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Synchronizing Neurological States of Emotion in Family Therapy While Online

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ALISON KAPLAN JUST HAD A MEETING WITH A COLLEAGUE REGARDING A referral. He was changing his practice and could no longer treat a 10-year-old boy, John, and his parents, Gail and Simon. John struggled in his relationships with his parents, teachers, and peers. He was frequently angry and oppositional. He would make demands and was not content even when he seemed to have what he wanted. His parents were quite motivated to help their son, and their own relationship appeared to be strong. They did have difficult times during the first three years of his life, and at that time they both were often tense, withdrawn, and unable to provide each other with the support that they needed. With the pandemic the challenges within the family became more intense.

The family relational patterns appeared to be a challenge to Alison, but to make matters worse, she needed to become engaged with this family through online therapy. Due to the pandemic, for the foreseeable future she would not be able to meet with the family face-to-face. She gave careful thought to how she might engage the family online. She concluded that the relational processes that informed her model of therapy would be the same processes that she needed to rely on if she were to successfully meet with the family online. The synchronization of her affective state with the states of the family—as well as their states with one another—was all the more important if the online connection was to have an impact on all family members. I first

present the nature of this relational process and then note how it might be modified somewhat to incorporate the demands of developing a therapeutic engagement online.

Since Alison held a developmental perspective that she relied heavily on while trying to understand the origins and challenges of family relationships, she initiated treatment by first speaking with Gail and Simon prior to meeting with the three of them together.

During this initial session, they agreed that the chronic stress of the early years might well have created relationship patterns between John and them that impeded his ongoing social and emotional development. These patterns also left them uncertain about how best to relate with their son when he did not seem to want to respond to them.

Alison's therapeutic approach is known as dyadic developmental psychotherapy (DDP) (Hughes et al., 2019) and is influenced by knowledge of the structure and functioning of the infant's brain as described by Allan Schore, Daniel Siegel, and Louis Cozolino as interpersonal neurobiology (Siegel, 2012). The infant's brain is actively searching for and quietly attentive to the brain of her parents so that their brains may synchronize their core neurological activities. The infant readily engages in moment-to-moment interactions with her parents that are contingent, nonverbal (bodily), reciprocal, and highly synchronized. These interactions are crucial for the development of her sense of self as well as the relationship patterns emerging between herself and her parents.

These contingent behaviors of the infant (or parent) occur because of a prior behavior of the parent (or infant). The initiation of these cycles of interaction begins at birth (if not before) at the moment of eye contact, where the eyes of each demonstrate in an instant that the other is interested and responsive. Many of the subsequent cycles in a given moment are initiated by the infant, while many other ones are initiated by the parent. Because of the prior cycles that occurred, both parent and infant anticipate that in this moment similar contingent actions are about to occur. These interactions are intentional, not random or accidental. Within months the infant is able to know what the parent's intentions are in initiating many gestures and vocal and facial expressions. Long before that, the infant can anticipate that when he initiates a bodily expression, his parent will change her own behavior. He can influence his parent. His parent notices him, and he matters to his parent!

As Dan Stern clearly described years ago, the emergent sense of self as it develops in the infant is nonverbal. It emerges from body signals experi-

enced as “the continuous music of being alive,” which he described as “vitality affects.” As this affective state stretches toward intentional objects (most notably his parents), this ongoing experience of primary consciousness enters awareness as the emergent self (Stern, 2000).

The infant has no words that she can use to communicate, but she does not need them. She has her face with its many nuanced expressions. She has her voice, with many varieties of intensity and rhythm. And her body has many movements, gestures, and ways of holding itself in particular postures. She communicates with all of these bodily expressions, and her parents notice them. They take delight in making sense of them, working out what they mean, what she wants from them or wants to tell them. They guess and then respond in a way that is based on their guess. Sometimes, no matter what they guess, their infant is pleased since all she wanted was to be so engaged. Other times she does want something specific, and her face, voice, and motions continue to express her efforts to communicate with them, possibly becoming more intense until they guess right.

