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ARTICLE



From Rackets to Pacifiers: A Humanistic Approach

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ABSTRACT

The author presents a model for reframing the concept of rackets. She critiques the early literature regarding rackets and looks at their self-soothing role. The term “pacifiers” is introduced as an alternative to “rackets” to suggest that a humanistic perspective provides a more valuable approach to understanding intrapsychic processes. Drawing from her psychotherapeutic experience working with parents of infants as well as adult clients, the author emphasizes the role of genetic predisposition and body in the development of rackets. The model identifies the parenting tasks that facilitate emotional intelligence during infancy and suggests a link between the impact of parenting and the subsequent development of rackets. Different types of rackets are illustrated, and the causes of the individual choice of specific rackets are identified.

KEYWORDS

Rackets; pacifiers; intrapsychic process; child development; emotional intelligence; parenting; numbing; shaming; transactional analysis

“The racket feeling also feels so real. If you say that the difference between real and racket feelings is that the real feeling takes you toward the solution of the problem, then by that standard, all my feelings are racket feelings because none of my feelings have ever taken me toward the resolution of the problem. On the contrary, feelings always seem to muddle me up.”

This observation by one of my trainees initiated my own thinking about rackets. In this paper, I set out a model, much of which is rooted in work I did on infant care within families. The impact of that work has stayed with me and significantly influenced my psychotherapy practice. What has emerged is perhaps a more compassionate view of rackets than the one I previously held. In presenting this model, I offer illustrative material from my clinical work and invite readers to consider the implications for their own practice.

Rackets: History and Development

First, I will provide an overview of how rackets have been understood in the literature, beginning with Berne’s (1964) earliest description, which incorporated a degree of internal subjugation: “These feelings (guilt, fear, hurt, anger, inadequate, baffled)

become rackets when the patient learns to exploit them and collect them in his games and script" (p. 127). In addition to exploiting the racket(s) and its implications for interpersonal relations played out through games, Berne emphasized the self-harming aspects of rackets: "Self-indulgence in feelings of guilt, inadequacy, hurt, fear and resentment are colloquially called 'racket,'" (Berne, 1966, p. 308), and a racket is the sexualization and transactional exploitation of unpleasant feelings. Finally, in this early exploration of the concept, Berne emphasized that the racket was governed by the client's adaptative tendency: "A racket, then, is a feeling out of all possible feelings that is habitually turned on by a given person as his payoff in the games he plays" (Berne, 1972, p. 139).

Other early writing also regarded rackets as a strategy for self-protection at the cost of authentic expression: "For behind each racket, however phony it may seem, there are real feelings or perceptions of another kind which the individual is not allowing himself to be aware of in the present because they were prohibited in the past" (English, 1971, p. 27).

Furthermore, the individual's self-harming impact arising internally through the racket can extend into relationships, including the "act of pursuing and collecting stamps" (Steiner, 1971, p. 16,) and "the bad feelings that we hold on to, or play games to get, or use as an excuse to withdraw, which do not motivate us to take Adult action, are rackets" (Goulding, 1972, p. 116). Holloway suggested, "When unpleasant feelings are created as a means of fulfilling the desires of the child, the underlying exploitative design is identified as a 'racket'" (Holloway as cited in Joines, 1982, p. 280).

Later, rackets came to be understood as one component in an elaborate process of adaptation. Erskine and Zalcman (1979) introduced the idea that "the *Racket System* is a *self-reinforcing, distorted system of feelings, thoughts and actions maintained by script bound individuals*" (p. 53).

In reviewing the early TA literature, I noticed two patterns. First, whereas English (1971) wrote about the self-protective function of rackets, other writers presented rackets as punitive and exploitive. Second, rackets were assumed to be learned responses of the client caused by adaptation to early primary carers. Inspired by English, I want to reemphasize the protective, ingenious, and survival function of rackets. Adding to English's focus on rackets being a substitute for the suppressed feelings during the child's socialization, I also want to include the influence of genetic factors (e.g., natural temperament) in the development of rackets.

In my early career as a therapist working with families with newborns, I became intrigued by the use of pacifiers as a parental strategy for managing their infant. On the basis of these experiences, I began to form ideas about connections between temperament and intrapsychic processes. I will draw on this work to illustrate a model that I will present later in this article, but for now, I share a brief case study to introduce pacifiers.

