The Core Sensitivities: A clinical evolution of Masterson's Disorders of Self

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Introduction

Attachment theory has increasingly underpinned therapeutic interventions for both adults and families (Daniel, 2006; Diamond et al, 2010; Maramosh, 2015; Mikulincer, Shaver & Berant, 2013). An example emerging over the last decade is the Circle of Security Intervention (COS; Powell, Cooper, Hoffman & Marvin, 2014) that is used to promote secure attachment relationships between children and their caregivers. Drawing on theory and research in attachment theory (e.g. Bowlby, 1969), the program also incorporates research and theory on *state of mind* (e.g. Fonagy, Steele, Steele, Moran & Higgitt, 1991; Slade, 2005) and *object relations* theory (e.g. Masterson, 1985). Initial data suggest that the intervention has positive outcomes, leading to shifts in attachment security in young children, from *insecure* to *secure*, and *disorganised* to *organised* attachment states of mind (Hoffman, Marvin, Cooper & Powell, 2006). Although the intervention is run in groups, one of the unique attributes of the protocol is the focus on individualised assessment and treatment. Each caregiver-child dyad participates in a structured assessment of attachment relationship, reflective function, and caregiving representations that inform the intervention. A significant component of this individualised assessment is the formulation of the caregiver's core sensitivity (Powell et al., 2014). The *core sensitivities* represent three "innermost concern(s) about preserving a coherent sense of self within relationships" (Zanetti, Powell, Cooper & Hoffman, 2011, p. 324). The COS originators developed the core sensitivities to conceptualise defensive processes and their impact on relationships. The core sensitivities summarise particular concerns or anxieties that each person holds in relation to their connections with others. They describe the habitual ways the individual manages connection, shaped by the implicit rules and requirements that were characteristic of the person's own early attachment relationships (Cooper et al., 2005).

The core sensitivities are defined around three main developmental concerns, emerging from the caregiver's own early interactions: difficulty with autonomy and separation (*separation sensitivity*); difficulty with intimacy (*esteem sensitivity*); and difficulty with self-integrity (*safety sensitivity*). As defined by Powell, et al. (2014), separation-sensitivity is

characterised by a concern that being separate or individuating from the other precedes abandonment. The discomfort with distance from another leads to a preoccupation with whether the other person is available and loving enough, and attempts to maintain closeness through compliance, helplessness, intensification of need, and pressure to reassure or support. Esteem-sensitivity is predicated upon a belief that it is recognition for performance and achievement that makes one worthy of connection to others, or worthy of love. Esteem-sensitive persons are vigilant to signs of criticism, disagreement and are particularly sensitive to others' perceptions of them. Safety-sensitivity is exemplified by a primary concern with the danger of being close to another. The safety-sensitive individual is vigilant to signs of intrusion or control from others, and attempts to manage this experience through self-sufficiency, avoidance of intimacy and dampening of the intensity of emotional expression.

The COS intervention places explicit emphasis on understanding the parent's own struggle and the defensive processes that each caregiver relies upon to manage painful affects and the experience of threat in relationships (Powell et al., 2014). The formulation of the parent's state of mind in terms of attachment and defensive functioning, in the form of the core sensitivities, allows the therapist to adapt his or her approach and develop a treatment targeted to these aspects. The formulation supports the clinician's awareness of the affects and dynamics that activate distress and emotional dysregulation for the parent. This allows the therapist to sensitively maintain a reflective dialogue throughout the distress, and to co-regulate that distress, thereby building a greater depth of relational understanding within the caregiver. Through listening to the caregiver's responses, the therapist can gain a sense of the particular internal working models of the caregiver, and specifically, the interactions and emotions that activate dysregulation and impact caregiving (Cooper et al., 2005). Promoting caregiver reflective function is particularly important given the body of research that has documented the impact of state of mind on child development (e.g. Arnott & Meins, 2007; Fonagy, Steele & Steele, 1991; Fonagy & Target, 2005) and its relevance to the therapeutic process more broadly (e.g. Fonagy, 2001).

Masterson's Disorders of Self

The core sensitivities have their origins in Masterson's (1976; Masterson & Klein, 1989; 1995) psychodynamic work on the disorders of self, which explored the developmental origins and defensive processes that underlie the *borderline, narcissistic* and *schizoid personality disorders*. An overview of Masterson's theory will be presented here before introducing the model of the core sensitivities. While Masterson (1985) outlined the markers of healthy personality (labelled the *real self*), his focus was on the developmental experiences, grounded in Mahler's (1975) theory, that contributed to pathological or impaired self-structures, which became the disorders of self (Masterson & Klein, 1995).

