Emotional Storms and Dyadic Regulation: a Developmentalist’s Reflections on Clinical Engagement

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I think of myself as a developmentalist. While neither a child therapist nor a researcher, I am an avid consumer of the wonderful array of developmental studies and theories available to clinicians. I mention several that have been influential to my way of working. You will hear strands of Kohut’s developmental theory that inform my clinical responsiveness. Beatrice Beebe’s infant studies demonstrate the unfolding processes of dyadic regulation between mother and baby and have great relevance for the clinical dyad. Another influence is Joseph Lichtenberg’s motivational systems theory, which provides a comprehensive view of development. Lichtenberg’s theory focuses on interactions between children and their caregivers around intentions, goals and affects that come to form the basis of expectations concerning how one will be responded to by significant others. These expectations are in a continuous process of being updated and reorganized during lived experience, including during psychotherapy, forming the very basis for a therapeutic change process.

In another vein, we have insights gleaned from longitudinal studies including the extraordinary, comprehensive Minnesota study from Alan Sroufe and his colleagues. Today, we are enormously privileged to have Alan Sroufe with us to share his incredible knowledge about development. I am very interested in hearing his responses to the way I weave a developmental perspective into a clinical story.¹ It is a great pleasure for me personally to collaborate with my good friends and valued colleagues Mauricio Cortina,

¹ This presentation focuses on the opening phase of psychotherapy with a young woman.
Marie Hellinger, Georgia DeGangi and Liz Maury in today’s conference and I look forward to a lively exchange with all of you.

About two and a half years ago, a revered colleague called me about seeing two sisters for a consultation. Alice is three-years-older than her younger sister, Sara. My colleague indicated that the referral would probably evolve into individual therapy for the younger sister. Escorted by Alice, 29-year-old Sara came thrashing and crashing into my office, surfing the crest of one emotional wave after another. Sara complained that she was being “forced” into therapy by her worried family. There had been another therapist, some months back, and Sara had neither liked the therapist nor the ambiance of the therapeutic encounter. Sara appeared to be quite miserable – unhappy, sad, angry. I was touched by her suffering and found myself leaning toward her – embracing and holding her pain. This might be an example, as Donna Orange would say, of welcoming the suffering stranger. As the consultation unfolded, I sensed Sara leaning back toward me. This was all unspoken.

As the three of us sat together, a picture of the sisters’ difficulties with each other began to emerge. Sara felt deeply and chronically let down, as she experienced it, by Alice’s lack of responsiveness. For her part, Alice, clearly well intentioned, appeared to be at a loss about how to empathically respond to Sara’s distress. In the moment, Sara’s suffering was palpable – she cried steadily. As best I could, I tried to put into words what I understood Sara and Alice were each experiencing. I spoke of my sense of Sara’s longing for her sister to affirm and comfort her and her utter devastation in moments when Alice did not or could not respond as she needed. I expressed my understanding of
Alice’s good intentions, her hurtful sense of feeling misunderstood by Sara, and her need to defend herself. I went on to explain that, as I understood it, the manner in which Alice responded to her sister’s distress communicated to Sara that her hurt, angry emotions were unwarranted – in essence, communicating that Sara shouldn’t be feeling what she was feeling. Unfortunately, I went on, Alice’s way of expressing her good intentions, while perfectly understandable from her point of view, left Sara feeling more bereft and desperate with her anger escalating. As our conversation evolved, the tumultuous emotional climate began to settle and Sara pressed Alice to agree to conjoint sessions, begging her sister to affirm the importance of their relational bond by agreeing to work on their relationship. Alice agreed, however, when the day for our next session arrived, much to my surprise, Sara came alone and said, “I know I need to be here for myself” and so we began.

From our earliest interactions, I was struck with Sara’s profound difficulty regulating her affective experience. When distressed, her affects quickly crescendo to a peak state and tend to stay there. She described extended bouts of crying hysterically and sustained angry outbursts. She detailed numerous instances in which intense emotional reactions become triggered in the face of adversity. In essence, she was more reactive than reflective.

