

# When "sex" is the sole interpersonal bonding means: A case of a women with a minus pairing valency

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## Abstract

The concept of *valency* was borrowed by Bion (1961) from chemistry and used metaphorically by him to describe the bond linking the individual to the group's mental activity he called the *basic assumption group*. He regarded valency as "a spontaneous, unconscious function of the gregarious quality in the personality of man" (p.136), and an "individual readiness to enter into combination with the group in making and acting on the basic assumptions" (p.116). In the present paper the author discussed first the concept of *valency* as conceived by Bion, then provided a brief description of how he further developed the concept, focussing mainly on his original concept or model of *minus valency* (Hafsi, 2006). Moreover, the author presented also a clinical vignette from the psychotherapy with a female client who had been resorting to a minus pairing valency in her vain attempts to relate to others, especially men. Finally, he discussed the conceptual value of the *valency* (including *minus valency*) model as developed by him, comparing it briefly with Bowlby's *attachment theory*.

Key Words: *Minus valency, basic assumption group, object relations, psychotic positions, attachment theory*

The key concept in the present article is "valency". This was first borrowed from chemistry by Wilfred Bion (1961) to describe the individual's readiness to enter into conscious, preconscious and unconscious contact with and participate in the group's mental activity he called the "basic assumption group" (baG). The concept is based on the widely held metaphorical conception that an individual is like an atom. This suggests that, like atoms, people have valency which allows them to get bound to each other to create group and social phenomena, corresponding to the substances in the case of atoms. Although the concept of valency is associated with Bion, this metaphore was also used by Moreno (1937). He describes the social fabric, as a network of atoms, roles associated with each other, as electrons are in a physical atom. He writes "...we found that social atoms and networks have a persistent structure and that they develop in a certain order..." (Moreno, 1937 in Fox, 1987 p. 27). Moreover, the concept of nuclear family, for instance, is another example of this metaphorical conception of human bond. There are several other examples of this chemical conception of human bond, but I will not refer to them here, for this goes far beyond the scope of the present article.

The purpose of the present article is to 1) discuss the concept of valency as conceived by Bion (1961), 2) provide a brief description of how the concept has been further developed by the author, discussing therefore his original concept of "minus valency" (Hafsi, 2006), and using a clinical example, 3) discuss the conceptual value of both valency and its negative counterpart, minus valency, and 4) compare briefly valency to Bowlby's *attachment theory*.

### Valency as conceived by Bion

As mentioned above, the concept of "valency" was coined and first adumbrated by Bion (1961) in his well known pioneer work "Experiences in Groups". However, in the few occasions he referred to this concept Bion confined himself to simple and ambiguous definitions. He mentioned this concept only 5 times in this book, relating it to his concept of the "basic assumption group". According to Bion (1961), whenever a group has gathered to perform a given task it is characterized by two simultaneous mental activities he called the "work group" (WG) and the "basic assumption group" (baG), emphasizing that the term "group" does not refer to the members composing the group, but rather to the activity the members are collectively indulged in.

The WG mental activity corresponds to a mental state wherein the group is 1) based on reality, 2) task-centered, 3) aware of and values time, 4) conscious of the necessity of progress and development, 5) able to learn from experience (Bion, 1962b), and 6) display cooperation. The latter, cooperation, is the most important prerequisite for the emergence of WG.

The baG activity is diametrically opposed to WG. It comprises three types of unconscious fantasies or basic assumptions (ba), namely, the "basic assumption of dependency" (baD), the "basic assumption of fight/flight" (baF), and the "basic assumption of pairing" (baP). When the group is experiencing the baD, its members behave "as if" they have come to be nurtured by and be dependent on an idealized omnipotent or omniscient leader. Under the influence of the baF, the group's fantasy consists in consciously and/or unconsciously believing that there is an unwanted object (person, group, etc.) that is hindering the group process and therefore should be fought back or fled to protect the group. The fantasy depicted in the baP is a commonly shared unconscious belief "that survival and preservation depends on whether the group is able of self-reproduction by creating a *pair* and making it "give birth" to a new, and as yet unborn leader, a Messiah. Which implies that it is not the group's basic task which counts, but the messianic leader (see Hafsi, 1999 for further discussion of these three basic assumption groups).

When the group is indulged in the baG activity, or in one of the three basic assumptions adumbrated above, 1) it is deprived of a sense of reality, and has an illusory perception of it, 2) does not unconsciously take into consideration or is unaware of time, 3) development is the least of its unconscious preoccupations, 4) is unable of learning from experience, 4) its members are

not linked by cooperation, but by valency. It is this link by means of valency that keeps the group running, prevents it from separation, dispersion or breakdown, and from the fears and anxieties inherent in it.