Ontological Shift From Rackets to Pacifiers

Kavish was conceived soon after the birth of his elder sister. My work with his family involved home visits, and on one such occasion, while the mother was talking to me,

Kavish started crying. Other members of the family tried to comfort him but to no avail. The mother approached the baby, placed him on the bed, and put a pacifier in his mouth. The baby spat out the pacifier with a force that appeared to me as anger. The mother made three attempts at making the baby take the pacifier before she firmly put the pacifier in the baby's mouth and did not let him spit it out. In a few seconds, the baby started sucking the pacifier rapidly and forcefully until he eventually fell asleep. I was intrigued by how the baby took the pacifier even though it seemed that he did not want it. I understood that as overadaptation (Schiff & Schiff, 1971). I also noticed that the 13-month-old elder daughter, who was sitting nearby, took another pacifier that was lying in front of her and put it in her mouth.

The use of pacifiers in the family played on my mind, and over time I noticed a pattern develop with Kavish. His cries initially had different intonations in different situations, but they began to sound similar, regardless of the circumstances. On a subsequent visit, he had been crying the whole night for his pacifier, and attempts by the caregivers were unsuccessful in calming him. The doctor had forbidden the use of pacifiers because Kavish was developing colic and gum problems. His mother attempted to apply medicines in Kavish's mouth, but he continued to cry until his mother gave him the pacifier. I saw how his stomach hardened, and his mother turned him to help release his colic. His mother was in distress and said, "I always gave the pacifier to our daughter as well. She never gave me any trouble, why is this fellow being so difficult?"

In reflecting on these experiences, the following questions emerged for me: How did Kavish adapt to the pacifier when he had rejected it earlier? How is it that he now made similar, angry cries regardless of the situation? Why was Kavish seeking the pacifier when it caused him more pain? Kavish, now 9 years old, has been described as "angry" by his family and school. When he shows anger, he is ignored or told to go to the bathroom and return when he is calm. However, he continues to shout and bang his feet until he gets tired, even if it hurts him. I noticed that this was similar to the way he used the pacifier to soothe himself as an infant.

I was also able to observe Kavish's older sister, who presents as cooperative and playful. She does not show signs of being angry, even when scolded, although she sulks and withdraws. Their mother appears to ignore the boy's anger and the girl's sulking, and yet both children have grown up with different self-regulation strategies. In my general work with other families, including those with twins, I have noticed that children seem to unconsciously select a feeling, regardless of whether the family strokes it or not. I wondered if Kavish might have been born with a genetic predisposition toward feeling anger more than other feelings, whereas his sister had a propensity toward experiencing sadness. I have hypothesized that even within the same family, children experience a nonshared environment. This is because the inherently dynamic system of the brain functions differently in each individual (Smith, 1993). I connect how my observations might align with the first two laws of behavioral genetics: namely, that "all human behavioral traits are heritable" (Turkheimer, 2000, p. 161) and "the effect of being raised in the same family is smaller than the effect of the genes" (p. 162). I suggest that genetic influence plays as significant a role as the environment does in the development of rackets.

Based on my work with Kavish's family and other infants and families, I felt inspired to use the word "pacifier" instead of "racket" as a metaphor to explain how individuals engage in soothing, passive behaviors (Schiff & Schiff, 1971) to deal with their emotions and real feelings. In suggesting the use of the word pacifiers, I am proposing an ontological shift from the concept of the "exploitive racket" with its toxic, pathological inferences toward a more affect-regulating, phenomenological, need-fulfilling, and thus more humanistic emphasis on self-soothing. On this basis I want to propose that pacifiers are a group of thoughts, feelings, and actions used by the individual to provide outlets for energy generated in the body on account of experiencing an emotion. The choice of particular pacifiers is influenced by the individual's genetic predisposition as well as environmental factors.

Emotions, Feelings, Body, and Needs

Emotion is often described as E-motion because the Latin derivative for the word emotion, *emotere*, literally means (E)nergy in motion. Research indicates that emotions are first felt as sensations in the body, and feelings are triggered by the perception of emotion-related bodily states (Levenson, 2003). These conscious feelings help individuals to voluntarily fine-tune behavior to deal with challenges in the environment (Damasio, 1996). Emotions are like the body's "North Star," giving it feedback about whether the body's need is being met and how behavior can be altered to meet a need.

Role of Parenting, Emotional Literacy, and the Development of Pacifiers

Steiner (1984) coined the term "emotional literacy" and described it as

the ability to be conscious of experiencing a variety of emotions at a variety of intensities, the ability to be aware of the feelings of others, the ability to know the reason behind the feelings in self and others and to respond appropriately, the ability to investigate the feelings of others when others are not expressing them freely, the ability to know the effect of the combinations of one's own and others' emotions in a harmonious and positive manner and the ability to avoid those situations in which feelings could escalate catastrophically. (p. 165)

Elsewhere, Steiner (2003, pp. 33–34) divided emotional literacy training into five parts:

- Knowing your feelings
- Having a sense of empathy
- Learning to manage our emotions
- Repairing emotional problems
- Putting it all together

I have set out to establish links between the role of parenting, the development of emotional literacy (Steiner, 1996), stages of child development (Levin, 1974), and the formation of pacifiers. Because pacifiers are formed in infancy, I have elaborated on the initial stages of emotional literacy and child development.