Mahler's Theory of Separation-Individuation

Mahler (1968) highlighted the role of the caregiver in shaping the child's emerging *sense of self* and independence. She theorised that in order to develop a sense of self, the child in the first three years of life must separate from a symbiotic relationship with the caregiver. This process was theorised to involve two complementary processes: the child's separation from the symbiotic relationship with the caregiver; and the development of an individual sense of identity. Mahler divided this process into distinct phases that corresponded with her observations of the infant-caregiver dyad. In the symbiotic phase (two to four months), the infant is unable to differentiate between self and other, and inner and outer. The infant has no ego functions and is dependent on the caregiver, who acts as an auxiliary ego to regulate physiological and emotional states (Mahler, Pine & Bergman, 1975). The separation-individuation phase (five to thirty months) is further broken down into several sub-phases, but is concerned with the emerging capacity for autonomy. At this time, the caregiver's reinforcement and support for the child's emerging independence is essential. The caregiver is far enough away to allow the child to explore, but close enough that the child can seek refuge or comfort if needed. With the increasing recognition of the caregiver's separateness, the child also becomes aware of aloneness, and fears of losing the object or abandonment are observable. Similarly, misunderstandings and conflicting goals become more evident in the relationship. The child's recognition that the caregiver has his or her own interests and goals, forces the child to give up the sense of omnipotence that characterised the practising sub-phase, a process termed the *rapprochement crisis*. The drive for autonomy co-occurs with the pull for connection, creating ambivalence for the child, who simultaneously wants independence but also the caregiver's involvement. The caregiver's attitude toward the child during this phase significantly affects the child's development of self. It is the caregiver's availability and support that allows the child to manage this ambivalence and enables normal development (Mahler, 1968).

Mahler's observations align with the assertions of attachment theory: the caregiver is essential in responding to both the child's needs for separation and individuation (*secure base*) and for emotional refuelling and connection (*safe haven*) Bowlby (1988). These fundamental needs are reflected in the COS, with the caregiver providing support for both autonomy and relatedness (Powell et al., 2014).

Masterson (1976) proposed that the pattern of these interactions becomes internalised and guides the organisation of personality. The caregiver's responses to and regulation of the child's needs for closeness and connection and autonomy shape their emerging sense of self, their capacity for closeness and their approach to affect regulation (Masterson, 1976). It is through this structure that affects are understood, and either regulated or experienced as dangerous and unmanageable. Each disorder of self is characterised by impairments in one or more capacities of the self (Masterson & Lieberman, 2004). The child, unable to express all needs, develops a defensive structure that allows the maintenance of closeness to the other and minimise the painful affects that are associated with those parts of self that are not accepted, tolerated or contained in the relationship with the caregiver (Masterson & Klein, 1995).

Borderline Disorder of Self

Phenomenology. The borderline disorder of self is characterised by a reliance on others, and a particular sensitivity to signs of rejection and abandonment (Masterson, 1976). The individual equates individuation with withdrawal of the other and correspondingly avoids self-expression and self-activation, to maintain closeness (Masterson & Lieberman, 2004). Experiences of rejection are accompanied by intense affect and may manifest as panic, hopelessness, helplessness and rage (Masterson, 1976).

Developmental origins. The pathology of persons with borderline personality disorder is suggested to originate in disruptions to the process of separation-individuation, specifically the rapprochement sub-phase (Masterson, 1976). Those with a borderline disorder of self are believed to have missed out on support for independence and individuation as a child. The parent, unable to tolerate the child's emerging independence, withdraws availability and support (Masterson, 1981). Rather than encouragement, the child's attempts to explore and separate from the parent were met with unavailability, withdrawal or hostility, while continued dependency and need for the parent was encouraged (Manfield, 1992). Acts that assert independence and separation were equated with emotional distance from the caregiver, activating feelings of helplessness, panic and emptiness (Masterson, 1976). This creates a conflict between the child's strivings to grow and to develop autonomy, and the ongoing and powerful need for attachment (Masterson, 1988).

Intrapsychic structure. These themes of reward for dependence and withdrawal for autonomy are internalised and shape the child's intrapsychic world (Masterson & Lieberman, 2004). Those with a borderline personality disorder are said to hold two prominent self-representations that correspond to specific object representations with distinct accompanying affects (Masterson, 1976). A 'good' object-representation, where the object is experienced as rewarding and connected corresponds to a self-representation as good, but passive and dependent. The 'bad' object-representation is experienced as withdrawing, hostile and disapproving of separation-individuation, with the self experienced as inadequate, bad, and unlovable (Masterson, 1976). This withdrawing object representation, along with feelings of loss, isolation, panic and anxiety, is activated by actual experiences of separation or moves by the individual towards psychosocial growth and separation-individuation. This split object relations unit remains separate through the use of defenses that allow the individual to maintain the sense of self as good, which correspond to feelings of being loved and worthwhile, and to avoid the abandonment depression that accompanies the bad self (Masterson & Lieberman, 2004).