Hence, according to Bion (1961), "valency" is an individual mental predisposition which allows the group members to get bound to each other, to contribute to the establishment and preservation of the baG. To put it differently, Bion's (1961) conceived valency as an "individual readiness to enter into combination with the group in making and acting on the basic assumptions" (p.116), ... [as] "the counterpart of co-operation in the basic assumption group...", [and as] "a spontaneous, unconscious function of the gregarious quality in the personality of man" (p. 136). He also emphasized that the combination of the individuals is made at "levels that can hardly be called mental at all but are characterized by behaviour in the human being that is more analogous to tropism in plants than to purposive behaviour." (p 117). According to Bion, although there are individual quantitative differences (high and low), a man "can have...no valency only by ceasing to be, as far as mental function is concerned, human." (p. 116).

### Further Developments of the Valency Concept

Bion did not go beyond these general definitions of valency. Following him other few researchers have attempted to develop further this concept, by clarifying it, and like the author, proposing new complementary concepts (Hafsi, 2006).

The earliest attempts at developing this concept was made by Stock and Thelen (1958) and their students in the 50's in America. The main contributions made by these authors are 1) splitting the baF and, therefore the valency related to it into Fight and Flight; 2) development of a test (Reaction to Group Situation Test) to measure the four types of valency, namely, the dependency, fight, flight and pairing types. Other researchers at the Umea University (e.g., Armelius & Armelius, 1982,) in Sweden have, based on the work of Stock and Thelen and their colleagues, conducted a great amount of empirical research. However, like in the case of the latter, they did not provide a comprehensible description of the characteristics of each type of valency. Both Stock and Thelen, and the Swedish researchers could not fill the gaps, or answer the questions, left by Bion. They confined themselves merely to brief definitions of each valency type.

Therefore, in order to answer these questions, the author has developed further this concept, by 1) redefining and making the concept of valency and its four types more operational and, therefore more suitable for empirical research, 2) discussing its psychogenesis, and its relationship with Bion's other concepts, attributing to it therefore a place in psychoanalytic theory, and 4) proposing a new concept, namely *minus valency* to understand the etiology of a large number of personality disorders (Hafsi, 2006). Discussing further the contributions made

by the author to the development of the concept of valency goes far beyond the purpose of the present article. However, it is necessary only to mention that Bion's definition of the valency cited above has been broadly reformulated by the author (Hafsi, 2006), so as to include the person's "predisposition to relate to one's objects (including people, groups, etc.) in a relatively stable and determined fashion" (p. 91). Let us now move to the main purpose of the present paper, namely the introduction of the concept of minus valency using as illustration a clinical example.

### The Minus Valency Concept

Bion's (1961) statement that a person "can have...no valency only by ceasing to be, as far as mental function is concerned, human" (p. 116), suggests that a person psychically bound to his peers, has a valency and is "healthy", and a person not bound has no valency, and is, consequently, mentally no more human, and is therefore, "not healthy". But, what does this "mentally no more human" mean? Bion provides no answer. Because, as can be deduced from a number of his other concepts (which can not be discussed), this is inconceivable. Even when suffering from the most acute and chronic psychosis, the person is, although partially, bound to reality, and to objects, regardless of whether they are real or "bizarre" (Bion, 1967).

Of course, this does not mean that there is no difference, in terms of interpersonal relations, between a "healthy" person and a person displaying a personality disorder, for instance. This difference does exist, but the concept of valency as used by Bion does not take this into consideration. That is why there is a need for a new concept.

In order to explain the difference between a healthy person and a less healthy one in terms of object (and interpersonal) relations, the author distinguishes between a healthy or "plus valency" (+ V) and a "pathological" or "minus-valency" (- V). The former corresponds to valency as conceived by Bion (1961). Whereas the latter refers to valency when it is negatively functioning, that is leading the subject to destroy his interpersonal relationships by running from others and making others running away from him/her, and to some extent, getting thus psychologically and physically disconnected from one's social environment. In this case valency functions as a destructive or disconnecting means, leading to what Bion (1967, 1970) calls the negative links (minus K, minus L, minus H) and their pathological object-relational consequences. Briefly speaking, - V is thus the opposite of + V; for the latter binds objects together and the former disconnects them.