Stage 1 of Emotional Literacy: Knowing Your Feelings

In the first 2 years of life, when the child goes through the stages of being and doing (Levin-Landheer, 1982), the primary task of parents in developing emotional intelligence in their children is to help them learn to contain feelings, assuage their unrest, and develop emotional literacy by teaching a language for feelings. Babies experience emotions as sensations in the body, and because they have no capacity to understand sensations, they depend on the parent/caretaker to soothe them by “marked mirroring” (Fonagy et al., 2002, p. 6) of their emotional reactions. This conveys understanding while simultaneously communicating a sense of coping with the baby’s affect (Fonagy et al., 2002). In my experience, if infant feelings are not contained by the primary caregiver, or if the child is not supported in identifying their feelings, and if their internal chaos is repetitively combined with chaos from the outside world, the baby becomes overwhelmed. It seems that they numb themselves by disconnecting from the somatic Child (C_0), which refers to the body, or what Stern (1985) referred to as the “emergent self.” Steiner (1996) described numbness as a state in which “emotions are literally freeze-dried and unavailable to awareness” (p. 35).

As a therapist, I have noticed that individuals who experienced numbing in their childhood sometimes seem disconnected from their feelings and their body even in adulthood. They seem to be unclear about who they are or what they want. When I work with such individuals, I often find myself struggling to understand their world. Bateman and Fonagy (2016) suggested that in the absence of containment, understanding, and care for an infant’s mental states, “There can be no robust sense of self, no constructive social interaction, no mutuality in relationships, and no sense of personal security” (p. 3).

I suggest that for babies who experience numbing, the C_0 is completely excluded, and the Adult in the infant (A_0) is “swallowed up” by the Parent in the infant (P_0) as shown in Figure 1. As this develops, there is no sense of self because A_0 is “suffocated” by the introjected Parental (P_0) Don’t Feel injunction. Consequently, as this develops, the C_2 develops a fenced wall, a self-sealing boundary, making it difficult to access feelings from Adult awareness and for others to connect with. In Figure 1, while the thickened ego state border around the C_2 was used to demonstrate the excluding child ego state, I have used it to indicate the impermeable boundaries of C_2 .

Case Study: Numbing

Tanya returned home from work as her mother-in-law expressed anger at taking care of the baby, who had been crying. Tanya took the baby in her arms to assuage her, while her mother-in-law talked about her irritation at taking care of the child. At one point, Tanya shouted at the baby, “What do you want? Why are you harassing me? Stop your crying, right away!” The child stopped crying and gulped the food her mother was feeding her. This was a tendency for family members to meet that child’s crying with their anger. Now, at 9 years old, I see how she frequently is quiet and asks for little. When she is asked about her needs, she replies, “I don’t know.” Meanwhile, her mother tells me her daughter is not in touch with her appetite and needs

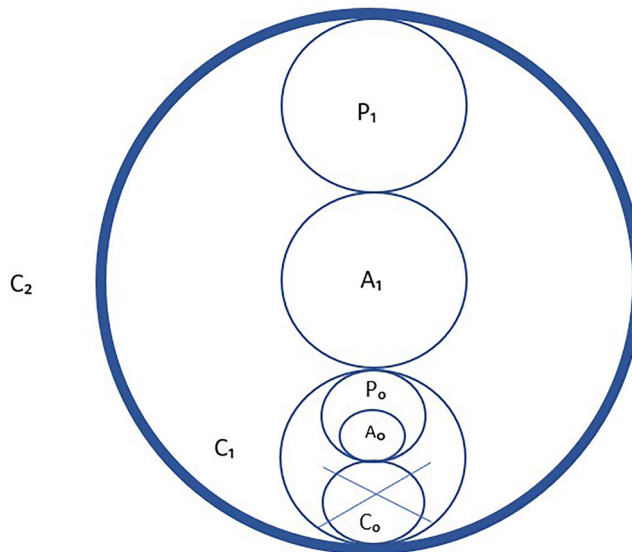


Figure 1. Numbing and Disconnecting From the Body.

regulating around food. She reported that she has to oblige her daughter in playing and engaging in recreational activities. On reflection, I wondered if the child had cut herself off from her somatic impulses, which in my experience I associate with C_0 exclusion.

