The anatomy of the relatedness means: Valency theory revisited and compared

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Abstract

The purpose of the present study was to review the author's valency theory in order to clarify some important issues neglected in previous studies. First I have discussed the relationship between valency theory and drive theory. Drives were integrated as independent elements whose role is to energize and activate the valency structure. Their content and goal is determined by the nature of valency structure. Unlike Freud, I do not thus conceive of them as the ultimate or primary motivational force. Second, I have discussed the similarities and differences between valency theory and other human relationship-oriented theories, namely interpersonal theory, and relational psychoanalysis. What distinguishes valency theory from other apparently similar theories is the fact that its principal concern is not the relationship *per se*, but valency structure, that is the means that serves to tie a subject to an object, or a person to another. Therefore, the final goal of valency psychotherapy (VAPs) is providing a stable and good enough therapeutic relationship and setting. Through this therapeutic relationship the patient will be, by means of identification and containment processes, able to acquire the valency structure, which will allow him to establish stable and healthy realtionships indispensable for mental growth.

The anatomy of means of relatedness: Valency theory revisited and compared

As suggetsted by the title, the purpose of the present paper is to review what I have called the "valency theory" and its affiliated psychotherapeutic method, "valency psychotherapy (VAPs)" (e. g. Hafsi, 2006, 2010a, 2010b), under the light of my current experience. The results of rethinking what I have written previously as well as the clinical, supervising, and teaching experience I have accumulated at this particular moment of my research career led me to the conclusion that valency theory is in need for further clarification and development. This stimulated and forced me to undertake the mentally painfull task of writing the present paper. It is a painfull task because I have to go through what I have written hastilly under the pressure of the need to evacuate those unsufficiently processed, and unbearable thoughts, Bion (1962) would call "beta-elements", searching for a container.

Few of the containers were willing to put their alpha functions at my disposition to tame and alphabetize on my behalf my beta-elements, helping me thus to redigest and use them as food fort further thinking. Thanks to this successful containment interaction, I could, when revisiting

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valency theory, discover some ambiguous aspects to clarify, a few theoretical and pratical points to change, and some new issues neglected by my previous works. What follows is the result of this containment and further thinking about valency theory.

I will first begin by providing a clear definition of what I now mean by the concept "valency". Then, I will try to discuss briefly the similarities and differences between valency theory, and drive theory and object relations theory.

Valency theory: An introduction

We all know that a human being can not exist and develop without and outside the frame of a human relationship. This idea is clearly conveyed by the chinese character for a human being 人間 (*ningen*), consisting of two characters, a "person" (人) and "between", or among (間). This suggests that a human being meaning is a person in between or among others. Hence, unlike what the word for it may suggest, a person, from conception to death is in perpetual relation and interaction with others. Not only his physical existence and growths but also his mental stability and survival depends on the relationship with these significant others. As suggested by Bion (1962, 1963, 1970), the individual's mental survival depends on his ability to acquire an alpha function or an apparatus for thinking his own and other's emotional experiences, and learn from them, in order to be able to relate to one's self, and own a place "between others" and live among them. Only this will protect him from madness and psychic death. This is the idea on which is founded the valency theory, and most of object relations theory, interpersonal psychoanalysis theory (Sullivan, 1953), and relational psychoanalysis theory (Mitchell, 1988, 2000; Greenberg & Mitchell, 1983; Mitchell & Lewis, 1999; Curtis & Hirsch, 2003).

Valency theory integrates most of Kleinian and Bion's theoretical and clinical ideas. It can be thus conceived as, in general terms, an object relations theory. And since our object relations are not only confined to our *psyche* or mental space and form "working models" (Bowlby, 1979, 1980) or templates for our actual interpersonal relationships (see Greenberg & Mitchell, 1983 for a discussion concerning the use of object and person) valency theory is also a theory which, as discussed later, shares several ideas with the now classical interpersonal psychoanalysis (Sullivan, 1953), and more recent relational psychoanalysis (Mitchell, 1993; Aron, and Lechich, 2012).

However, valency theory differs from both object relations and interpersonal theory, in the sense that, unlike these theories, its core concern is not the phenomenal aspects of the relationship (its nature, its latent and manifest outcomes) but the fundamental means that gives birth to the relationship, or the device that binds a person to another. In orther words, what valency theory aims at illuminating is not merely what is taking place between a subject and its object, or between two actual persons, and the quality of their relationship. What constitutes the field of study of valency theory is the means that predisposes and allows an individual to

build a relationship. We all have the emotional experience of feeling bound to someone, and the painful one of feeling detached from another. We spend most our conselling and therapy hours dealing with the latter failure and the emotional disater resulting from it. Our patients and clients come to therapy or counselling because they expect us to restore that "thing" that is missing in them, and is therefore preventing them from having stable and healthy relationships with people around them. If this binding "thing" which we subjectively experience as present or missing, do really psychologically exists, what is then its nature and structure ? How does it develop, and how does it affect the person's relational universe ? It is those questions that valency theory attempts to answer.