The primary defences drawn upon are those of *regression, clinging* and *splitting* (Manfield, 1992). In order to avoid depression associated with abandonment, the individual avoids opportunities for expression, to assert unique wishes or to be competent or capable (labelled *self-activation*), all of which may lead the caregiver (and later significant others) to abandon the individual (Masterson, 1976). Splitting is the defence of keeping contradictory object and self-representations, and their associated affects separate. The reality of feelings of abandonment is avoided by striving to retain the

positive object relations unit and a disconnection from the implications of the avoidance of self-activation (Masterson, 1976). The innate drive towards separation-individuation is relegated in order to avoid the withdrawal of the caregiver. Because of these defences, certain ego functions or capacities of the self do not fully develop. Firstly, the individual's capacity for autonomy, assertion and self-activation are sorely impaired. Secondly, skills in emotion regulation are impaired. As the child relies on the caregiver to regulate painful affects, avoidance of individuation and self-assertion interferes with the development of the capacity to regulate the self, independent of another (Masterson & Lieberman, 2004).

Masterson (1976) developed the concept of the *borderline triad* to understand and attune to the client's psychology as it plays out in relationships, including the therapeutic relationship. The triad describes the sequence from event to affect to defence, and has been pivotal in informing psychotherapy with individuals who have borderline personality disorder. Self-activation is described as the capacity to identify and express unique and individual wishes and opinions, to act on our own behalf and to retain an independent sense of self (Masterson & Lieberman, 2004). Situations and relationships that require self-activation are experienced as dangerous to the client with a borderline personality structure, as they signal the potential for abandonment, and accompanying feelings of emptiness, isolation and the sense of self as completely worthless. The activation of these painful feelings associated with the early separation or withdrawal of the caregiver triggers defence against the feeling, for example via dependency or subjugation of needs in favour of another's. The person has come to see that the only way to maintain the love and connection to another is to be dependent and enmeshed (Masterson, 1981).

Narcissistic Disorder of Self

Phenomenology. The narcissistic disorder of self is characterised by an investment in the self that manifests as *grandiosity*, the seeking of recognition and praise, and a focus on maintaining control and perfection (Masterson, 1981). This focus on achievement and perfection allows the individual to protect against the feelings of emptiness, and fear that the self is inadequate (Masterson, 1981). The narcissistic personality is dominated by the internalised assumption that connection is equated with competence. It is only through reinforcement from external sources that those with a narcissistic disorder of self can avoid a sense of despair and depression associated with the belief that the true self is in reality inadequate and unlovable (Masterson & Lieberman, 2004). Those with a narcissistic personality disorder work to maintain a barrier against vulnerability, and are hypersensitive to perceived criticism or disapproval which is interpreted as a rejection of the self and a signal of inadequacy or worthlessness of the core self (Manfield, 1992). Intimate relationships pose a significant threat, as the ability to truly connect with another person requires an honesty and vulnerability that a person with a narcissistic disorder of self cannot safely manage (Masterson & Klein, 1981).

Developmental origins. To understand the developmental bases of the narcissistic disorder of self, Masterson (1985) distinguishes between the *exhibitionistic/grandiose narcissist*, and the *closet narcissist*. The person with a *grandiose narcissistic disorder of self* exudes an aura of self-importance, assuredness and competence (Masterson, 1993).

The internal sense of worthlessness and weakness that they also feel can be disavowed providing the sense of self as capable and superior can be maintained and reflected by others. To maintain this state, this individual needs to believe in his or her superiority, the belief that others are 'less than' and are valuable only for their provision of *idealisation*. The *closet narcissistic disorder* is characterised by themes of idealisation and devaluation, and feelings of shame, inferiority and sensitivity to criticism, similar to the grandiose narcissistic disorder (Masterson, 1993). However, the self is maintained by emotional investment in the object. Distinct from the borderline disorder of self, *closet narcissism* is characterised by reliance on the other to provide *mirroring*. The person with a closet narcissistic disorder of self is not overtly exhibitionistic, he or she maintains a sense of self-esteem and value by fusing with the *idealised object* (Masterson, 1993).