What is happening is that the bodily expressions of both parent and infant are becoming synchronized. They are doing a tango with their bodies, and their voices are engaged in forming a lovely melody. Momentum moves their engagement forward, where one synchronized movement leads to the next to the extent that they are not two individuals taking discrete turns, but rather a ball of twine now unwinding. This shared moment is being organized just as the joining selves of the two beings are being organized. The self of the infant is rapidly developing, while the self of the parent is also integrating the delightful new experiences emerging from being a parent.

Much of the synchronization involves their affective states. When the parent matches the bodily expression of an emotion (distress, fear, excitement, contentment) with a bodily expression with a similar rhythm and/or intensity, the infant’s affective expression is being coregulated. The infant is not able to self-regulate those emerging states and needs to rely on the parent to coregulate them.

These moment-to-moment strings of engagement are having an impact on both infant and parent. The impact is reciprocal. Each is learning about the self and about the other. Each is developing—the infant is developing an emerging sense of self, and the parent is developing an emerging sense of self-as-parent. The impact on the infant of the parent so engaged is quite evident when we focus on the infant’s development and we observe the deficiencies or distortions in development when these synchronized bodily actions are not

sufficiently present. The impact on the parent of the infant so engaged is also evident if we focus on the sense of self of the parent being affected by her part in the success or failure of her infant's development (Hughes & Baylin, 2012).

Thus, the same experiences that organize the infant's sense of self also have an impact on the ongoing reorganization of the parent's sense of self (Beebe & Lachmann, 2014). They are having a reciprocal impact on each other. Through having this impact, the infant is not only discovering qualities of self—such as worth, sociability, and the ability to learn—but also is discovering his sense of agency, his ability to initiate actions in the world that affect the world. What he does matters! Yes, the infant is seen, felt, and known. And the infant is also joined and followed, and is the source of joy, pride, surprise, and love in his parent. The infant is receiving a great deal from his parent as well as giving a great deal to his parent.

The draw of these reciprocal states is irresistible to the developing infant. There is no other way to begin the process of organizing his great varieties of experience into a sense of self. As Beebe and Lachmann so emphatically state: "It is *not* possible *not* to be affected (by these synchronized states) on a moment-to-moment basis" (2014, p. 76).

For the integrated and coherent sense of self to fully develop, the infant relies on the readiness and ability of the parent to provide these synchronized interactions, which are continuously being fine-tuned (repaired) by the parent's response to the infant's response to the parent's initiatives. When the parent struggles with providing this attuned interaction, the infant struggles in developing an integrated sense of self. The parent needs to notice when her initiatives are not being received by her infant and then change her initiative accordingly.

The frequent fine-tuning that occurs within the call-and-response cycles of parent-infant interactions are known as interactive repair. Through these, the infant notices that how she responds to the parent matters to the parent, who responds to the infant's lack of response to one initiative by changing the next initiative. Through these cycles the infant and parent are engaged in mutual regulation of their affective states (Tronick, 2007).

These communications involve joint affective, cognitive, and intentional states. In these states, the infant is seen, felt, and known by the parent and from these experiences comes to see, feel, and know himself. The infant and parent focusing on each other is known as intersubjectivity (Stern, 2000; Trevarthen, 2001).

These intersubjective experiences involve various joint activities in which

the infant's experience is being coregulated by his parents; the infant and parent are resonating with one another, are aware of being together in the presence of each other, and are discovering themselves with others in the family. These ongoing experiences are conversations that involve affective expressions of many emotions such as joy, sadness, excitement, and fear. When the parent resonates with the affective state of her infant, it is described as attunement. As the parent "gets" the infant's emotional state, the infant more clearly experiences that state within himself. The affective experience of parent and infant resonate as they are sharing the same experience. Both the parent and infant express joy, and both are joyful. As they show interest in each other, they are interesting. As they show love, they are lovable. It is within these synchronized conversations the infant is having with his parents that his sense of self begins to develop.

This complex dyadic relationship between infant and parent facilitates all aspects of the infant's neuropsychological development. Allan Schore (2012, p. 29) describes this central developmental role as follows:

The rich intimacy of an integrative theory of neurobiology and attachment links brain, mind, and body and encompasses the essential elements that allow us to comprehend and treat attachment-related disorders of self and affect regulation more effectively. There is currently both an experimental and a clinical focus on how affective bodily based attachment processes are aroused, communicated, and regulated within the mother-infant dyad.