This aspect of her presentation struck me powerfully and I was reminded of Stolorow’s take on research from Sander, Demos, Stern, and others, confirming a child’s need for affirming and containing responses from caregivers. Essentially, Stolorow concluded that the child’s capacity to identify, articulate and regulate her emotional
reactions and integrate them into an organized, cohesive sense of self may become seriously derailed without attuned caregivers’ responsiveness to signals of distress.

Stolorow’s formulation (entirely congruent with attachment research) resonated with my experience of Sara in our interactions. Thus, even before knowing very much about Sara’s childhood, I inferred that she probably suffered from significant failures of attuned responsiveness by her caregiving surround during childhood.

Another lens into the way I understood Sara comes from Sroufe’s Minnesota study. He and his colleagues found that the quality of maternal caregiving during infancy was related to the caregiver’s psychological understanding of the infant and could predict attachment security. Securely attached infants in the study could be easily settled in the reunion sequence during the Strange Situation and their mothers provided sensitive, reliable caregiving. In contrast, Sroufe found that infants exhibiting an anxious-resistant attachment strategy could not be easily settled. This finding resonated with my sense of Sara as she had great difficulty calming down when distressed. Sroufe found that the mothers of the infants with an anxious–resistant attachment strategy were inconsistently responsive to their infants’ attachment signals and were the least psychologically aware.

Building on my developmental perspective, I was ready to put something into words about a way to move forward. I told Sara that it seemed to me that her intensely triggered emotional responses were buffeting her about and causing great suffering. I told her that I thought that it would be very helpful if we could begin to slow down, sense more deeply into her emotional responses, and begin to reflect on her subjective experience together. Simultaneously, in our co-constructed interactions, we were enacting this way of being together – slowing down, sensing and putting words to her feelings.
Next, I shared some of the inferences I had made about her particular developmental story: I told her that the kinds of difficulties that were plaguing her including intense states of swirling, volatile emotions and an associated inability to understand her own and others’ states of mind, had been related, in both developmental research and in my clinical work, to a child’s experience of growing up with caregivers who were unable to sensitively and reliably respond to a child’s distress and be comforting. This resonated strongly with Sara’s sense of her lived experience. I conveyed my optimism for our joint endeavor, as I believed our work could make a difference in her life. Sara found what I said seemed to capture something centrally important about her sense of self and so we began.

Looking back to that time now, what I find tremendously moving is recognizing how painfully alone Sara was. She was trying, essentially all on her own, to regulate her deep distress even as she was doing everything she could to signal her upset and gain some measure of soothing responsiveness from others.

Now let me tell you a bit more about her. Sara is very appealing – attractive, smart, curious, open and funny. She is the middle child of a comfortable middle class family (very different than the first-born subjects of Sroufe’s at risk, poverty sample). Her mother, second to oldest, is one of six children and has contentious relationships with some of her siblings. Her father is an only child and has a controlling mother. Sara and her sister had a distant relationship growing up. In contrast, her younger brother (three years younger) was a cherished sidekick.
By all accounts, mother rules the roost and can behave immaturely and petulantly. Her father is generally loving and affirming but is less present in Sara’s discourse than stories about her mother and sister.

Sara has done well in school and has a well-paying professional job. However, she is profoundly inhibited in pursuing new career and life challenges. Of great significance to Sara is her single status -- she is unhappy in her love life. She relates her bouts of depression and feelings of pessimism about herself and her future to this sad state of affairs. Many of our sessions focus on the emotional vicissitudes of her quest to find a suitable man to marry -- desperate longings, devastating rejection, humiliating shame.

As our sessions commenced, Sara and I began to make sense of her repetitive interactions with attachment figures (primarily her mother and sister). As Sara described it (and I witnessed in conjoint sessions – six or so with sister, one with mother), Sara desperately turns to them in moments of uncertainty and challenge; seeking explicit assistance, advice, or empathic support. Instead, Sara finds that they inevitably fail her and then she erupts. She yells and calls them “stupid.” In the moment, Sara is “furious” and proclaims that she will never speak to them again, until, of course, the next time.