Furthermore, - V can be also apprehended from Bion's (1992) "social-ism/narcissism" theory. According to Bion, instincts are characterized by a bi-polarity which "refers to their (instincts) operation as elements in the fulfilment of the individual's life as an individual, and as elements in his life as a social or, as Aristotle would describe it, a political animal" (p. 105). When the instincts

operation is directed towards fulfilment of the individual's life, the tendency is ego-centric, and the pole is that of narcissism. When, on the contrary the operation aims at fulfilling his social needs and obligations, the tendency is said to be socio-centric, and its corresponding pole is social-ism. Pathology, according to Bion, lies in these two opposite mental states, especially, from the author's point of view, in the individual's tenacious tendency to seek satisfaction for only one pole, the narcissistic or the social-istic one. Developing further this idea of the instincts bipolarity and combining it with the concept of V, the author postulates that valency also, as an instinctual predisposition, is characterized by this bi-polarity; and that the attempt to seek tenaciously satisfaction for only one of the two poles, namely narcissism, or social-ism, is a result of the subject's resorting to - V. Since this tendency is, as suggested by Bion, pathological, - V is also a pathogenic predisposition, associated, as discussed later, with a number of neurotic, psychotic and borderline disorders.

Before discussing the etiology of - V, it is useful to adumbrate the different cases of - V. To summarize, a person is said to have - V of a given type, 1) if he/she tends to satisfy only one of the two poles (narcissistic or social-istic) through his/her interpersonal relationships, 2) if he/she tenaciously, and unflexibly relies on a single (his/her active) valency, displaying none of the auxiliary valencies (Hafsi, 2006), 3) if he/she has not a specific "active valency", and tends to display all the valencies without distinction changing from one to another in a same condition, or 4) if he/she has no valency at all, and is therefore disconnected from his/her social environment.

### The Etiology of Minus Valency

What are the antecedents of - V, or how does it develop is the question which will be tackled here. Integrating Bion's "container-contained" ( / ) theory (Bion, 1970), thinking theory (Bion, 1967), especially his idea on the lack of toleration and its effect, the author has developed a hypothesis describing the process leading to emergence of - V.

The tragedy of the subject who would display - V begins with his/her encounter, at an early stage of his/her development, with a psychologically missing, or defective object, namely a breast or the whole mother, depending on the position (paranoid-schizoid or depressive) experienced by the infant. This defective object corresponds in Bion's terminology, to a "minus container ( - )", namely a who is, due to a defective alpha function, unable or, for personal mental difficulties, unwilling to respond adequately to the subject's need to relate and be contained. Confronted with this - , the child will experience obviously a feeling of being disconnected, that is unable to relate to his/her object through valency.

Whether the infant will be able to work through this feeling of disconnection, depends on his/her ego's ability to tolerate it and the frustration engendered by it. If the infant's ego can tolerate the frustration, then he/she will be able to resort to thinking as a means to think,

transform and modify his/her experience of frustration into a better one, by expecting, waiting for, and, finally recreating the object through the reparation process or mechanism. For instance, if a person has failed to relate to the object by means of his/her active DV, he can use temporary one of his "auxiliary valencies", namely, FV, FIV, and PV (See Hafsi, 2006, for the definition of "active valency", and "auxiliary valencies").

However, if the infant's ego is unable to tolerate the feelings of frustration and loneliness resulting for the break of the link with one's object, he/she will then keep on trying tenaciously to restore the link with the object using the same valency, regardless of the negative consequences the interaction may generate. If, for instance, the infant is experiencing the paranoid-schizoid position and trying to relate to the ideal object, he/she will unceasingly and solely use dependency to relate to the object. The object's unresponsiveness will increase further the infant's frustration and intolerance of it. And, due to his/her inability to tolerate frustration, and think and learn from experience (Bion, 1962), and will lead the infant to hurt him/herself and the object. These object relations lead to a vicious circle. For each time the infant attempts to relate to the object fails, his/her reliance on the same valency becomes gradually excessive, and the more excessive it is, the higher the infant's failure to restore the link with the object. And the stronger the infant's frustration, the greater his/her intolerance. This vicious circle will lead to a *folie-à-deux*, characterized by destruction of interpersonal relations, and isolation.

It is to this tenacious attempt to relate to the object that the concept of - V refers. The more the subject resorts to - V to relate to his/her object, the lesser the possibility to establish stable and healthy interpersonal relationships. To summarize, - V has two antecedents: 1) the experience of a - , and 2) the infant's intolerance of the feeling of frustration caused by this experience, and the consequent tenacious reliance on the same valency.