My encounter with and diggesting of Bion's work helped me enormously in my early attempt to explore those questions. The most obvious gain from this encounter is the concept of "valency". Bion (1961) discusses this concept in his famous "*experiences in groups*". As discussed somewhere else (e.g., Hafsi, 2006, 2010a, 2010b), Bion borrowed this concept from chemistry to describe the individual's capacity, and "readiness to enter into combination with the group in making and acting on the basic assumptions" (p. 116). This combination, writes Bion is made "on 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..." (ibid.). This concept allowed me to name that "thing" that all of us experience, know about, but could not name and use for thinking. The concept served for me as, what Bion (1963), borrowing from Henri Poincare (1952), called a "selected fact", a term designating "an emotional experience of a sense of discovery of coherence; thought about phenomena in which time is excluded..." (p. 72). Following my encounter and containment of this selected fact, all those fragments and pieces of concepts begun to integrate inside me into a rough theory of the human bond, which will be later called valency theory.

According to valency theory, the means that binds people is the valency. In other words, valency is an unconscious means which allows the person to get bound to another, like an atom to another atom. Binding through valency takes place without the person's awareness, or consciousness. Under the influence of their respective valencies, two persons are attracted to each other, like a plant is attracted to a source of light in the case of tropism.

A relatively "healthy" person, like an atom, is polyvalant; he has a valency structure constituted by four different valency types (dependency valency, fight valency, flight valency, and pairing valency). A healthy valency structure comprises one "active valency", and three "auxiliary" ones.

Active valency refers (ACV) to the most dominant and salient valency. Its corresponds to the valency the person displays instantenuously and unconsciously to bond with another person. Active valency is akin to what is commonly called in psychoanalysis the self, or the "true self" (Winnicott, 1965). Winnicott distinguishes between false self and true self. The latter designates

a sense of self based on spontaneous authentic experience, a sense of "all-out personal aliveness" or "feeling real". Paraphrasing Winnicott, like the true self, active valency is what allows the person to get deeply bound to a significant other, and therefore feel alive. Moreover, active valency is, when perceived or felt by the other, also what inform him or her about the unconscious nature of our need for and ability to relate. In other words, a lack of an active valency prevents the other from intuiting and knowing our true way of relating to others, and therefore will not arouse in him the need to relate to us. Active valency signals our readiness to relate by provides the other with unconscious information about our need for a given way of relatedness. It fulfills thus the function of unconsciously stimulating the other's valency and inviting him/her to relate to us.

On the other hand, auxiliary valency (AXV) refers to each of the three other types of valencies. As mentioned above, a person capable of establishing healthy interpersonal relations is supposed to be equipped with three auxiliary valencies beside its active one. These are displayed when the person feels that his or her usual way of relating to others might be, for given interpersonal and situational circumstances, inapropriate or unwelcomed. Under these circumstances and the pressure from the need to bond with and relate to a significant other, the person will have no other choices than, as put by Bion (1967) "evasion" of the situation or adaptation by means of "modification". In the latter case he will have to consciously try to display his auxiliary valencies to secure a bond with the other in order to avoid the painful experience of interpersonal disconnectedness. Thus, auxiliary valencies fulfill two indispensable functions: complementary and adaptative functions (Hafsi, 2006; 2010a). These two functions allow the person to establish ephemeral and superficial interpersonal bonds when strong bonds by means of ACV are not possible, and consequently respond to the needs and exigency of any interpersonal situation one may experience. Unlike what this brief description may suggest, AXV is different from what is called in psychoanalysis untrue self, false self (Winnicott, 1965), as a morbid entity. It is only when ACV is lacking, as in the case of pathological or "minus valency structure, especially "indifferentiated valency" (discussed later), that displaying AXV is considered pathologic.

According to valency theory, there are 4 valency types. Based on his ACV, a person can be of a dependency valency type, fight valency type, pairing valency type, or flight valency type. What characterizes a person with dependency valency type is his unconscious and sometimes conscious need, desir, and predisposition to build interpersonal relationship through mutual dependency or interdependency. It goes without saying that dependency refers here to a basic, healthy and life sustaining way of relating to the object (another person). It is distinguished, as discussed later, from what we call "minus dependency", and what is usually described as pathological dependency, co-dependency and other related concepts. Metaphorically speaking, in the case of dependency valency, interdependency constitutes the cement of the relationship.