Some leading researchers in human development, Alan Sroufe and colleagues (2005, p. 285), noted that psychological disturbances in early childhood are best characterized as a relationship disturbance, not a disturbance within the infant or toddler. The nature of this relationship disturbance is crucial in determining the nature of the developmental challenges that the child faces.

In many dyadic states, the contingencies are not optimal (Beebe & Lachmann, 2014). Beebe and Lachmann refer to these synchronized processes as intentional action sequences between parent and infant. These action sequences create procedural expectancies that produce a sense of both self and other. Sometimes, rather than showing the optimal "serve and return" cycle, the parent and child may instead be locked into a "chase and dodge" cycle. The infant develops an action sequence marked by vigilance regarding

his parent's movements while then inhibiting his response to her initiatives. The more she chases, the more he dodges, activating even greater chasing sequences, and so on.

Another action sequence leads to the development of a disorganized attachment pattern involving the parent who only recognizes her child when he is happy and does not become engaged with him when he is in distress. His distress is neither seen nor felt by the parent, which tends to evoke an infant's action sequence that is either dysregulated or frozen at the onset of states of distress. Such infants tend to have difficulty coming to know themselves, as is seen in their decreased touching themselves as well as their tendency to both smile and whimper at the same time. Their action sequences become unpredictable, as if they are at a loss as to what they (and their parent) are likely to do next. Both the mind and the behavior of the infant are at risk of not becoming organized. These sequences create procedural understanding and memories, not symbolic ones. At its core, the self is organized (or not) and develops presymbolically. For this reason, Allan Schore (2019) refers to psychotherapy as a dialogue between the right hemispheres of the client and therapist.

For Alison, our understanding of these dyadic parent-infant patterns of engagement has many therapeutic implications. So far, they are as follows.

1. She should build her therapeutic relationship on contingent, nonverbal communications, being aware of how the development of the emergent self and the core interpersonal self occurs within the nonverbal communications of the parent-infant dyad. Her nonverbal expressions should be clear (possibly exaggerated as they are with infants) so that they represent nonambiguous communications about how the child is affecting her. She can expect to be affected by the possible meaning of the child's behavior much more than the behavior itself.
2. She should focus on establishing a synchronized rhythm as she enters into a conversation with the child about all aspects of his life. This conversation should develop a momentum, which can increase the child's ability to allow stressful themes to emerge. She should avoid speaking with a monotone that emphasizes facts and reason. She should resonate with his affective expression of his emotional states and match his affect in order to coregulate these expressions. The goal is to remain regulated across all affective states rather than being calm.

3. She should be aware that the interactions need to have a reciprocal influence on both herself and the boy, as the impact on the boy alone will be less if she is not also affected by their time together. This is the nature of intersubjectivity, and it should be the stance that she embraces, rather than adopting a neutral stance.

Upon this foundation of the nonverbal sense of self, the toddler begins to add verbal communications, again primarily within the intersubjective context with her parents. These words are embodied within rich, nuanced nonverbal communications. All children are not likely to remain engaged with words for any period of time unless these words are closely associated with resonating bodily communications. Adding words to nonverbal communications enables the child to enter into conversations with her parents that are more comprehensive and complex than she could have done previously. They enable their joint attention to move into the past and future, exploring memories from the past as well as hopes and fears about the future. Words also enable the child to explore with her parent more fully her inner life of thoughts and feelings, wishes, and intentions. With words, combined with lived nonverbal experiences, the child is able to develop the meanings of her actions and those of her parents. Joining meaning with action, past with present and future, the child is able to begin to develop stories about the events of her life. These events become integrated into organized experiences, leading to stories that become integrated into her sense of self. These nonverbal-verbal conversations greatly facilitate the child's ability to develop her autobiography, a narrative of the self that is being coconstructed to a great extent by the child and parent's intersubjective experiences.