Masterson (1981) hypothesises that the narcissistic disorder of self has its developmental origins in the practising sub-phase of Mahler's theory of separation-individuation. The developmental focus in this phase is on the child's investment in his or her own skills and increasing mastery over the body and environment. The child becomes invested in this functioning and develops a sense of pride and omnipotence. The narcissistic disorder is thought to arise from the caregiver's criticism, derision or humiliation of the child's omnipotence or active devaluation of the child's abilities (Masterson & Lieberman, 2004). Connection with the parent was maintained by downplaying the self, and revering the caregiver instead. This admiration and idealisation of the parent allowed the child to retain the closeness and connection with the parent. The developing sense of self is not mirrored with accuracy, and results in the experience of profound emptiness and worthlessness (Manfield, 1992). The *false self* is maintained only through ongoing mirroring, sought either through inflation and grandiosity, or the positive reflection of being close to the special or admired other.

Manfield (1992) suggests that the caregiver fails to resonate with the child's actual experience and affect. The child learns that the only way to maintain the love of others is to be perfect. To reveal vulnerability is to risk losing connection with others; thus, it is defended against, either overtly in the case of the individual considered a 'grandiose narcissist', or covertly in the case of the individual considered a 'closet narcissist'. The caregiver's connection to the child is contingent. While support is given for achievements that represent the child's (and often the caregiver's own) competence and success, the caregiver becomes critical, attacking or withdrawing at other times (Manfield, 1992). The caregiver uses the child as an extension of their own needs for idealisation and may hold high expectations for the child that, when met, are rewarded with connection, admiration and pride. When these conditions are not met, the parent, experiencing a sense of devaluation, may become hostile, devaluing and denying of the child. The child's real self, one that has needs, vulnerabilities, and makes mistakes is met with scorn, derision or shame (Masterson & Lieberman, 2004).

Intrapsychic structure. Consistent with the implicit assumption that connection is conditional on specialness and performance, Masterson (1981) suggests that the narcissistic disorder of self is characterised by two object relations units: the *defensive*

object relations unit and the *aggressive object relations unit*. In the defensive object relations unit, the self is viewed as perfect, special, important and valued, corresponding with the view of other as omnipotent. The other is seen as holding the power, perfection and reinforcement necessary for idealisation and mirroring. In this representation, the self is experienced as special, unique, admired and recognised (Masterson & Lieberman, 2004). This defensive structure protects the individual against the aggressive object relations unit, where the self is experienced as deflated, unworthy, inadequate and empty. This view of self is activated by any experience of inadequacy, imperfection or vulnerability. It corresponds with a representation of the object as harsh, critical or devaluing (Masterson, 1981).

Defences are employed to avoid the feelings of being worthless, humiliated, unfulfilled and empty, that correspond with the aggressive object relations unit (Masterson, 1981). The individual is preoccupied with avoiding criticism and negative evaluation from others, seeking to project the self as flawless, special or worthy. Grandiosity and self-importance are motivated by the need to maintain mirroring and reinforcement from others that support the elevated image of the self (Masterson & Lieberman, 2004). Denial of weakness, of vulnerability and imperfection allows the individual to avoid the feelings of depression, isolation and aloneness that are triggered by feelings of inadequacy (Masterson, 1981). Rather than experiencing the pain of depression, anger or rage allows distress to be directed outward, and is evident in tendencies to devalue others. This acts as a secondary defence against feelings of humiliation, worthlessness and shame experienced in the face of perceived criticism or vulnerability (Masterson, 1981).

Schizoid Disorder of Self

Phenomenology. Ralph Klein (Masterson & Klein, 1995) described the developmental origins and object relations that underpin the *schizoid disorder of self*. A person with schizoid personality disorder balances two interpersonal dangers. To be intimate with another places the individual at risk of engulfment; however, to be distant is to risk complete isolation (Masterson & Klein, 1995). Relatedness is associated with submission, compliance and victimisation; there is a fear of being taken-up, overwhelmed or intruded upon by the other. This has been labelled the *master-slave unit*, characterising one of the primary self-object representations (Masterson & Klein, 1995). However, to be distant from people is associated with a fear of non-existence or exile. It is associated with a sense of loss and disconnection that is equally as painful as being close to another (Manfield, 1992).

Individuals with a schizoid disorder of self may appear odd and aloof, yet often describe themselves as feeling overwhelmed by affect, rather than lacking it (Fairbairn, 1984). According to Klein (Masterson and Klein, 1995), the characteristic anxiety of the person with a schizoid disorder of self is engulfment, diffusion, or some other loss of self-integrity. Labelled the *fundamental schizoid dilemma* (Guntrip, 1968) the central challenge for the individual is that he or she is uncomfortable in a relationship with another, but also cannot live without human attachments (Masterson & Klein, 1995). A balance is sought between enough distance to reassure the individual of his or her safety, but not so much as to be

alienated and exposed to the threat of non-existence (Masterson & Klein, 1995). The term ‘schizoid’ derives from observations of ‘schisms’ between the internal and external life of the individual (Guntrip, 1968). While appearing overtly detached, the person with a schizoid disorder of self will usually describe a deep longing for closeness and intimate involvement. Withdrawal and introversion are the primary defensive mechanisms drawn upon to maintain this balance.