The person depends on and responds to the other's unconscious and conscious need and call for dependency. This need for a relationship characterized by dependency is reflected in and determines every trait and feature of the person's behaviour, attitude, belief, and perception.

The fight valency allows the person to build relationship characterized by interpersonal confrontation. Concretely speaking, the person with a fight valency as ACVwill bump against, and respond in the same way to the other's bumping against him to bond to him or her (Hafsi, 2006, 2010a). Confrontation includes verbal reactions (criticism, discussion, commenting, etc.) and sometimes even emotional reactions (anger, for instance). To quote from a song of the famous French Charles Aznavour, the person with a fight valency "wants the world to criticize the world", and *vice versa*.

What characterizes pairing valency is a need for interpersonal intimacy. A person with a pairing valency would not feel really bound to the other until he has the feeling of being deeply and bilaterally involved with the other. In other words, a relationship is perceived and experienced as viable only if it allows both to explore each of the corners of the mental and real life of the other, and be explored in the same way. Mutual curiosity and self-disclosure is therefore an important element in pairing valency.

Flight valency serves to create interpersonal bonding free of any kind of conflict. The person with a flight valency is proned to avoid creating interpersonal conflict, for conflicts are perceived and experienced as a threat to connectedness. Therefore a person having this type of valency will do everything at his disposal to refrain from any behavior, thought, statement or emotion that may jeopardize his bonding ability. Flight allows the person to maintain a good enough mental and spatial distance which is indispensable for healthy relatedness. Thanks to this distance one will be able to recognize and experience one's own and the other's need and expectancy to relate, and differentiate between the two. In other words, flight valency prevents us from losing, by means of projective and introjective mechanisms, ourselves in the other. Like in any type of valency, individual psychological traits are determined by and function to support the person's active valency.

As mentioned above, the valency structure is not always healthy (positive) ; it can be also pathological, or negative (Hafsi, 2006, 2010a). Negative valency structure includes three different variations, namely, hypo-valency, hyper-valency, and undifferentiated valency structures. Briefly described, an hypo-valency structure represents a structure wherein all the four valencies (dependency, fight, pairing, and flight) are not high or strong enough to allow the subject to relate to others, and stimulate others' valency in order to build stable interpersonal relationships. This kind of negative structure characterizes psychotic disorders. Psychotic disorders which include, for instance, schizophrenia, schizoaffective disorder, schizophreniform disorder, are characterized among others by a severely impaired relation to physical, mental and interpersonal reality. In other words, people suffering from these disorders are

characterized by an inability to relate to reality and therefore to people in a socially adequate and stable manner.

Hyper-valency structure refers to a valency structure composed mainly by only one excessively strong valency, with the other three insufficiently developed or too weak for building interpersonal relationships. Hyper-valency structure includes four types, namely "minus dependency", "minus fight", "minus pairing", and "minus flight", depending on the valency type that is is excessively expressed. For example, a person who has a valency structure with the fight valency as the only strong one is categorized as a "minus fight" type. A person with a hyper-valency type will always try unilaterally and, in some occasions, forcibly to get bound to the other regardless of the latter's need, expectancy and the situational factors. Consequently, this will, soon or later, lead to interpersonal conflicts, and, finally, to the dissolution of the relationship, wounding the other, and facing again the painful experience of disconnectedness.

Hyper-valency is at the roots of what is known as personality disorders. Personality disorders are long-term patterns of thoughts and behaviors that lead to serious and conflictual interpersonal relationships. As a result, people with personality disorders are often unable to deal with everyday stresses and problems. There are several types of personality disorders; the most known are hysterical personality disorder, antisocial personality disorder, avoidant personality disorder, Borderline personality disorder, dependent personality disorder, histrionic personality disorder, narcissistic personality disorder, obsessive-compulsive personality disorder, paranoid personality disorder, schizoid personality disorder, etc. Each hyper-valency type may be associated with one or more of these personality disorders. For instance, minus pairing valency is associated with histrionic personality disorder, minus fight valency with paranoid personality disorder, minus dependency valency with dependent personality disorder, and minus flight valency with, among other, schizoid personality disorder (Hafsi, 2010a).

