a lot of money at a casino. While I’m in that fantasy, my anxiety is reduced. However, this fantasy only works if I don’t interact with the outside world. As soon as I want to buy something, my fantasy doesn’t work anymore. This is one of the reasons why completions and closures are avoided: because that requires actual interactions with the world. All the defenses that I mentioned have the impact of keeping something unconscious and are, thus, attempts to self-sufficiently regulate dysregulated states that have never found adequate interactions that would provide such regulation.

For this reason, when we see these types of defenses in therapy, they are frequently accompanied by a fierce resistance to giving them up. Giving up the omnipotent fantasy will result in the original pain that the fantasy was trying to prevent. Because of this resistance, structures involving magical marriage were almost always limit structures. The method of “making a movie,” that we now call working with holes in roles was invented or discovered to be a much more efficient method for dealing with this resistance.

Al told me once (private conversation) that his magical marriage concept was his spin on Freud’s Oedipal complex theory. With Freud’s theory, the driving force, which Freud viewed as being universal, was the unconscious sexual desire (libido) that the child feels for the parent. In Pesso’s version, the driving force is the unhappiness of a parent who is trapped in a miserable, unsatisfying relationship and the child’s emotional resonance and empathy for the unhappy parent and the child’s subsequent need to fix that unhappiness. In this way the magical marriage phenomenon is not essentially universal, as with Freud, but a product of an unhappy marriage and/or an unhappy parent. The driving forces in the magical marriage formation are 1), the mind’s ability to experience other people’s emotions as our own, and 2), the need to repair the unhappiness of the other as that unhappiness is experienced as our own. With holes in roles, Pesso posited another motivation that is also present, which is altruism. We humans have an inherent need to respond with compassion to others. The combination of these motivations, the need to fix another’s pain because we experience it as our own and our compassion, Pesso metaphorically called, “the messiah gene.” This then creates a fantasy in the child’s mind that he or she can step into the role of the missing other that is creating the unhappiness in the loved one of the child. However, for this fantasy to work, it must remain unconscious.

With the holes in roles concept, this dynamic can be expanded to include everybody in one’s family system, as well to anyone we are close to, not just the parents. It even includes family members who are no longer alive but for whom stories are told about. The omnipotent fantasy can be about any family role, like brother, sister or dead relative, which creates misery in someone close to the child.

**Implications for psychotherapy**

The formation of holes in roles represents a specific kind of omnipotent fantasy that must be dealt with before a person is capable of taking in the reparative symbolic interactions of an interactional solution to meeting of the (aroused state) a need. That is, this holes in roles dynamic must be repaired before someone can to do a structure or any other kind of psychotherapy successfully. My patient Susan was in desperate need to experience what it would have been like to have a mother would have been strong and giving. A mother who would have soothed anxieties instead of being a source of anxiety. Her presentation to me, in therapy, was of a very needy person. Her initial presentation to me had a quality of, “I need something desperately, but I can’t tell what it is and I can’t tell if there is something wrong with me for needing what I need, even though I can’t even tell you what I need. Please tell me what I need and assure me that I’m not defective and bad for needing!” Even with all this anguish and confusion she wasn’t sure if she should trust psychotherapy, with me or anyone else, because, after all, wasn’t psychotherapy nothing but, in her words, “narcissistic navel gazing.” I think you can see how she was pushing me away, not trusting any sort of interpersonal solution.

Holes in roles theory postulates that behind this resistance is a deep omnipotent fantasy of taking care of someone. In Susan’s case, it was her mother. Susan’s mother, in addition to growing up virtually an orphan, also suffered from cancer in Susan’s toddler years. Susan grew up feeling like her everyday childhood needs would create a painful and overwhelming suffering in her mother and perhaps even kill her. None of this was conscious as verbal thoughts. It all formed in her right brain as affective communications between her and her mother. On this emotional level Susan’s mother needed what she herself needed, a strong mother. Susan, at her toddler level of development, came up with the solution that the best help she could be was to not have any needs and to live up to Susan’s image of what her mother needed her to be. Remember that her mother, in Susan’s adult life, was constantly anxious that if Susan’s life didn’t fit her mother’s image of what a perfect child would be, the mother would descend into states of anxious shame. None of this was available to Susan’s consciousness until I did the move of “making a movie”, where an object representing her mother as a child growing up was given everything she needed. Another movie that proved to be decisive, was around her mother getting “ideal nursing,” and an ideal friend, to be with her during her bout of cancer. After doing these holes in roles structures, she became convinced that, “Maybe there’s something to this role play stuff,” and she became interested in getting ideal parents of her own. From then on, when obvious memories of deficits came up, we did structures with ideal parents. This was something that I had tried earlier but she had rejected them as being wishful thinking. After about a years’ worth of once weekly sessions, she was able to commit to her boyfriend and moved out of town to live with him in another state.