Now let me read a paragraph from The Development of the Person in a section describing their predictions regarding the continuity of individual patterns of adaptation during the toddler period: “With toddlers with histories of anxious-resistant attachment ... [these children] have not been supported in the development of emotional regulation, and they are easily stressed, overtaxed, and frustrated... They would seek a good deal of interaction with the caregiver, but they would be unable to use the inconsistent help that was offered. The caregiver and the child would become embroiled in a struggle... A great
deal of anger would be directed toward the caregiver.” This description captures, almost precisely, the pattern of interactions between Sara and her mother and sister that I just described.

Interestingly, this pattern has not emerged in the relational bond between Sara and me. As I reflected on this difference and tried to make sense of it, Beatrice Beebe’s research came to mind. I imagine many of you have seen Beatrice’s video of a fussy four or five-month old baby with her mother. In the video, despite the mother’s efforts to engage the baby, she could not be soothed. Next, we see the same baby, still fussy, with a young Beatrice and, lo and behold, Beatrice engages the baby’s affects and her fussiness abates. I speculate (and I am interested in hearing your ideas about this) something similar goes on between Sara and me – my reaching toward her emotionally helps comfort her. Thus, the anxious–resistant attachment strategy does not entirely hold sway in our interactions. Remember, attachment security (or insecurity) is a measure of the caregiver-child relationship (therapist-patient relationship), not solely a measure of the child or patient. This is not to say that aspects of the anxious-resistant pattern do not emerge in the transference-countertransference configuration but that the pattern plays out in a more attenuated fashion.

Now I present a piece of clinical interaction. Sara cancelled the session before this one, as she explained, her grandmother (a five-hour car ride away) had fallen. Her parents were out of the country and she was tasked to go check on Grandmother. In the session prior to her cancelling, she discussed “having” to drive her parents to Dulles airport and spoke at length about her intense fear about getting lost on the way home. Thus, when I received the phone message about her trip to rescue grandmother, in one way, I was quite
amazed that she was taking this on as I thought the trip would considerably stretch her comfort level. On the other hand, I also know her to be quite capable and was hopeful that the trip would go well and that she would experience it as strengthening. Here’s our session:

Sara began crying almost immediately upon sitting across from me. She shares her deep sense of hurt and disappointment concerning her relationship with Alice. Her sister had refused Sara’s request that she and her three-month-old son and join Sara on the rescue mission. But it got even worse – Sara was terrified of getting lost (despite having a GPS in the car), the route was unfamiliar, and it would help her a lot if Alice would be available by phone during her drive. Under the circumstances, from Sara’s point of view, this was a very small thing to ask of Alice. However, Alice had a baby/mother class and did not want to be interrupted during the class. Sara told me how devastated and enraged she felt and described how she confronted Alice, very angrily, in an attempt to have her feeling understood. Not surprisingly, Alice became defensive and said that Sara had no right to be angry with her. This, of course, hurt and infuriated Sara further and she slammed the phone down. In the retelling, Sara reflects on this familiar pattern from childhood, “I am so angry with you and I am never, ever going to have anything to do with you again.” I convey my appreciation of how painful it is for Sara to turn to Alice for help and for understanding and be rebuffed in both instances. As Sara experienced it, Alice abandoned her by refusing to accompany her on the trip or be available by phone. Adding to these injuries, Alice failed to appreciate and empathize with Sara’s deep hurt in the circumstances. She tells me how important and necessary it is
to lash out in these moments. Angry explosions are necessary acts of self-restoration as well as being important communicators of distress.

As I was listening, I was thinking about how powerful her pull is to connect with her sister and remembering how frequently Sara has been left disappointed and hurt. I realize now, that at a barely conscious level, I was feeling impatient with Sara in the moment as we had been over this same territory many times. We had done considerable work in both appreciating Sara’s hurt and also helping her recognize her sister’s limits. In multiple interactions, I had spoken of my sense of Sara’s experience of not getting the kind of emotional connection and responsiveness she wanted from her sister, not because there is something is wrong with Sara or her longings, but because of whom Alice is. In this moment, centering back on Sara’s felt experience, I comment on the intensity of her longings for her sister’s responsiveness.