Unlike a person with a hyper-valency structure, a person characterized by an undifferentiated valency structure is able to display all the four valency types. However, unlike a person with a healthy valency structure, he has no ACV, or valencies are not differentiated into ACV and AXV. He has no conscious or unconscious preference for or tendency toward displaying especially one valency. This person can respond to any valency and adjust to it, but the other have no clue to know what valency can appeal to him, and therefore would feel inhibited and confused. In other words, the person interacting with a person with this type of valency structure does not know how to behave towards and respond to the latter, and would tend to be suspicious about his sincerity and truthfulness. Thus, like any minus valency structure, undifferentiated valency structure will result in the destruction of the relationship and a number of negative consequences. Moreover, this valency structure is closely associated with neurotic disorders, and with what Kernberg (1996) calls "neurotic personality organization" and its different pathological subcategories.

Valency theory and other related interpersonal relations theories

One of the most common reactionary response to a new theory or a new model (idea) which is felt as similar to the prevailing one is "why a new theory" ?, What is wrong about the already available theory/model" ?. A person trying to propose a new theory, will surely face these questions. If he is not strongly convinced by the theory/model he is proposing, then he will be discouraged in his attempts to see things from a different perspective, or as Bion (1970) puts it, a different vertex. The mind of some scientists is so saturated by old ideas that they have no enough mental space for newly conceived ones. Valency theory was not exempted from these reactions. That is why I will now discuss the difference between valency theory and other main interpersonal relationship theories, showing what the former can contribute new ideas for the understanding of human bond.

As mentioned above, valency theory shares some ideas with both interpersonal psychoanalysis (see for instance Sullivan, 1953) and relational psychoanalysis (Greenberg & Mitchell, 1983). According to interpersonal psychoanalysis the details of a patient's interpersonal interactions with others (including the analyst or therapist) can provide insight into the patient's mental disorder, and its possible cures. The founder of this current of thought, Sullivan, believes that through social interactions and the use of what he calls "selective inattention", people keep certain aspects of their interpersonal relationship out of their awareness, and develop "personifications" of themselves and others. According to Sullivan, "personifications" embody the person's assumptions, schemata, internalised representations of others, and reflect appraisals of the self. Personifications are thus cognitive entities or errors which will affect us whenever we enter in contact with another person. In other words, they form the basis for the later ambiguities in and misperception of reality and interpersonal relations, or "parataxic distortions". The latter concept describe the person's tendency to distort the perceptions of others based on fantasy. These distortions are partly transferred from the past and partly unconsciously manufactured by us under the pressure of our needs, argues (Sullivan, 1953).

The other psychoanalytical theory to which valency theory may be compared is *relational psychoanalysis*. Relational psychoanalysis refers to a school of psychoanalysis that emphasizes the role of actual relationships with others, and unconscious object relations in mental disorder and psychotherapy. Relational psychoanalysis is a relatively new and evolving school of psychoanalytic thought considered by its founders (for instance, Mitchell, Greenberg) to represent a "paradigm shift" in psychoanalysis'. Relational psychoanalysis resulted from an attempt to integrate in the 1980s interpersonal psychoanalysis's emphasis on the detailed exploration of interpersonal interactions with British object relations theory's sophisticated ideas about the psychological importance of internalized relationships with other people. Seen from the perspective of relational psychoanalysis, personality and its pathology spring from the matrix of early formative relationships the subject had with significant others (parents and

other figures).

In this sense, like interpersonal psychoanalysis, relational psychoanalysis also shifted away from strict traditional psychoanalytic thought concerning what primally motivates human *psyche*. Unlike traditional (Freudian) psychoanalysis which regards instinctual (sexual and aggressive) drives as the primary motivational forces behind our search for relationships, relational psychoanalysts believe that it is being in relationship with others that constitutes the primary motivation of the *psyche*. In other words, from the point of view of relational psychoanalysis, *psyche* is not motivated primarily by the drive-satisfaction, but by the need to relate to a significant other.

Obviously, relational psychoanalysts believe that early infant-caregivers relationships determine our expectations about how our needs (desires and urges) are met. Therefore, needs are perceived as inseparable from the relational contexts in which they arise. This does not reflect the behaviorist idea that motivation is determined by the environment, but that motivation is determined by the systemic interaction of a person and his relational world. Individuals tend to recreate the early learned relationship in the present relationships to satisfy the individuals' needs in a way that conforms with what they learned as infants. This tendency to recreate early relational patterns is refered to as enactment. The therapeutic goal of relational psychoanalysis is establishing in the here-and-now a healing relationship with the patient, and focusing on facilitating insight. This will help the patient to refrain from repeating pathological patterns in his relationship to others. An equally important emphasis is also placed on mutual construction (by both therapist and patient) of meaning in the therapeutic relationship (for a detailed review of relational psychoanalysis, see Aron & Lechich, 2012). I will now compare these two psychoanalytical theories with valency theory.