Moreover, each valency type has its minus counterpart; there are thus four - V types: - DV, - FV, - FIV, and - PV. Like in the case of the valency types, - DV is the result of the above mentioned antecedents experienced in the early phase of the paranoid schizoid position. Similarly, - FV and - FIV are caused by these same antecedents when experienced in the later phase of the same position. Whereas - PV is caused by the infant's experience of these antecedents in the period ranging from pre-oedipal situation - as described by Klein (Klein, 1928; 1948; Segal, 1973) - to the oedipus complex.

As mentioned elsewhere, unlike + V which serves to bound people together, - V leads to interpersonal disbounding, and is, consequently, associated with a number of pathologies grouped under the terms of "neuroses", "perversions", personality disorders, and psychoses. Each - V type is associated with a specific pathology or a number of related pathologies. Therefore, in spite of their symptomatological differences, many pathologies may be related to a same - V (See Hafsi, 2006, for a detailed description of each - V type, and discussion of the

relationship between valency and psychopathology.). The following clinical example is an illustration of a person characterized by a minus pairing valency ( - PV).

### Clinical Vignette

The encounter: The following case was discussed from another vertex, namely the one of projective identification and published elsewhere (Hafsi, 1995). The client (T.) was a 28-year old single woman. After having consulted a number of psychiatrists, she decided to try psychoanalytical psychotherapy, following one of her friend's advice. According to her, she sought psychotherapeutic help, because she were unable to bear her depressive mood, control herself, be natural in front of men, and enjoy her sexual relationships". She explained that although she enjoys the company of men, she has never enjoyed sex in itself like her friends; as a matter of fact sex was experienced by her as a real torment. Each time she shares the bed with a man, she has the feeling of doing it not because she likes it, but because he likes it. She also reported that she had been married twice and divorced, because her ex husbands could not bear her flirtuous attitude towards her male friends. The first impression the therapist had of her was that of a bar hostess, because of her strong perfume, and excentric make-up and dress.

The Traumatic Experiences: In a later session, she recalled having begun to make up earlier than her friends. Her parents used to scold her for this behavior they considered as "too adultish", and therefore unsuitable for a school girl. Her mother used to throw her make-up in the rubbish box, whenever she finds it. As she could not bear her parents reproach and scolding, she once ran away from home when she was seventeen years old. She related how she was then assaulted and raped by a man, she met in a bar for the first time, and his five friends at his apartment. She explained that during her running away she felt so lonely that she was ready to go out with any man.

Her second traumatic experience took place six months later. She was working as hostess in a bar at that moment. A client invited her to go out with him, and according to her, forced her to have sex with him. She explained that at that time she was so sexually unexperienced that she even "did not how a child was conceived", but was so lonely that she accepted his invitation without hesitation.

In another session she related in details, and without any discomfort, how she was molested by a driving school instructor during a driving session. She justified the instructor's behavior saying that it was due to the fact that she has a large breast and men are interested in sex only.

In another session, T. began by confessing that she phoned to a date club (*terekura*), and went out with a male member, ending the date in the bed of a love hotel. Here is an excerpt of how she justified her behavior to the therapist (Th.).

- Th.: ...Why did you phone the *terekura* ?
- T.: It is not the first time I do it... Do you know these kind of places, (and with a provocative smile)... Have you ever tried *terekura* ?
- Th.: Of course not, but like every one I've heard about these clubs...
- T.: I know it is bad, but I can not help it...I don't know why I am phoning these clubs, I don't do it for sex only... (then with her eyes full of tears,) being alone is very sad...there is no other way...all what interest men is sexual relationship...you are a man, you understand this better than me don't you?...
- Th.: Of course, I am a man, but this does not mean that I am interested in you only sexually.
- T.: (silence)...you, you are a therapist...you are different...Besides you are a foreigner. You are the only foreigner I know, but I think that, unlike Japanese, foreigners are not lecherous... it is because of this that there are many homosexuals abroad ?

It was clear from this interaction that T. was trying to avoid direct confrontation with the therapist and the risk of being disliked by the therapist. However the therapist felt manipulated. He was very confused, for he was not sure whether T. was praising him for not being lecherous or devaluating him for being a homosexual. There was a strong pressure on him to deny his being a homosexual and accept the fact that he was, like all men, a lecherous person.