With her understanding of how the toddler develops her conversations with her parents by adding to her nonverbal communications, words and the realms of experiences that they are able to open up for her, Alison develops further implications for her therapeutic work with all children, including John.

4. Holding onto the need to have conversations that make full use of both nonverbal and verbal expressions, she should focus on helping John (and his parents) to understand the meanings of the events of his life. Her focus should be on understanding—not evaluating—the meanings that John is experiencing involving the events being explored. These meanings should involve all aspects of his life, not just the presenting problem.

These meanings will link the past and present to build comprehensive stories about his life.

5. As she begins to enter into these synchronized conversations with the child, she should then ensure that the parent(s) also enter into these conversations. First, she should take the lead with John to ensure that the conversation is based on the same elements that exist in the secure parent-infant conversation. She should model and coach the parents to be so engaged, fine-tuning their expressions to John's developmental age. Then she should withdraw a bit, enabling the primary intersubjective experience to be between the parent and child in the session, at which point she will become more of an affectively resonating witness to their engagements. She should then reflect on it in a manner that will deepen their experience of each other.

When Alison first spoke with Gail and Simon, she established a level of trust while she explored what brought them to her. They were both able to express their current worries and doubts while also following her into an exploration of possible origins of these problems during the years following their son's birth. She realized that their interactions with John during his infancy were more predictably contingent than those with children who have disorganized attachment. Still, as she came to understand the challenges that they faced, she realized that they were too often inconsistent in providing John with the synchronized intersubjective experiences needed to best support his emotional and interpersonal development. They expressed regret when they recalled how often the tension that they felt in handling their substantial challenges made it difficult for them to remain openly engaged with each other and with their son. Gail spoke of times when she felt that she too frequently went through the motions of attending to her son while her mind was elsewhere. Simon spoke of finding excuses not to engage with John and turning away when his son wanted him to attend to him. Often, they were slow to respond to him when he was crying, and when he began to crawl they became impatient quickly when he did not do what they wanted him to do. With sadness, they recalled his tantrums and their angry responses. They were not coregulating his affective states. He had to try to regulate them alone, and often he was not able to do so.

As their external world had begun to stabilize, Gail and Simon realized that their own relationship was not going well. They initiated couples therapy that they thought was very helpful. From there, when John was about

four years old, they worked hard to improve their relationship with their son too. However, he did not seem to respond the way that they had hoped. He often seemed content to play alone rather than do things with them. He did not often show signs of distress and seldom seemed to want comfort. He had difficulty accepting limits and consequences, and seemed to look for things to argue about. When Alison spoke with them about how John may well have begun to organize his sense of self around relying on himself and trying to be in control of both his emotions and his relationships with them and others, they concurred. John and his parents seem to have developed relationship patterns where they did not share affective states, seldom had similar interests, and had difficulty finding ways to cooperate. When his parents finally took the lead in trying to change these patterns, John seemed slow to follow. As they gradually lost confidence in how they were relating with John, they focused more on his behavior and less on their relationship, and they developed a self-protective pattern described as blocked care (Hughes & Baylin, 2012).

In addressing the challenge of providing therapy for the family online, Alison kept in mind the five factors just mentioned as she considered modifying her interventions when she would not be face-to-face with the family. Alison approached online therapy in the following way:

1. She placed even greater emphasis than usual on developing a sense of trust that all members of the family needed to have with her. Because Alison had not met the family before and due to the ambiguity often present in online conversations, she demonstrated her interest and acceptance of them through clear facial expressions and voice prosody. They needed to sense that she was with them in their distress, with compassion and acceptance, not judgment, so that they could trust her with aspects of their family life that often left them experiencing anger, discouragement, and shame. She focused a great deal more on their process of becoming engaged in a reciprocal conversation than she did on the actual content of the conversation. She acknowledged her own uncertainty about engaging in therapy online to create a sense that “we’re all in this together.”
2. She realized that online, not only would she be ambiguous in her communications with them, they also were likely to seem unclear to her. As a result, she focused more attention on noticing and responding to the non-verbal communications of both parent and child with her and each other,

while at the same time being consistently sure that she was quite clear in her own nonverbal expressions. She realized that in highlighting her own voice prosody, facial expressions, and gestures, she was also facilitating their nonverbal expressiveness due to the natural tendency to become synchronized in our affective expressions.