Sara goes on to fill out the narrative. She describes organizing a party for family and friends to exchange clothes, which she is excited about. Sara wants Alice to share her enthusiasm for the event and, even more importantly, to explicitly express her desire to spend time with Sara. Instead, Alice replied to the invitation by saying, “I’m not sure, I’ll check my calendar.” Alice’s ho hum response was devastating to Sara, the ultimate rejection. I express my appreciation of Sara’s longings for her sister’s affirming responsiveness and she begins to self-right and reflect on certain differences between them. Alice is generally disinterested in clothes as well as still struggling with baby fat. Even as Sara acknowledges their differences, her distress begins to ratchet up again and Sara proclaims, “I just want her to want to be with me, like it has always been with Ted (her younger brother).”
She tells me that Ted was born when she 3-years-old and Sara “adopted” him as her baby. As she spoke, she remembered a charming story of taking baby brother and climbing into a kitchen cabinet with him. They fell asleep. Her mother began frantically searching for them and finally discovered Sara’s toe sticking out of the cabinet. I say, “Ted must have adored you.” (Here, I am interpreting a selfobject need for mirroring which, in the context of our discussion, had been met by Ted but was not being met by Alice.) Sara replied, “Yes, he always wanted to be with me. He was my constant playmate. We lived in the country, had our own secret language – I felt a special bond. It was very different with Alice – she was never very interested in me.” As she said this, I was reminded of a friend’s daughters – the older sister’s intensely jealous reaction to her younger sister’s birth. I went on to say something about how Alice may have been used to being an only child and had difficulty sharing center stage with her younger sister while Sara was used to having a sibling and was actually delighted to have her brother as constant companion.

She filled out more of the narrative. Sara remembered crying in car and her mother saying to Alice, “Talk to your little sister.” Sara remembered Alice replying, “I don’t want to,” which she interpreted as, “I don’t want to be bothered with her.” In contrast, if Ted were upset, Sara would try to comfort him. She began to smile at a memory. She and her brother would be squabbling in the car (a regular occurrence), mother would send Sara to the back seat, facing outwards. Ted would immediately begin to cry and beg to be with her. Sara: “He so wanted to be with me while Alice’s attitude is take me or leave me, come to my party if it suits her.”
I say that what we’ve come to today helps us understand more about Sara’s deep longings for her sister’s affirming responsiveness. I comment on how important the connection to brother is and how painful the lack of the same connection is to sister. We go over how she understands this difference – she processes her sister’s lack of interest as something shameful about her. She tells me that if Alice does not come to the party, others will see her as a bad sister. I comment on the way this interaction plays out in her mind as a reflection on her vs. an appreciation of her sister’s difference and limits. She is crying and says, “But what do I do?” I tell I understand how much she feels she needs Alice’s affirming responses, how the lack of mirroring affects her to the very core of her sense of self. We talk about the terrible pain of not being able to get what she so terribly needs and we talk about grieving. Slowly, her tears begin to subside. Then, in a burst of spunky assertiveness, Sara tells me, how necessary it is, in the face of such a profound injury, to explode and angrily withdraw.

One of the ways I understand Sara’s statement about the necessity for explosive rage and withdrawal is related to Lichtenberg’s theory of motivational systems. As I am sure most of you are aware, Lichtenberg expands psychoanalytic conceptualizations of motivation by describing how systems of motivational experience unfold through interactions between children and caregivers. In addition to identifying the attachment system (correlating with Bowlby’s theory); Lichtenberg also describes additional systems involving caregiving, affiliation, sensuality, sexuality, exploration, physiologic regulation, and, last but not least, the aversive system. According to Lichtenberg, the aversive system has two basic response patterns: antagonism and withdrawal with the associated affects of distress (crying), anger, disgust, fear, shame, and low-keyedness. In
early infancy, aversive affects primarily serve to signal caregivers that some response is needed. When a caregiver reads the signal and successfully responds, the infant’s distress subsides and pleasure ensues. It is desirable for most of the systems to begin organizing early in infancy through positive exchanges between baby and mother. For example, when a hungry baby becomes satiated, positive affects are activated which provide a basis for the baby’s search to re-create the experience and build positive expectations about mother’s responsiveness. However, in the aversive system, it is desirable for the system to become organized in late infancy and during the toddler period.