Stage 2 of Emotional Literacy: Empathy and Managing Emotions

As the child moves on to the next stages of development, thinking and identity (Levin-Landheer, 1982), the caregivers' task is to help the child understand boundaries, navigate emotions, and choose appropriate behaviors. I suggest that if the child's attempts to exercise power are repeatedly met with criticism or punishment, or the child is unsupported in learning how to navigate emotions and in developing empathy for others, they can experience shame. DeYoung (2015) defined shame as

an experience of one's felt sense of self disintegrating in relation to a dysregulating other. When we are at our most vulnerable, our experience of being an integrated self depends on the emotional attunement or "regulation" we receive from those closest to us. A "dysregulating other" is someone close to us whose emotional responses leave us feeling fragmented instead. (p.13)

I imagine that if a child has cumulative shaming experiences, they may internalize the image of "Pig Parent" or "Ogre" (P_1) and assume it to be more dangerous than it actually is. English (1975) described shame as "the price of the child's having internalized a specific message of control from his family and culture" (p. 26). Repeated shaming experiences coupled with longing for an outlet for real feelings and a need for safety from C_1 may result in the Little Professor (A_1) becoming confused and contaminated (Figure 2). The A_1 may lose its ability to intuit in juggling between the demands of P_1 and C_1 .

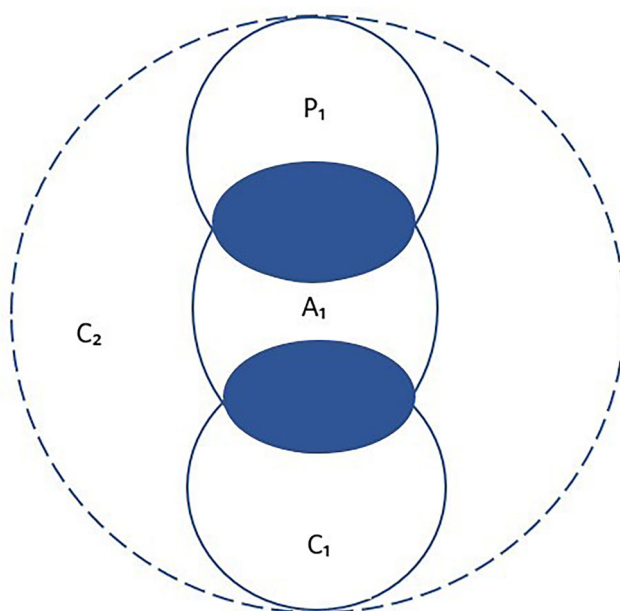


Figure 2. Shaming and Contamination of A_1 .

As a therapist, I have noticed that sometimes even when individuals are unaware of their feelings of shame or are unwilling to share them, I can intuit and gauge a sense of their experience. As shown in [Figure 2](#), I am showing C_2 with a dotted line because even while these individuals may not verbally express their feelings, it seems to me that their body “leaks” out authentic feelings.

Case Study: Shaming

Tom, a 3-year-old boy, was busy playing with his toys when his friend Shanaya entered his room and took one. Tom’s reaction was to hit Shanaya. His mother slapped and scolded him. Tom’s eyes smarted and he yelled, “I am a bad boy” and ran out of the room. I noticed a pattern: Tom tends to criticize himself and go into hiding whenever he feels intense emotion. My intuition is that he feels shame when his vulnerability is exposed, and self-blame is how he manages his feeling of being overwhelmed.

[Table 1](#) links cycles of development (Levin, 1974) and stages of emotional literacy (Steiner, 1996) with the emotion-based learning needs of the child at each stage, the associated parenting task at each stage, and the consequence of the learning needs not being met.

Choice of Pacifiers

Whether individuals experience numbing, shaming, or both, the energy generated in the body by the emotion needs releasing. I suggest that individuals choose different pacifiers so that the body can reassert equilibrium. Human behavior is primarily

Table 1. Parenting Tasks and Emotion-Based Learning Needs of the Child.