Developmental origins. Both Klein (Masterson & Klein, 1995) and Guntrip (1968) provide a detailed description of the etiology of the schizoid personality disorder. It is suggested that in early childhood, the child’s attempts at connection with the caregiver have been met with indifference or neglect. Yet, at other times, the parent may have been intrusive, overwhelming the child with their own emotion. The child may have experienced the caregiver as an ‘appropriator’. This is a type of relating where the child feels that they are engaged by the parent to fulfil a function, rather than being experienced as a person. As a result, the child sees that connection is not possible without risk of annihilation or appropriation. However, the primary need for attachment remains, and the threat of isolation can also be overwhelming. The parent’s over-involvement and impingement, coupled with the derision or indifference to the child’s own needs and affect seems to foster a self-sufficiency and detachment in the child, who sees the need to protect the “core, inviolable self” (McWilliams, 2010, p. 55). As Fairbairn (1984) wrote, “in early life they gained a conviction whether through apparent indifference or through apparent possessiveness on the part of their mother, that their mother did not really love them as a person in their own right” (p. 113). This is distinct from the borderline and narcissistic disorders, where connection, although only under specific conditions, remains possible. The pain that characterises the schizoid disorder of self is that connection is not possible without some compromise of self, and complete isolation is experienced as a real possibility.

Intrapsychic structure. The intrapsychic structure of the schizoid disorder of self is comprised of two object relations unit. The first, labelled the master-slave unit consists of a self-representation as a slave who provides some function for the object, who is experienced as manipulative, coercive, or misappropriating. The object is experienced as wanting to use and not relate (Masterson & Klein, 1995). The individual’s experience is that connection is only possible where he or she is under the control of the other, and remains submissive and compliant. The second object relations unit comprises a representation of self as alone, in exile, isolated, but self-sufficient and contained. Although disconnected, the self is safe from intrusion and control (Masterson & Lieberman, 2004).

The person with a schizoid personality structure typically relies on defenses or ‘compromises’ of self-sufficiency and fantasy (Roberts, 2005). As relationships are perceived as perpetually controlling, smothering or depriving, self-sufficiency is defensively relied upon to the exclusion of any dependence or need for another. Second, an extensive fantasy life in which the individual holds close connections with others may take the place of real-life attachments (Masterson & Lieberman, 2004). For a person with

schizoid personality disorder, the fears of both closeness and isolation exist simultaneously, each activating distress. The formation of attachments, closeness to others and sharing feelings signal a threat for those with a schizoid disorder of self, who experience a strong affect of fear of being used, exploited, or overwhelmed by the other. In response, the individual will typically withdraw, distancing from the other, and potentially drawing upon fantasy to maintain connection (Masterson & Lieberman, 2004).

The Core Sensitivities

Research over the last 20 years based on attachment theory, infant research and developmental neuroscience (e.g. Siegel, 2012; Schore, 2003) has provided further support for the role of early interactions in development of the self. Masterson's work provides a valuable conceptualisation of the contributions of developmental experiences to the formation of the self, and provides a framework for integrating interpersonal and defensive style with developmental theory. The COS utilises these concepts, but expands their application. Powell et al. (2014) argue that the disorders of self represent extreme variants of patterns that can be conceived of dimensionally. These authors have taken the central concerns of each of the narcissistic, borderline and schizoid character styles, and extended these to apply to all individuals with the aim of better understanding how developmental experiences shape interpersonal and intrapsychic functioning (Cooper et al., 2005). Fundamentally, each core sensitivity represents an *internal working model*, holding the rules that guide relationship in an attempt to avoid coming in contact with unregulated affect (Powell et al., 2014).

Cooper et al. (2005) hypothesise that core sensitivities are central to the organisation of personality. They form a part of the individual's stable psychic structure that, although open to change, appear to remain relatively consistent over time and across relationships. The authors also clarify that by using the terminology *core sensitivity* they aim to emphasise that this construct is not indicative of personality pathology. Although guided by the work on disorders of self by Masterson and Klein (1989), where pathological object representations are primary, the sensitivities are viewed as dimensional, pertinent to all people. As Zanetti et al. (2011) note, "all parents fail to provide protection and care sometimes, and all people develop some degree of defensive exclusion" (p. 323), experiencing some needs and affects as safe and containable, and others as unacceptable or painful. The core sensitivities are a translation of these categories to understand relational functioning and defensive processes beyond the extremes of psychopathology.