Valency theory and interpersonal psychoanalysis compared: As can be easily guessed, interpersonal psychoanalysis and its derivative psychotherapy, have made a shif away from basic psychoanalytic tenets as conceived by Freud. The shift made was more towards a cognitive approach to *psyche*, personality and the cure. Therefore, unlike interpersonal psychoanalysis, valency theory is based on the integration of a large part of Freud's drive theory and object relations theory as conceived by principally Klein and Bion. Valency theory holds that our adult interpersonal relationship are determined by our early objects relations as described by Klein (1946). Healthy or pathological, our actual relationship are recreation of relational patterns learned in relationship with our primary (part and whole) object, namely the breast and the mother. This is one of the principal aspects of the discrepancy between valency theory and interpersonal psychoanalysis. The similarity between the two theories is *grosso modo* limited thus to the fact that for both early infant-caregiver relations are primordial, because of the influence they have in determinating our later (adult) healthy and pathological interpersonal relatinships. However, as discussed below, their difference is more fundamental

than their apparent similiarity.

Valency theory and relational psychoanalysis compared: Valency theory shares with relational psychoanalysis the characteristic of having integrated both drive and object relations theories. However, what characterizes valency theory is the fact that it is especially more associated, as suggested by its name, with Bion's work than relational psychoanalysis. The latter draws more from Klein and Winnicott. There is an important difference between valency theory and relational psychoanalysis concerning the role played by drives. In the latter, they are opposed to the need to relate to others -- which is considered as the primary motivational force in the *psyche* --, and attributed, as discussed previously, a secondary importance. It is not the satisfaction of our drives that directs us towards the other, but our need for relating. Our instinctual drives can not be conceived ouside the relationship, because it is the relationship that determine them and not the opposite.

Drive theory and valency theory: In valency theory, drives are conceived differently. Like the other theories, the need to relate is the primary one; it is rather a reflection of the person's valency structure. The way in which we want to relate to others is determined by our valency structure. In valency theory, Freud's instinctual (sexual and aggressive) drives (Freud, 1920) are not opposed to valency; there is no drive-valency dichotomy. The role played by drives consists in energizing and activating the valency when the subject is attempting to relate to the object. The relationship between valency and drive, and the person is, metaphorically speaking, akin to the one between a car, its engin, and the fuel, with the car representing the person, engine his/her valency structure, and the fuel the drives. The drive needs valency to be contained and be used, valency needs the fuel to be activated and expressed to create a relationship, and the person needs both to be able to relate to others and exist as psychological and physical being.

Moreover, each Freudian drive or instinct is associated with one or two given valencies. Agressive drive is associated principally with and used as "main energy" by the Fight and Flight valencies, but can also serve as a "supplementary energy" for other valencies, pairing valency or dependency, for instance.

Concerning the Freudian sexual drive, I believe that it includes two different (but in some cases complementary) instinctual components: sexual desire with its physical features, and what is generally understood by love with its asexual and prosocial feelings. Unlike what Freud's drive theory suggests, there is no convincing proof that sexual desire, or sex is a primary instinct. It is rather a means to satisfy another more primary drive, namely Klein's epistemiphilic drive, Bion's drive to know or seek the truth (K) , or, in Grotstein's (2007) terms, the "truth drive". In other terms, the final purpose of the sexual drive is not sexual satisfaction *per se* , but the feeling of having been able to "penetrate" and explore the other's internal world, and therefore experience the pleasurable feeling of being connected to the latter[1]. On the other hand, knowing the truth is, according to Bion (1963, 1970), *a sine qua non* for mental existence,

that is, an indispensable food to be able to think one's emotional experiences and survive both physically and mentally. This drive to know the truth including sexual desire and sex is associated mainly with the pairing valency, but can be also resorted to, as a supplementary means by the other valencies to satisfy purposes specific to the valency in question. In other words, the content and aim of this drive are determined by the valency structure. For the content and aim of the sexual drive for the person with a pairing valency are different from those of a person with fight valency. Concerning dependency valency, it is mainly associated with and "fueled" by the other component of the sexual drive, namely asexual love, including for instance parental and fraternal love, love for friends, for humanity (etc.,), in few words, what Freud calls "sublimated" love. Of course, like other drive, love is also used as a complementary or secondary energy in the case of other valency types to achieve the type of reladness specific to them.