Stage of Development (Levin, 1974)	Emotional Literacy (Steiner, 1996)	Emotion-Based Learning Needs for the Child	Parenting Task	Consequence of Learning Needs Not Met
Being (0-6 months)	Knowing your feelings	Recognizing and reacting to bodily sensations	Containment, mirroring	Numbness
Doing (6 -18 months)	Knowing your feelings	Developing perception and a vocabulary for feelings	Teaching language for feelings	Numbness
Thinking (18 months – 3 years)	Having empathy and managing emotions	Applying consequential thinking	Teaching the child to think, problem solve, and consider options	Shame
Identity and power (3 years to 6 years)	Having empathy and managing emotions	Navigating emotions, developing social skills	Explaining boundaries; teaching cooperation, self- soothing, and self- stroking and sensitizing kids to the impact of their behavior on others	Shame

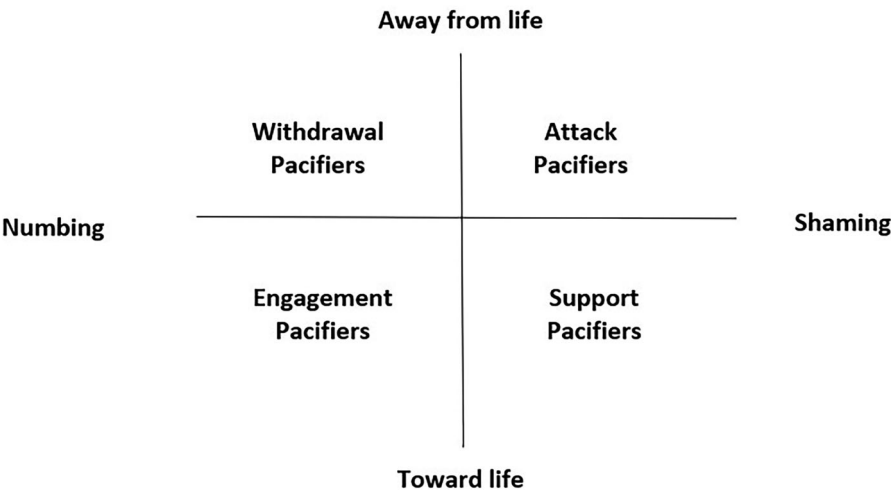


Figure 3. Quadrant Model of Pacifiers.

motivated by an attempt to meet needs (Maslow, 1943), and the choice of a particular set of pacifiers can be influenced by a fantasy of what need is fulfilled by using a specific soothing process. To explain this more systematically, I am introducing a quadrant model of pacifiers (see Figure 3). The horizontal line demonstrates the phenomenological experiences, ranging from numbing to shaming, and the vertical line demonstrates the existential stance and choices of the individual ranging from what may seem like “away from life” to “toward life.”

Numbing—Away From Life: Withdrawal Pacifiers

This quadrant involves two sets of withdrawal pacifiers.

1. Withdrawal from self:

Individuals with this pacifier feel a sense of internal cloudedness and often abandon themselves in order to deal with the intense scare and chaos that they feel within themselves. Chang (1995) stated that “any relationship that forces adaptation to another person will lead to some loss of a sense of self” (p. 133). This includes a range of thoughts, feelings, beliefs, and actions that involve the individual giving up on their own agency and power, for example, “I don’t know,” anxiety, confusion, submissiveness, substance abuse, and so on.

Case vignette: Adolf came to see me because his wife had pushed him toward therapy. He was quiet in sessions, and whenever I inquired about his thoughts/feelings, his reply was “I don’t know.” His face was expressionless, and I could not understand what was going on with him. I felt tenderness toward him and caught myself wanting to check on him between sessions. I felt an urge to give him a pep talk and cheer him up. As I examined my countertransference reaction toward Adolf, I saw myself having an “I don’t know why I am feeling this way toward him” response. I began to get a sense of what it must be like to be him. I experienced anxiety that he was not acknowledging. I was also drawn into a parent-child dynamic in which people would take charge of his life, look out for him, and make decisions on his behalf. In a session, he shared that his body tensed whenever he had to decide something and that he preferred others to make decisions for him.

Fantasy of need fulfillment: If I withdraw from myself, I will be safe because others will care for and rescue me.

2. Withdrawal from others:

Some individuals mistrust and fear that engaging with others will cause them emotional pain. They disconnect from the outside world and desensitize themselves to others’ feelings. Little (2001) described this process of withdrawal as “a defensive retreat from the world of rejecting objects and painful experiences, with a subsequent withdrawal from contact and taking inside the important and precious parts of the self to protect them from the unresponsive world” (p. 36). Examples of this pacifier include: “What others feel is not my problem,” indifference, coldness, turning a deaf ear to the needs of others, and “people are not be trusted.”