T.'s narratives about her sexual experiences increased to a point where the therapist felt that the consulting room had become a sort of bar where she was a hostess feeding him with erotic stories instead of drinks. Her behavior became also more provocative, and her dress more excentric. While talking, she often automatically spread her legs, and play with her buttons and hair. This experience led the therapist to further understand T.'s unconscious desire to relate to others, including himself, through the sole means she has at her disposition, namely a - PV and its principle component, sex.

Confrontation stage: This interpretation was latter supported by a large amount of clinical material provided by T. throughout her psychotherapy. Therefore, when the therapist felt that he had enough evidence supporting his intuition, he decided to confront T. with the destructive consequences her - PV was causing to her relationships. In other words, the therapist intervened many times to point out to her how she has been vainly using her charm and sex to build and structure her relationship with people around her including her relationship with him during the session. Here is an example of these interventions.

- Th.: ...I feel that for you sex has always been a kind of cement for your relationships...you always try to do your best to eroticize your relationships...you seem to believe that the only way to get close to someone, or simply be able to interact with him is through sex... And our relationship here is not an exception... You have been trying



the same thing with me...you don't need to seduce me to maintain our relationship and have me listen to you...

T.: (she automatically closed her legs, and said furiously)... How can you think like... I came here for treatment... I am not interested in sleeping with you...you are not different from the others...you are a man; the only think that interests men is sex...

After this intervention, T. looked so disappointed that the therapist had the feeling that she will stop coming to therapy. However, like every time, she came to the next session, wearing an extravagantly sexy skirt, so mini that, according to her, every one in the street was looking at her. She also said that she was mad at the therapist for what he said to her in the previous session. The therapist understood this as an intensification of the patient's phantasy stirred by the therapist's intervention in the previous session (see cashdan, 1988). He therefore communicated his feeling to her in the following:

Th.: ...You have been mad at me because I refused to play in your unconscious sexual game. This was understood by you as a refusal of a relationship with you, because of your unconscious belief that relationships can be established and maintained only by sex... It is something that was inculcated and forced into you since your early age...

T.: (after a long silence, she burst into tears saying)... I hate myself...you're right, I think it is because of my mother... I hate to admit it, but I really think like my mother...

She recalled her mother telling her to be cautious with men, because, according to her, for them "a woman is a mere disposable toy; they play with it and throw it later". However, she also used to tell her to dress fashionably to be attractive to men. According to T., her mother used to apply these advices whenever she is in the presence of a man. She never misses any opportunity to display her charm and sexiness in front of the opposite sex, including even her friends' and sisters' husbands. These memories of her mother support the hypothesis discussed elsewhere (Hafsi, 2006) concerning the role played by the first care-taker (generally the mother) in the psychogenesis of valency and its minus counterpart.

As a result of repetitive interpretation and confrontation, T. could get some insight into her pathological way of relating to and manipulating people, or her - PV, and the destructive effect this has on people dealing with her. This was followed by some improvements in her relationship with men, including the therapist, Her sexually provocative behavior was gradually replaced by a true desire to cooperate with the therapist. In Bion's terms, a therapeutical relationship based on K-link (Bion, 1970) was established between the two. However, this relationship had to be interrupted soon, because T. decided to go to another town, find a job, and change her life, a decision she had been thinking about for a long time, but could not take before. This closed the curtain of a year-long therapeutical relationship.

## Conclusion and Discussion

In the present paper, the author has first discussed the concept of valency as conceived by Bion (1961). According to Bion, valency corresponds to an individual predisposition to combine with other group members to create, preserve and work according to the baG. It is a "a spontaneous, unconscious function of the gregarious quality in the personality of man" (p. 116). Bion postulated three types of valency with each one corresponding to one of the three basic assumptions the group tends to display, namely the baD, baF, and baP. The main purpose here was to provide a brief description of the changes and developments made by the author to the concept of valency, introducing his concept of "minus valency". The author distinguishes between a healthy or "plus valency" (+ V) and a "pathological" or "minus-valency" (- V). The former corresponds to valency as conceived by Bion (1961). Whereas the latter refers to valency when it is functioning in reverse, that is leading to the destruction of interpersonal bonds and relationships. To put it differently, - V corresponds to an individual inflexible, unilateral and forceful tendency to relate to the object. As unilateral, this tendency does not take into consideration neither the latter's will, nor the circumstances ending thus always in a relational fiasco.

Moreover, - V is characterized by what Bion (1967, 1970) called the negative links (- K, - L, and - H), and may be associated with a number of mental disorders, especially personality disorders (Hafsi, 2006). Discussing the psychogenesis of - V, the author postulated that it is the result of the infant's experience of a - at an early positions described by Melanie Klein (1946), as an environmental factor, and his/her lack of tolerance of frustration caused by this - , as a personal factor.