Interpersonal theory, relational theory, and valency theory: Like interpersonal theory, relational theory also is concerned mainly with the relationship and its nature. Therefore, valency theory is different from both theories, in the sense that what valency theory primarily addresses is not the relationship *per se* which is the final outcome of the encounter between two or more persons. What valency is thus concerned with is rather the *means*, namely *valency structure*, which both object and subjects respectively have and display to mutually build their relationship. As discussed above, there is no relationship without an appropriate valency structure. This emphasis of the means, explains the difference between valency theory and the other two theories in terms of therapeutical goals. Before tackling this subject, let me briefly summarize the principal characteristics of valency theory.

Although valency theory can be classified as an object and interpersonal relational theory, it differs fundamentally from these psychoanalytical currents by the fact that its prime concern is not confound to the relationship *per se*; its goes beyond it. That is, valency theory is concerned with that means with which every human being is equipped in order to bond with others. This means, is conceived of as a (valency) structure constituted by four valencies, one active valency (ACV) and three auxiliary valencies (AXV). A valency structure can be healthy (positive), or pathologic (negative). A positive valency structure is associated with healthy object and interpersonal relationship, and a negative one with pathologic relationship and consequent mental, physical, and psychosomatic disorders (Sasauchi, 2010; Hafsi & Sasauchi, 2012).

A person is born with a valency "preconception" as conceived by Bion (1963). According to the latter, a pre-conception represents a state of expectancy of the object's presence, and the

Note 1: *If sex was really a primary drive, a lack of sexual life or desire would constititute a threat to the person's existence. But, whether we take humans or any other species as example, this is not the case; life is always possible without sexual desire and sex. Of course, I am not denying the important role played by sex for the individual and species, I am only trying to challenge the view that emphasizes the primacy of the sexual drive.*

possibility of the bond with it. Since the neonate has before birth experienced a state of reladeness and closeness with the mother, we can postulate that the foetus has a primitive valency structure which can be conceived as pre-conception. As discussed by Bion, this valency pre-conception becomes a valency structure only if it "mated with" a real positive experience of the object (breast, mother). In other words, valency is definively acquired only after birth, when the baby is able to reunite again physically with the object of his pre-conception. This reunion with the object allows the infant to acquire gradually a valency structure. Describing in details the process the infant goes through to acquire a valency structure goes far beyond the scope of the present paper. Suffice to say that this process start with the reunion in the early phase of the oral stage, and ends with the working through of the oedipus complex and the entry into the latency stage. Details about valency acquisition process can be found in previous works (see for instance Hafsi, 2006 and 2010a).

What is Valency Psychotherapy ?

Valency theory constitutes a foundation stone of a form of psychotherapy called "valency psychotherapy", or VAPs (Hafsi, 2010a). VAPs is a psychoanalytical psychotherapy based on the idea of psychopathology as conceived in valency theory. As suggested above, according to valency theory, psychopathology in general results from the inability to relate to others due to a lack of a healthy valency structure, or to the presence of minus valency structure with its three different types (hypovalency structure, undifferentiated valency structure, and hypervalency structure). Each minus valency structure is associated with one or several mental disorders which can be categorized into three types: 1) psychosis and psychotic disorders, 2) neurosis and neurotic disorders, and 3) personality disorders. That is, psychosis and psychotic disorders (Schizophrenia, Delusional Disorder, Psychotic Disorder, Schizoaffective Disorder, Dementia, etc.) are attributed to hypovalency structure, namely a structure composed by valencies with extremely low intensity. In this case, the intensity of all the valency is so low that the person displays no interest in others, and is almost unappealing to others, or do not stimulate other's valency structure. Whereas neurosis and neurotic disorders (anxiety disorder, panic disorder, phobias, dissociation disorder, obsessive compulsive disorder, etc.) seem to result from undifferentiated valency structure. What characterises undifferentiated valency structure is a lack of stable reactional pattern or what may be called a true self. A person with an undifferentiated valency structure is always puting himself at the disposal of, and tuning and adjusting himself to others' needs, showing no permanent and specific preference for any type of interpersonal relatedness, or valency. Seen from the other's perspective, this person is impredictable; one does not know how to relate, or which valency type would appeal to him, and this therefore leads to inhibition. Undifferentiated valency structure is expressed as neurotic fears of not being able to meet others needs and risking reprimand, reproach and finally

isolation. The person is also characterized by irrational anxiety and distress, a feeling of emotional void or depressive mood, and other symptoms proper to neurotic personality disorder.