Case vignette: A bank approached me to coach their vice president, Shamim, to work on his 360-degree feedback (i.e., from everyone he works with) about being aggressive and unapproachable. At our first meeting, Shamim did not look up at me from his work. He answered my questions but there was a coldness to him. I felt an energetic push-back from him. As we began talking about the purpose of coaching, he said calmly, “I am a self-made man, and I am doing my job very well. I have been with this company for the last 15 years, and my appraisal reports show that I have played a significant role in getting this company to its current position. I have a huge responsibility for managing funds worth billions, and I don’t have time for petty issues. If people get threatened by me, that is not my problem. You should be coaching them to

become bolder.” We spent the rest of the session exploring the meaning he had attached to being told to undergo coaching and the resentment he felt toward his subordinates and boss. He began to get in touch with how he was using a cold exterior to soothe his fear of people.

Fantasy of need fulfillment: If I withdraw from others and become immune to them, I will be able to guard my peace and freedom.

Numbing—Toward Life: Engagement Pacifiers

This quadrant involves two types of engagement pacifiers.

1. Engage with self:

Individuals with this pacifier unconsciously decide to get busy with activities so as to channel the energy generated by real feelings. English (2008) spoke about the role of three internal unconscious motivators in developing resilience after trauma. One of them she called Transia. It includes activities such as art, music, spirituality, and so on that help us transcend the grind of daily cares through detachment. She also wrote that “Transia may encourage obliviousness” (p. 345). Examples of this pacifier would include excessive passion and focus only for work, detachment from others, creative expression through art (writing, painting, music, dancing, cooking, etc.), being a “doer,” and so on.

Case vignette: Sanchia, a 24-year-old successful author, entered therapy because her family was pressuring her to marry. She was raised by her mother and maternal uncle because her father had passed away when she was 3 years old. Sanchia was molested multiple times by her uncle over the years but had not spoken about it to anyone. She claimed that the past did not bother her and that she had made peace with it. She seemed to be passionate about her work, and her eyes lit up when she spoke about her favorite authors. She had never been in a romantic relationship and claimed that she had neither the time nor the need for friends because her work fulfilled her needs. I was feeling irritated with her because I felt that I was just her sounding board. In one of our sessions, she told me in a very matter-of-fact way that her mother had died a week earlier, and then she casually turned to talk about the launch of her new book. When I confronted her on this pattern of behavior, she snapped back saying, “You want me to go mad by exploring those feelings. My work is my consolation, let me hide behind it!”

Fantasy of need fulfillment: If I engage with myself and keep busy, I will get to structure my time, be productive, and life will pass away in a pleasant and meaningful way.

2. Engage with others:

Yalom (1989) wrote that “one’s effort to escape isolation can sabotage one’s relationship with other people. Many a friendship or marriage has failed because, instead of

relating to, and caring for, one another, one person uses another as a shield against isolation" (p. xix). This describes what happens with people who use this pacifier. Being numbed to their own experience, they move toward people and find solace in the company of others. The panacea for uncomfortable feelings is to meet new people and seek novelty.

Case vignette: John entered therapy to manage his family's reaction to his divorce, which was caused by his tendency to have multiple sexual partners. John came to see me regularly, and he claimed that his family was more accepting of his divorce. As we came closer to the termination of therapy, John started requesting three sessions per week. When I gently asked him about his need for frequent sessions, he became tearful: "I am beginning to feel very empty inside. While I have so many lovers, none of them really knows me. I think that my life is a big lie. I am feeling a sense of deadness these days, and I come for therapy to be able to breathe. I have realized that I am constantly engaging with multiple partners so that I can appear cool and numb myself to any pain and fears. Something is not OK with me. I need help." On the basis of my conversation with John, it occurred to me to name this category of pacifiers "engage with others."

Fantasy of need fulfillment: If I keep myself surrounded by others, I will never have to face my pain and aloneness plus I will feel confident as I will get to be close to others and be a happy person.

Shaming—Away From Life: Attack Pacifiers

This quadrant demonstrates the use of two types of attack pacifiers.

1. Attack self:

This pacifier includes a range of thoughts, feelings, and behaviors such as "I am not good enough," "Something is wrong with me," depression, self-damnation, guilt, and so on. People take to this pacifier as a result of three factors (Erskine, 1994, p. 96):

- Compliance with the harsh and negative messages received in childhood
- Conclusion in response to an impossible task that they may have experienced in their growing years and thus they can defend against the discomfort of the missing contact needs and maintain a pseudo semblance of relationship
- Blaming self gives them a sense of hope in the niceness of the caretakers and sense of control in being able to solve the problem since they see themselves as the source of problem

Case vignette: Rita was diagnosed with clinical depression after being abandoned by her abusive lover. She told me that he was a kind man and that she was the one who provoked him to violence. She had a history of abusive relationships and believed that it was her fault that her lovers turned violent. She said she had ruined her father as well. When I probed further, she told me that he would often molest her during

adolescence and then slap her for being seductive. She claimed that she felt guilty during her teenage years and feared that her mother would hate her if she learned what was going on. We explored in therapy how Rita's tendency to self-punish relieved some of the tension that was generated in her body because of her internalized shame. Her unconscious hope was that if she sufficiently punished herself, it would melt the heart of her loved ones someday.