As an illustration, the author presented a clinical vignette abstracted from the psychotherapy of a woman (T.) with a - PV. The phantasy underlying T.'s interpersonal relationship was a conscious and unconscious belief in the omnipotence of the penis and its function (sex), as the sole path to interpersonal relationship, especially between two persons of different sex. As shown by her repetitive claim that men are interested in a relationship (with her) only to satisfy their sexual needs, T. behaved "as-if" she can't relate to men, unless she is involved sexually with them. As a result, she has been unconsciously acting out this belief, creating relational fiasco and void around her, and then suffering it. Since early infancy, T. has been subjected to this belief through her relationship with her mother. In fact, the latter was also a "fervent believer" of this phantasy which pervaded almost all her interpersonal relationships, including the one with her daughter (T.).

Of course, this does not imply that T.'s - PV and its inherent phantasy is merely the result of her interaction with her mother as a child. Psychogenetically speaking, the author believes, as mentioned above, that her -PV originates as a result of the infant's experience of unfavourable

early object relations characterized by a physically or/and functionally absent object, or, to use Bion's concept, a - . A number of clinical materials, such as the client's feeling that her mother wanted to have another boy instead of a girl, and the fact that she was weaned very early (compared to her older brother) because, according to her mother, she did not want to suck at her breast, etc., seem to support this hypothesis.

The improvements displayed by T.'s in her interpersonal relationships, including the one with the therapist, can be interpreted as resulting from the fact that the latter was able to understand her relational problem in terms of - PV, and tried to deal with it gradually. That is, the therapist could, in Bion's terminology, contain T.'s sexualizing and manipulating behavior and tolerate it. After sufficiently containing, understanding it, and having acquired enough evidence to support his "silent interpretation" (Spnottitz, 1985) of it, he repeatedly confronted T., providing her with insights into her - PV, the phantasy underlying it, and its consequent manipulative and destructive behavior. The purpose of the therapist's interventions was to help T. to become aware of the fact that her PV was functioning in reverse, namely, that is, disconnecting her from, instead of connecting her to others.

To conclude, it should be noted that V and its negative counterpart ( - V) as developed by the author are not meant to be theories but models in Bion's definition of the term. The value of the valency concept resides in the fact that it can be used to explain the normal "chemistry" of human bond (Hafsi, 2006). Whereas - V, helps to understand why, inspite of their desire to relate to others, some people grouped under the generic term "personality disorder" are unable to establish stable interpersonal relationships, and suffer consequently. With the exception of Bowlby (1969, 1973) and few others, psychoanalytically-oriented researchers have neglected this problem, creating thus a conceptual vacuum. Albeit their apparent similarity, Bowlby's *attachment theory* and the valency (and - V) model as developed by the author present a number of fundamental differences. Firstly, although both valency model and attachment theory speak of a primary need and predisposition to establish a bond with the object, unlike attachment theory, which postulates the existence of only one healthy bonding or attachment style (secure), the valency model suggests four healthy valency types (DV, FV, PV, and FIV), and their negative or "unhealthy" counterparts. Secondly, generally speaking these two conceptions of the link between the subject and the object are made from different vertices. While *attachment theory* describes this link in terms of whether it exists or not, the valency model adumbrates the different ways put at the disposition of the subject to relate to his/her object. Thirdly, the valency model is more anchored into psychoanalysis especially object relations theory, than attachment theory. Owing to its ethological roots, the latter tends to focus more on behavioral manifestation of attachment, and on the physical presence of the care-giver (the mother or a substitute). According to Bowlby (1979), "*attachment... is any form of behaviour that results in a person attaining or maintaining proximity to some preferred and differentiated*

*individual...*" (p. 129). As it is widely known, this has "earned Bowlby the hostility of his colleagues for several decades" (White, 2005; p. 6). Fourthly, while in the valency model, pathological valency (-V) is, as discussed previously, conceived as resulting from two factors - the encounter with a - , and the (individual) ego's inability to tolerate frustration - , the cause of defective attachment in Bowlby's theory is attributed principally to the care-giver's absence, and consequently her failure to securely attend to her baby's need for attachment.

Finally, in spite of sufficient clinical data supporting the concept of -V, the author, based on his own clinical experience, believes that it is valid enough to be used in order to temporarily fill the conceptual vacuum mentioned above, and therefore it deserves to be further tested clinically and empirically.

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