On the other hand, hypervalency structure seems to be closely related to what is known as personality disorder and its different types (antisocial personality disorder, borderline personaliy disorder, histrionic personality disorder, schizoid personality disorder, paranoid personality disorder, narcissistic personality disorder, dependent personality disorder, avoidant personality disorder, etc.). Besides their sympotomatological differences, all personality disorders represents enduring maladaptive, dysfunctional patterns of (inner and outer) responses, and ways of relating to others in different interpersonal settings (see Hafsi, 2010a for further details about the relationship between psychopathology and minus valency structure types).

There are four hypervalency types: minus dependency, minus fight, minus pairing, and minus flight. As mentioned above, each type of hypervalency is associated with one or more personality disorders. Depending on the type of hypervalency, these maladaptive response pattern include, among others, impulsive aggresiveness, malignant dependency towards, inapropriate seductiveness, exploitation, and manipulation of others, and consequently interpersonal fiasco.

As suggested above, valency theory differs from the two relational theories in the sense that the primary cause of mental disorders resides not in the relationship but rather in the means that serves to build it, namely the valency structure, and this is, in my opinion, a fundamental difference. Consequently, what VAPs addresses is the subject's minus structure. The therapeutic aim is providing the patient with insight about his/her valency and its destructive interpersonal effects. The patient is provided with a therapeutical frame wherein he/she can acquire, through the therapeutical relationship, a healthier valency structure, something that his early objects failed to provide him/her with. For only a healthier structure will allow him to build stable and healthier relationships.

Generally speaking, the therapeutic process includes ideally five stages: 1) Assessement of valency structure, 2) Building of therapeutic alliance, 3) Containment, 4) Confrontation, and 5) Termination. Useless to say that these stages are not clearly differentiated, and their succession is not always strictly respected. For instance, like in the case of a person with a minus fight (hypervalency structure) characterized by excessive strong paranoid suspicion, the therapist may skip the first stage in order to prevent the subject from terminating the therapy before it even commences. I have elsewhere (Hafsi, 2010a) described in details these stages, therefore, I will only briefly introduce them here.

The assessement stage consists in assessing, based on valency theory, the type of the patient's valency structure, for, as mentioned above, it is in it that resides the difficulties for which he has sought therapy. The therapist will pay particular attention to what the patient is saying about

himself and others, and to how he is evaluating and reacting to them (including the therapist), through his speech, attitude and even his silence. Because these are understood as reflecting the patient's valency structure. At the same time, the therapist will pay equal attention to his own feelings about and internal reaction to the patient's discourse and behaviour. For those are considered to be countertranferentially induced by the patient's transference, and are thus related to the later's valency structure. Following this clinical assessement of the patient, the therapist can also use the Valency Assessment Test, or VAT (Hafsi, 2010b). VAT is a projective test designed as a sentence completionc test. When the patient does not oppose it, VAT is usually used during the first encounter with the patient. VAT helps the therapist to develop a working therapeutical hypothesis that should be always tested and matched with the result of the clinical assessement.

This stage which is generally of a relatively short duration (a few sessions), is followed by a stage where the task consists in creating a therapeutic alliance with the patient. Psychoanalytically, therapeutic alliance refers to the mutual collaboration established between a psychoanalyst and a patient to overcome the unconscious and conscious resistance. Without this alliance change and healing are unconceivable. There is evidence that a strong therapeutic alliance predicts better outcomes in therapy. A therapeutic alliance is evident when the client feels comfortable with the therapist, has a sense of common goal or purpose with the therapist, and a sense of safety and trust in the therapy process. To build this alliance, a number of therapeutical techniques, including supporting, advising, and sometimes orienting the patient, are used. I can not discuss them here, because this goes far beyond the scope of the present paper.

The third stage of the therapeutic process, or containment consists for the therapist in allowing oneself to be receptive to the patient's transferential reactions and all the psychic processes (projective identification, for instance) mobilized in them. However, containment here does not imply passivity. It is an active process which includes being able to eschew memory and desire (Bion, 1970) and be in state of "reverie", and displaying "negative capability", that is, the ability to bear the uncertainties, mysteries, and doubts experienced within the therapeutic relationshiip, without "any irritable reach after fact and reason" (Bion, ibid., p. 125). Obviously, this is not an easy task. For it is usual when facing difficulties and uncertainties when exploring the patient's troubles to resort to reasoning and intellectual formulas as a defence against the painfull experience of not being able to understand and know.

Moreover, containment includes also the capability to put one's alpha function at the disposal of the patient to 1) digest for him his emotional experiences, and 2) use one's alpha function to transform these once meaningless and therefore unbearable experiences into more bearable ones, so that the patient will integrate them for further "learning from experience" (Bion, 1962), and change. After transforming these experiences into understandable and spekable ones, the

therapist is expected to feed them back to their original owner, through various therapeutical interventions (interpretation of transference and resistance, clarification, supportive and/or insight-oriented comment, etc.).