Cooper et al. (2005) propose that the gradations between sensitivity and personality disorder result from the degree to which defences are rigidly and pervasively applied. Sensitivities are theorised to range across a continuum from flexible and adaptive, to rigid and pervasive. Masterson's disorders of self represent the chronic use of particular defensive strategies, where they have become a stable and fundamental part of the individual's personality structure. Particularly in the face of affect dysregulation, the disorders of self are characterised by the inflexible use of a narrow range of responses. Broadening this concept, the sensitivities reflect the characteristic ways in which

individuals manage the need for both autonomy and relatedness, organised by *procedural memory*. They are conceived of as predominant modes of affect regulation, rather than singular and absolute rules for governing interactions. This re-conceptualisation encourages the view that concerns in relationship and defensive responses are relevant to all people to some degree. In the COS assessment process, attention is paid to the flexibility-rigidity of the defensive process, the degree to which it impacts upon reflective functioning, and how the parent's sensitivity specifically affects their representations of the child and interactions (Cooper et al., 2005).

Theoretically, each sensitivity is conceptualised as a less extreme, more flexible form of each of the disorders of self: separation sensitivity in a pervasive and rigid form, may be viewed as borderline personality disorder; esteem sensitivity, in an extreme form can be seen as a narcissistic personality disorder; and safety sensitivity, rigidly held, can be seen as schizoid personality disorder (Cooper et al., 2005). The shift to a more normative model acknowledges the universal need for defensive protection against painful states of mind. It encourages recognition that all people experience unregulated affect and are reliant on strategies to manage this. Further, this reframe makes it possible to talk about defensive processes with clients and work with them in understanding the impact of these on their relationships. Perhaps most significant to this conceptualisation is that it encourages empathy for the client's pain, and the motivation for protecting against it (Powell et al., 2014). Zanetti et al. (2011) suggest that this reframing serves to help therapists recognise that all individuals are challenged in relationships, promoting a stance of empathy and understanding. The core sensitivities provide a conceptualisation of the motivation for utilising particular attachment strategies, and enable some predictions or inferences as to the person's characteristic defensive strategies, and when these will become activated. Although one sensitivity seems to be primary for each person, individuals nevertheless appear to demonstrate some measure of each strategy at different times (Powell et al, 2014). The three sensitivities are introduced below, with the core features summarised in Table 1.

Prototypes of the Core Sensitivities

Separation sensitivity. Corresponding to Masterson's (1981) concept of the borderline disorder of self, separation-sensitivity is characterised by a concern that being separate or individuating from the other precedes abandonment (Powell et al., 2014). The individual believes that they must disavow their own needs, wants and feelings in favour of the other's needs and goals in order to avoid rejection and maintain the relationship. The struggle for a person who is separation sensitive is independence and hierarchy. Separation sensitivity is characterised by vigilance to signs of distance in the relationship, and a preoccupation with whether the other person is available and loving enough (Powell et al., 2014). Strategies developed to maintain closeness to others may include compliance, helplessness, intensification of need, and pressure to reassure or support the self. In terms of parenting, the separation sensitive parent is challenged by the child's individuation or separation. They may fear that the child's moves towards exploration and autonomy signal abandonment or separation from their child, and thus they avoid

interactions that encourage the child's independence or distance between the caregiver and child. As a result, the caregiver may discourage exploration, or individuation, while fostering closeness and dependence. This may have implications for the caregiver's capacity to take charge in the relationship, as limit setting may be experienced as conflict, and potentially associated with separation. Similarly, being able to be 'bigger and stronger' in the face of a child's dysregulation can be challenging for parents who are separation sensitive. The need to establish hierarchy and follow through in asserting rules and consequences requires self-activation, thus individuation, and may be experienced as threatening to the relationship (Powell et al., 2014).

Esteem sensitivity. Esteem-sensitivity is predicated upon a belief that it is recognition for performance and achievement that makes one worthy of connection to others, or worthy of love (Powell et al., 2014). Corresponding to Masterson's (1981) narcissistic disorder of self, to protect from abandonment, the individual believes it is necessary to demonstrate success and be special. To elicit recognition from others is to retain acceptance and protects against the doubt that they are unworthy or inadequate (Powell et al., 2014). Strategies to maintain a sense of specialness and self-worth include grandiosity, striving for achievement and perfection as well as fusion with others, or *one-mindedness*. Esteem sensitive persons are vigilant to signs of criticism and disagreement, and are particularly sensitive to others' perceptions of them. Vulnerability, and acknowledging mistakes and imperfections, are painful. Disagreement is experienced as a break in fusion, and may signal imperfection. For parents who are esteem sensitive, the child's distress and need for connection may be perceived as vulnerability, and a signal of the parent's incompetence, that may lead to criticism and rejection. The parent may dismiss the child's needs for closeness and comfort and encourage competence; placing greater emphasis on exploration and achievement (Powell et al., 2014).