Fantasy of need fulfillment: If I attack and punish myself enough, I will eventually receive acceptance and belonging from others.

2. Attack others:

Individuals who choose this pacifier seem to be overly sensitive to criticism, may come across as argumentative, and often prefer to have the last word. Clark (1995) described this process as follows:

Some people defend against feeling shame by being constantly self-righteous. They take offense at anything that might remotely seem like an insult and thus bring them shame. They act as if they are about to be attacked and humiliated all the time and defend against this expectation by attacking first. Their radar is finely tuned, and they will fire all cannons at the slightest blip on the screen, even if it is only a butterfly. Their whole system is designed to avoid being humiliated and feeling a sense of shame. (p. 131)

These self-righteous mechanisms include a range of pacifiers, such as anger, nitpicking, blaming, a sense of entitlement, a sense of being better than others, and so on.

Case vignette: In the first few sessions of the process therapy group, Jay seemed to have a calm demeanor and had taken the role of group elder who would give advice. However, from the fourth session onward, he expressed agitation at the slightest confrontation and would not let anyone else speak. Even when people tried to approach him with love and curiosity, he would ask them to shut up and back off. When the group started ignoring him, he became angry with me for being an incompetent facilitator and accused me of setting the group against him. In one session, he shared that his father would often pull down Jay's pants in public and beat him in front of everyone for every mistake he made. He shared that he constantly feared humiliation in group settings, and anger helped him assuage his fear and feel more in control of the situation.

Fantasy of need fulfillment: If I attack others and put them down before they put me down, they will not mess with me and I will get respect.

Shaming—Toward Life: Support Pacifiers

People in this quadrant demonstrate one of the two support pacifiers.

1. Support self:

These individuals evade their shame and defend their vulnerability by demonstrating mastery, optimism, and hardiness. This pacifier includes a range of thoughts, feelings,

beliefs, and actions along the lines of joy, optimism, humor, and fantasy: “All is well,” “there is always light at the end of the tunnel,” and so on.

Case vignette: Harshita, a stand-up comedian, said that she wanted to normalize therapy among young people, so she made videos in which she talked about the content of our sessions. I gently raised a concern about protection and confidentiality, but she insisted that her life was an open book and there was nothing to hide. In one session, she spoke about her obesity, the rejection that she received from men, and the accompanying shame. She then went on to make fun of herself around the same issue in her next show. Although she received a lot of appreciation and admiration from other women for her fortitude, she came to realize that she used humor to defend against her vulnerability, to inspire other women, and thereby to channel her shame in productive ways. Harshita was also able to see how her humor prevented her from meeting her needs for respect, growth, and intimacy.

Fantasy of need fulfillment: If I support myself by pretending that all is well, I will always have my autonomy and also contribute to others.

2. Support others:

These individuals move toward people and convert their negative feelings into loving feelings and behaviors. They tend to glamourize self-sacrifice and often measure the depth of their love by their ability to deal with bad behavior from others. In her blog, Susan Piver (2023) used Chogyam Trungpa’s phrase “idiot compassion” (para. 2) to state that “the source of true compassion is your own heart and the guiding question is, ‘What is needed in this exact moment?’ The source of idiot compassion is concept and the guiding question is, ‘What do I need to do to feel good about myself?’” (para. 11). Examples of this pacifier would include compassion, generosity, tolerance, over-helpful behaviors, and forgiveness.

Case vignette: Kareena had entered therapy to deal with her anxiety. Her husband was having an extramarital affair with her friend. She had chosen not to confront them, and she decided to become extra loving toward them both. She claimed that she believed in karma, and she had faith that kindness would bring her husband back and her friend would feel guilty and realize her mistake. However, she had recently discovered that her friend was pregnant and her husband wanted to keep the baby. She discovered in therapy that while kindness and compassion had helped her to navigate her hurt and keep calm initially, it was not solving the problem at hand.

Fantasy of need fulfillment: If I support others, avoid confrontations, and be nice, I will be able to anchor myself by keeping faith in goodness and also get recognition from others.