These interventions marks the beginning of the confrontation stage. After having sufficiently witnessed and contained the patient's minus valency, the therapist is supposed to convey to him the result of his containment. Metaphorically speaking, the therapist, like an eyewitness (during trial) under oath, has to say the truth and only the truth about what he has subjectively experienced in the here-and-now about the patient's conscious and unconscious behaviour. In other words, he has to repeatedly confront the patient with the interpersonal disaster his minus valency is causing to their relationship and to his interpersonal relationships in general, forcussing more on the former. At the same time, the therapist, has also to reassure the patient that confrontation does not jeopardize their therapeutical relationship, and that, on the contrary, conveying one's truth is indispensable to the strenghtening and maintenance of the relationship. Repeated intervention will not only lead the patient to have insights about his valency structure and its negative effects, but also helps him discover the other. In other words, he will become aware that relating is not a one-person, but a mutual process. That is, he will be able to accept the fact that a healthy and stable relationship is impossible without two willing persons. This will finally enhance his awareness of the needs and preferences of others when attempting to relate with them.

Therapy is terminated for many (good and wrong) reasons that can not be discussed here. However, the ideal conditions for termination, is when the therapist is convinced that the patient has 1) had enough insight about the way he used to relate to other in the past, and the relationship between this way of relating and his mental disorder and difficulties, 2) has acquired the means (a healthy or positive valency structure) to relate and establish stable enough interpersonal relationship, and 3) when he is, obviously, no more in need for the therapist and therapy. When these conditions are met, then it is time to consider and prepare for the last stage of the therapeutic relationship, termination. Termination should not result from a sudden decision by the therapist, for instance. Termination commences with a discussion about whether it might be a good time to end therapy. If both parties have agreed that it is the right moment to end it, then a date is chosen (ideally, at least five sessions after the termination has been decided). In these few last sessions, both client and therapist will express their actual feelings about the end of their therapeutic relationship, and about each other. The therapeutic couple must mourn their relaxionship to free their minds and be able to get engaged in new relationships. For that, the therapeutic couple must be able to express their positive feelings experienced through therapy to encourage and boost each other's self-esteem, and also negative ones and be able to let them go. Ideally, therapy should be ended with the feeling that termination is not only the end of a relationship but aiso the means for other healthy ones.

Conclusion

The present paper is a response to two different needs, my own need to revisit valency theory in order to first clarify the role played by the Freudian (libidinal and aggressive) drives in it, and a need oftenly expressed by some of my colleagues and students to know what are the similarities and differences between valency from other human relationship-oriented theories, namely interpersonal theory, and relational psychoanalysis.

Concerning the Freudian drives, I have argued that they are not the most primary and motivational forces or elements in the *psyche*. The most primary element is the valency structure. I have, metaphorically speaking, compared their role to the one played by fuel for a car and its engine. Drives supplement the valency structure with the energy necessary to activate it; but does not determinate it. And it is valency structure that determinates the function and aim of the drives. Without valency (including positive and negative) structure, drives and their activating role are unconceivables; valency structure is the mold that gives form to the drive.

Valency theory shares with relationship-oriented theories the basic belief that, unlike what orthodox psychoanalysis may have suggested, the final goal of human *psyche* is not the satisfaction of instinctual (sexual and aggressive) needs. The ultimate goal of our *psyche* is rather to relate to an object (the breast) and then to another human being, the mother first, and then others. For the person's physical and mental survival depends on this very possibility of securing a relationship with these significant others.

However, what distinguishes valency theory, from other apparently similar theories is the fact that its principal concern is not the relationship *per se*, but valency, that is the means that serves to tie a subject to an object, or a person to another. Being able to establish a relationship (healthy or unhealthy) depends on the person's valency structure. And the nature of the valency structure determines the quality of the relationship. That is, a positive valency structure will lead to a healthy relationship, and a negative structure to a pathologic relationship, and, finally, to its very destruction.

Moreover, what differentiates valency theory and the psychotherapeutic method affiliated with it, namely VAPs (valency psychotherapy), is the belief that mental disorders are the results of a negative valency structure. Therefore, the ultimate goal of therapy is not merely changing the relationship, but providing a stable and good enough therapeutic relationship and setting. Through this therapeutic relationship the patient will be, by means of identificatory and containment processes, able to acquire the means, or the valency structure, which will allow him to establish stable and healthy realtionships indispensable for mental growth.

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