Safety sensitivity. Safety-sensitivity is exemplified by a primary concern with the danger of being close to another. Concerns with engulfment or of being overwhelmed by the needs and demands of the other are primary. Defensive strategies of avoidance of intimacy and dampening of the intensity of emotional expression enable the individual to feel a greater degree of safety. However, this comes at the cost of isolation, which can be as equally intolerable as the sense of engulfment that comes with intimacy. The safety-sensitive individual is vigilant to signs of intrusion or control from others, and attempts to manage this experience through distance. The safety-sensitive parent may feel threatened by the child's bids for closeness and intimacy. The intensity of a child's emotion or need may be terrifying to the parent, who feels that their own sense of self may be challenged or overwhelmed by the needs of the child. Therefore, their caregiving may encourage the child to be self-sufficient, particularly in relation to regulating intense emotions (Powell et al., 2014).

Table 1 Prototypes of the Core Sensitivities, adapted from Cooper, Hoffman & Powell, 2014

Characteristic	Separation Sensitive	Esteem Sensitive	Safety Sensitive
Overall Attachment Theme	Afraid of separation; avoids distance	Afraid of rejection; avoids vulnerability and need	Afraid of being controlled; avoids closeness
Goal of Primary Defense (seeks)	To maintain closeness by being needy and/or needed	To enhance sense of self via perfection and admiration	A safe compromise between closeness and distance
Goal of Primary Defense (avoids)	Separation from others; acting on one's own behalf	Criticism, feelings of inadequacy, imperfection	Loss of self associated with closeness; isolation
Unwanted Affect	Aloneness; abandonment	Fragmentation, humiliation, shame, emptiness	Engulfment; exile and isolation
Vigilant to	Availability of other/abandonment	Devaluation, criticism, attacking, judgment.	Safety; Isolation or control and misappropriation, intrusion, intense emotion
Primary Defensive Strategies	Clinging; Dependency; Helplessness; Compliance; Hyperactivation of need	Grandiosity; Entitlement; Performance and/or Perfection; Seeking and demanding agreement	Self-sufficiency; partial attachment; fantasy as safe relationship; withdrawal
Attachment Distortion and Core Defensive Decision	If I focus on what is in my best interest in the relationship, I will be abandoned. Separation is not safe	To need another is a sign of weakness; if there is disagreement, then I am wrong, or the other is wrong. Need is not safe; difference is not safe	If I let another close, he or she will overwhelm me or control me. Closeness is not safe
Other representation (Positive)	'White knight', source of warmth, acceptance, powerful, rescuer	Perfect, special, omnipotent, adoring, adored	Safe, respectful of boundaries, accepting of self-sufficiency

Other representation (Negative)	Abandoning, withholding, harsh, punitive, unfair, angry, unavailable	Disappointing, imperfect, cold, rejecting	Smothering, controlling, depriving, cold, indifferent.
Self representation (Positive)	Needed, always available, protected, caring, supportive.	Wonderful, special, perfect, fully understood.	Safe, self-sufficient, independent, quietly understood.
Self representation (Negative)	Hopeless, helpless, abandoned, without resource.	Fragmented, humiliated, flawed, empty, alone with shame	'Slave'; controlled; smothered or lost in exile, unable to communicate or connect
Primary Dilemma	I cannot be myself and truly expect connection. If I am myself, I will be abandoned.	To get close is to be rejected; to truly separate is to be rejected.	To seek closeness is to be taken advantage of; to separate is to be left in isolation.
Unspoken Demands Placed on Others	Intense pressure to be rewarded for neediness, helplessness and incompetence	Intense pressure to be acknowledged for specialness, performance, perceived entitlement.	Intense pressure for safety and non-intrusiveness.

Note. These sensitivities are a reformulation of Masterson and Klein's disorders of self, with Separation originating from the Borderline Disorder of Self, Esteem from the Narcissistic Disorder of Self, and Safety from the Schizoid Disorder of Self.

An understanding of an individual's attachment pattern summarises the cognitive and behavioural patterns that the individual draws upon to regulate distress and maintain connection. It does not however, elucidate the particular moments or circumstances that will activate this distress (Powell et al., 2014). It is the concerns or anxieties that lead to particular attachment patterns or defensive styles that can be better understood through the framework of the core sensitivities (Powell et al., 2014). For example, a safety-sensitive parent with a dismissing attachment state of mind may emphasise the child's exploration and achievement, because to engage with the child during times of distress threatens the parent's own sense of self, activating fears of engulfment or of being overwhelmed. An esteem-sensitive parent may also be dismissing with respect to attachment, and may avoid emotional distress because they see it as vulnerability or