Figure 4 shows the full quadrant model of pacifiers, each of which is based on the phenomenological experiences and the existential stance and choices of the individual. This figure also links the phenomenological experiences to the cycles of development and the missed parenting tasks that were appropriate at that stage of

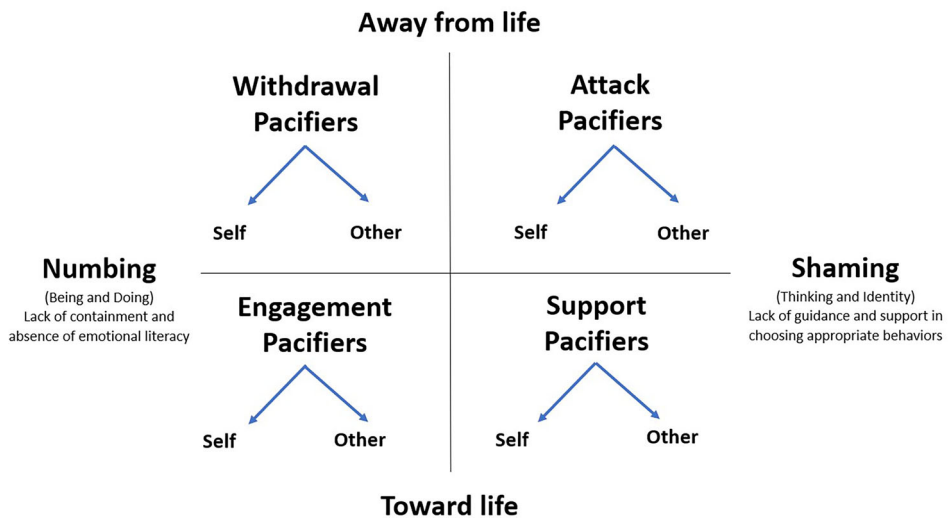


Figure 4. Final Version of the Quadrant Model of Pacifiers.

development. It is important to recognize that although each of the existential stances is labeled as “away from life” or “toward life,” that is only what it seems to be. Neither of those is positive or negative because in making any of those choices, although individuals might be able to vent their feelings and achieve a sense of equilibrium, their real needs are still not met.

Having considered a number of cases, I think it might be useful to illustrate how I have used the model for self-reflection as a practitioner. In relation to the quadrants, I recognize that in conflict situations, my tendency is to engage in a support others pacifier at the interpersonal level: I operate from compassion and empathy. However, at the intrapsychic level, I use the attack self pacifier: I become self-critical, feel guilty, and take responsibility for what the other person is feeling. In situations in which there is excessive violence in the form of loud voices and name calling, I recognize that I experience numbness and use the withdraw from self pacifier. I vent the energy in my body through anxiety, confusion, and uncertainty. I start trusting others more than my own intuition, and I have a tendency to depend on others.

My pacifiers have often shown up in my therapy/training room, especially when my client/trainee becomes angry with me. I recognized through supervision that my real feelings were anger and fear, but I was not able to access them in the moment. I also recognized that beneath my pacifiers were my needs for belonging, acceptance, and safety. However, the behaviors that I engaged in often resulted in inviting abuse because I did not know how to set boundaries. Over time, I have been learning to empathize with myself in the moment, develop better awareness of my needs, and engage in honest self-expression in order to relate more authentically and fully with my clients.

Conclusion

In this paper I have set out to offer a quadrant model of pacifiers promoting a particularly humanistic emphasis by shifting the concept of rackets from being an exploitive

and pathological intrapsychic process to one that acknowledges the individual's capacity for a naturalistic, learned strategy. This strategy "ventilates" an energy that accumulates in the body as a result of experiencing emotion(s). The model also suggests that pacifiers are not always life-alienating and could be regarded as serving the individual constructively. In these respects, it offers a development of the early consideration of rackets, racket feelings, and a racket system.

Although I have not set out in detail how the model can be applied in relation to particular types of clients, or in educational and organizational practice, I think that there are a range of questions that might be helpful for developing a wider frame of reference about intrapsychic processes:

- What particular pacifier processes does a practitioner recognize in themselves and how might that impact their practice?
- Does the individual client's choice of pacifier change with their phenomenological experiences in the here and now?
- Do groups develop a particular pacifier, and if so, what kind of interventions can help in working with pacifiers in group settings?

The quadrant model has been presented as a theoretical and developmental model that can help in diagnosis and intervention planning. I am aware that I have not considered, for example, how life events can impact the development or change in the pacifier process. Like any other model, I am also aware that this model is limited by the range of human dynamism and its unpredictability and capacity for variation. My intention in this paper has been to emphasize the somatic and phenomenological experiences in the development of pacifiers. My hope is that this work encourages practitioners to support the development of emotional intelligence in children and bring ease into the lives of our clients.

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