Optimally, a caregiver’s attuned responsiveness helps the baby recover from a disrupted state. However, when the infant is left alone to regulate prolonged states of dysphoric affects, the aversive system can become dominant. Over time, aversive states become familiar and the child seeks them out for the self-cohesive effect of having expectations met. The child may begin to gain a sense of security and vitality from the familiar affects of the aversive system and come to experience pleasure in the power of opposition or in the frustration of withdrawal. I think this description captures an essential aspect of Sara’s experience and has helped me to deeply engage her need for angry outbursts and dramatic withdrawals.

Lichtenberg has described the situation of a genetic predisposition or some other factor contributing to a baby’s innate fussiness. He finds that the caregiver’s ability to regulate the baby’s distress affects the organization of the aversive system. The terrible situation in which a highly irritable baby has a mother whose capacity for sensitive responsiveness is impaired, can lead to the early, pathologic organization of aversive motives. A review of findings from the Minnesota Longitudinal Study shed light on
Lichtenberg’s proposal. The study found that “irritability predicts crying in the strange situation, especially during separations but does not (predict) settling and returning to play during reunion.” Thus, sensitive mothers could comfort their fussy babies while insensitive mothers had much greater difficulty comforting their babies, whether fussy or not. In the Minnesota study, maternal sensitivity (not temperament) distinguished secure and insecure infants while temperament predicted the type of insecurity (anxious-resistant or avoidant).

As I am thinking about Sara and all that she had just conveyed, I wonder about her infancy and ask if she had colic as a baby. She said yes and told me that she had suffered with colic until she was about seven-months-old, screaming constantly and in great pain. After the pain subsided, she told me that she had become “addicted” to being held, would scream whenever her mother put her down and had trouble getting to sleep. Finally, the parents decided to cold-knuckle it and she was left in her crib to cry it out. The story she has been told is that she cried for six hours until she finally stopped. When her mother went into her room in the morning she found Sara standing, gripping the crib, tears streaming down her face -- she had completely lost her voice. I was horrified by the story and conveyed, with my face and my words, my sense of how terrible it must have been for her to be alone and to cry all night until she lost her voice. She had begun to cry softly and said, “I see that now. This has always been told as a funny story.” I say, “Not so funny.” “Yes”, she replies, “not so funny.”

As I reflect back on this session, several things stand out to me. First, in Stolorow’s words, Sara finds a relational home in which to share her deepest longings for attuned responsiveness from needed others and, simultaneously, to begin to bear her
wrenching grief in the face of recurring relational disappointments. Through our engagement, she could begin to face and accept limits in others without blaming herself. Further, we were able to understand more about her lived experience during infancy as well as to access the model scene of nine-month-old Sara being left in her crib all on her own to cry it out until she lost her voice. This was a pivotal lived experience, known and yet unknown. Through our interaction, Sara could finally realize and integrate this experience, in an affectively real way, into her sense of self. Of course, there is much more to discuss and I look forward to hearing your ideas.

For our discussion with Dr. Sroufe, I raise a number of questions for his consideration:

1. Do you agree that Sara’s way of being with her mother and sister represents an anxious-resistant attachment strategy? If so, please share more about your research findings concerning children with anxious-resistant attachment strategies. If you do not see it as I do, what are your ideas about Sara’s attachment strategy?

2. What do you think about my proposal concerning Sara’s relational experience with me? Especially, that the anxious-resistant attachment strategy was not activated with me. How would you understand that?

3. What do you think of the links between the history of Sara’s colic, the presumption concerning her mother’s limited ability to sensitively comfort her, and Lichtenberg’s formulations about the pathologic organization of the aversive motivational system? Were there infants and children like Sara in the study?
Finally, I want to share one last poignant conversation Sara and I had. Several week ago, Sara (her face glowing) was telling me about how much she loves her nephew, how perfect he is, how easy-going, and loveable. Then, her eyes begin to well up and she shares her fear that by the time she has her own child; there will not be enough time, energy, or affection from her family for her child. It will be all used up. Then she goes on to share her deepest fear: “What if my baby turns out like me, fussy and difficult instead of easy and loveable like my nephew?” I felt deeply compassionate towards Sara in this moment as her worry is one of the most painful legacies of her developmental experience.

Thank you for your attention.