Using some of the affect theory concepts I’ve been talking about; I think we can understand what happened. Susan grew up with some obvious deficits. The main deficit could be summarized by saying that she grew up with unbounded anxiety states. When she was frightened by something, she experienced her mother, who was her main caregiver, as being more anxious than she was. She suffered, in the words of the attachment researcher, Mary Main, from “anxiety with no solution.” For Susan to function at all in the world, her brain/mind had to overcome these constant dysregulated anxiety states in both herself and in her mother. How does a person go out into the world and function at all if she is living in a constant state of fear? She does it by performing the “sleight of hand trick” of living in an illusion that she doesn’t really need anything from anyone, especially her mother. She must be brave, and she must not need anything from people. This is what Pesso used to call a Tier One issue of developmental deficit; “not enough coming in.” This illusion of not having any needs is, of course, just that, an illusion. She has constant needs that are very real. But with the need to construct an affect regulating omnipotent illusion, she would feel constantly guilty and not good because she had those needs. I believe that this guilt has a regulating impact on the mind because it places the responsibility for one’s suffering on the self. To place the cause of suffering on where it belongs, which would be inadequate parenting, puts the child in a state of intolerable helplessness. Helplessness is perhaps the main root of all trauma. The child can’t do anything about the parent.

But, wait, maybe she can do something about the parent! Because, as I said earlier, we are not born with complete, adult functioning brains, children’s brains are vulnerable to what adults might call, “magical thinking.” Given the motivations that we call the messiah gene, there are a powerful collection of motivations for the internal, “see do” move, of experiencing oneself as the remedy for the situation. All of this takes place in the developing right brain of the child. When this omnipotent solution goes unnoticed it can then become structuralized into the mind/brain as the way to regulate unregulated emotions. It is structuralized by virtue of creating an ideal that the child is supposed to live up to. In this case, the ideal is to take care of her mother. The child doesn’t have a verbal account of all this happening, they only have the affective account, or the emotions that go with this unconscious structure, which is usually guilt for not living up to the ideal. Our executive functioning, or what Pesso called, “the pilot,” can only make decisions based on the information it is conscious of. What the pilot is conscious of in this scenario are set of feelings that seem to say, “I’m a bad person for having needs and I’m only a good person to the extent that I take care of my mother, which I am very capable of doing.” I suspect that the constant failures to actually take care of the mother feed the sense of being a “bad person.” It is as if the pilot is not aware that the “good” compassionate need to take care of the mother (or whoever else) is actually a grandiose, impossible to complete task. This results in a lot of guilty conflicts of the nature, “Do I do what I need and want or do I fulfill my job of taking care of the other.”

But, as I also have said, and I hope this illustrates the point, all of these omnipotent, fantasized solutions serve an affect regulating function of giving a sense of hope that at some time in the future if the person keeps trying hard enough, the omnipotent solution can become a real solution. This dynamism takes on a self-perpetuating life of its own. Pesso called this dynamic constellation, “the entity.” It is as if, as the therapist, we encounter an inner demon that will have no other gods in the world than it. The therapist and other healing people are pushed away and perhaps destroyed as being ineffective. As Pesso puts it, all this amounts to the person’s psychobiological “receptor sites” for taking in what is truly needed are blocked up. This results in a constant conflict. On one hand the person is desperate to take in that which she needs, but on the other, is equally desperate to hang onto the floating piece of wreckage, that the omnipotent fantasy is, that she experiences as keeping her afloat in a sea of unbounded energies (dysregulated emotional states).

It never fails to amaze me how often that people say, after witnessing a holes and roles structure for the people they are locked into taking care of (i.e. ,making a movie), that they respond with these exact words: “That would have been such a relief! Then I would have been free to be who I really was.” At this point they are then free to take in the needed interactions that they really needed back then when they were growing up.

**Conclusion**

In my discussion here I have assumed a certain amount of knowledge about Pesso’s concepts and practices around holes in roles. My goal has been to demonstrate how seamlessly the language and concepts of affect regulation theory fit with Pesso’s formulations. I’m not sure how well Al Pesso knew these concepts. I know that Pesso had a thorough knowledge of several neurologists, like Damasio and Ramachandran. (I once had the chance to talk with Alan Shore and told him how struck I was at how compatible his theories were with Al Pesso’s. I asked him if he knew Pesso, to which he responded that he did know Pesso.) The importance of this correspondence between the two theories is that affect regulation theory has a tremendous amount of research behind it. To me, affect regulation theory provides reassurance that our theories and practices in PBSP are extremely well collaborated with scientific research.

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1. In another paper, (Amundsen, 2015) I argue that this autopilot function is the precursor to what Pesso called the pilot. [↑](#footnote-ref-2)