weakness, which for the parent, has led to rejection or abandonment in the past. The child's need signals potential for vulnerability or imperfection. A separation- sensitive parent may be unresponsive to emotional distress because they see it as a demand for parenting that they do not feel competent to meet. They struggle to self-activate and provide the necessary parental soothing, as a means of avoiding differentiation. It is the nature of the events, affects, and interactions that activate distress or anxiety that is conceptualised through the core sensitivities. Parents with the same attachment classification may have different core sensitivities, and parents with the same sensitivity may have different attachment classifications. Nevertheless, there appear to be some links between the sensitivities and attachment states of mind, although research has not yet been conducted on this. Those who are safety-sensitive or esteem-sensitive appear to be more likely to be dismissing with respect to attachment, whereas separation-sensitivity appears to be more closely linked with preoccupied states of mind (Powell et al., 2014). Of importance, all three sensitivities can have secure attachment relationships with their children.

Although developed specifically with COS in mind, the use of core sensitivities in caregiving relationships is a focal application of a broader concept. The grounding in personality theory, developmental processes and Masterson and Klein's (1989) model of therapy makes the constructs directly transferable to individual psychotherapy. The constructs provide a valuable means for understanding interpersonal and intrapsychic processes, and together with the more recent research from attachment theory and affective neuroscience can guide both the content and process of therapy. Given that "unarticulated experience is . . . often where we find the greatest leverage for therapeutic change" (Wallin, 2007, p.115), models that enable the therapist to conceptualise procedural knowledge that underpins patterns of behaviour and thinking are of particular value. The case formulation and therapeutic models provided by McWilliams (2004; 2011) and Young and colleagues (Young, Klosko & Weishaar, 2003) are exemplars of this approach. Such frameworks enable the therapist to conceptualise the characteristic ways in which the client processes and perceives experience, and the habitual patterns for managing painful affects (state of mind) (Powell et al., 2014). Understanding the client's state of mind enables the therapist to attune to the predominant expectations and experiences the client has based on these internalised models of self and relationship. In turn, this may allow the therapist to predict and understand the types of affective and relational experiences that may activate defensive responses, the types of defenses that may be adopted and the behaviours and themes that may arise in the therapy (Fonagy, 2001).

Further, as in the COS, a formulation of an adult's core sensitivity may provide specific targets for intervention, providing a way to conceive of the aspects of the individual's own experience that are a source of pain, and the strategies developed to defend against these. Although Masterson was particularly interested in the extremes of personality pathology, his clinical interventions were directed towards supporting the client to activate and respond to needs of the self that had previously been relinquished. For example, when working with a person with a borderline disorder of self, the focus of intervention is

on promoting self-activation. Correspondingly, in the core sensitivity of Separation Sensitivity, themes of self-activation—acting in the interests of the self—and developing comfort with autonomy would remain areas of therapeutic interest. They may be directly the focus of a therapy, or at least guide the therapist as a dimension to attend to in managing the therapeutic focus.

The value of the core sensitivities for the treatment of individuals who do not have more extreme personality pathology may well lie in this tailoring of interventions for client symptoms (in treatment of depression for example) by taking into account an individual's defensive style. Awareness of client defensive style and accurate tailoring of therapist response to this is likely to lead to a more parsimonious therapy. That is, the therapist and client are likely to spend more time able to focus on core issues for the client within their window of tolerance for working with their particular vulnerabilities, as articulated within the understanding of sensitivity. One further benefit of this is potentially in assisting the management of therapeutic ruptures. This awareness of each client's area of vulnerability once considered through the lens of the core sensitivities, allows the therapist to both recognise and proceed effectively to the resolution of ruptures in the treatment alliance.

Conclusion

The core sensitivities are a reconceptualisation of Masterson's (1976; Masterson & Klein, 1981; 1995) psychodynamic work on the disorders of self. The shift to a more normative model acknowledges that universal need for defensive protection against painful states of mind. It encourages recognition that all people experience unregulated affect and are reliant on strategies to manage this. Further, this reframe makes it possible to talk about defensive processes and work therapeutically with them. Within the field of psychotherapy, the constructs provide a valuable means for understanding interpersonal and intrapsychic processes. A formulation of an adult's core sensitivity may provide specific targets for intervention, providing a way to conceive of the aspects of the individual's own experience that are a source of pain, and the strategies developed to defend against these. Further, this formulation may guide the therapist in responding to client defences, and in understanding their impact on the client. Taking these into account in conceptualisation may promote therapeutic outcomes by improving quality of the working alliance, facilitating shifts in affect regulation and supporting the therapist's attunement to the client's relationship needs. It is our hope that this article promotes a greater awareness and development of these ideas in the field of psychotherapy.

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