3. When she initiated any nonverbal communication, she was especially aware of whether the parent or child she was conversing with entered into a synchronized rhythm with her in their voice, face, and gestures. If the interaction seemed to be lacking in symmetry, she repeated herself, paused, and made it clear that she was reflecting on how to better say what she wanted to convey. In doing so she built a bit of suspense as to where she would lead the conversation, followed by a more animated verbal expression that all were likely to be fully focused on. Her affective expressions most likely then evoked a matching affective response from the family members. If they did not, she wondered if her initiative was creating either discomfort or disagreement in the other who was not entering the rhythm with her and she gently addressed it in order to facilitate interactive repair.

4. She facilitated a greater engagement by ensuring that they entered into a conversation about all aspects of their lives, rather than just the challenges. She showed clearly that she was interested in trying to understand the various meanings of all the events that they were experiencing. Her attitude conveyed that she was interested in discovering who they were as individuals and as a family, and not focused on evaluating their behaviors.

Therapeutic Interventions

Because she was aware of how these synchronized parent-infant interactions were central in the development of John's sense of self and his manner of relating with his parents, Alison used this knowledge to guide her therapeutic interventions, whether in the context of face-to-face or online engagement. The following is a summary of how her therapy was influenced by key aspects of synchronized infant-parent interactions.

1. Alison first met with Gail and Simon alone for two sessions. She suggested that they choose a place in their home where they felt comfortable

and which also was private. She shared with them the nature of developing parent-child relationships. She described how they might become engaged with their son now in ways that would help them all to experience the closeness that they missed out on during the first three years. Alison spoke with them about how she would be relating to John with an attitude characterized by playfulness, acceptance, curiosity, and empathy (PACE) and then would support them in efforts to relate with him in a similar manner. PACE involves qualities of interacting that are very consistent with the features of parent-infant reciprocal engagements. This attitude would assist her in keeping her mind on the mental state that underlay John's behaviors. This would enable her not to react to his behavior but rather to accept, wonder about, and understand the meaning of the behavior. It would also help her to be affectively engaged and regulated across a continuum from light and hopeful playfulness to empathy for the difficult aspects of his life. Without judgment, she would become consistently curious about as well as experiencing empathy for the meanings of his behavior.

She planned to help them all to discover the meanings under his challenging behaviors, and help him to convey those meanings in a manner that they might better understand and support. At the same time, Alison would be helping Gail and Simon to explore how the relational patterns that they developed in their own childhoods were likely to influence how they related to their son (i.e., how their son's behaviors might be activating their own relational histories).

In these first sessions, she also helped them to understand the nature of therapy sessions—how she would first establish a synchronized nonverbal-verbal conversation with John and then bring them into it. She would help him to become vulnerable over the doubts that he had about himself and his relationships with his parents and then facilitate his turning to them for comfort, while helping them to respond with PACE.

She indicated that if they thought that she misunderstood something that John said, they should tell her in front of John so that she could understand him better. They should not disagree with John, just clarify what they thought he meant.

2. When she then met John with his parents, Alison became engaged with him in synchronized nonverbal communications. She suggested that he might have more online experience than she did and asked if he would help her if she got something wrong. Her facial expressions, voice prosody, ges-

tures, and movements, as they become synchronized with his, very clearly demonstrated the impact he was having on her affectively and reflectively. Without words, she demonstrated that she enjoyed and was interested in getting to know him—unconditionally. Without words, she demonstrated that she saw and accepted all aspects of him and that he was safe knowing that he would not be judged (though some of his behaviors might be evaluated). This way of engagement is best described as having a conversation, rather than teaching or giving advice. While she was so engaged with John, his parents were experiencing this intersubjective way of being (promoted with PACE) with the expectation that—through her modeling and coaching—they **began to engage** him in this manner themselves.

3. She was interested in all of John. There was no aspect of his self that was invisible to her, nor any aspect of his self that she rejected. She did not privilege the problem but rather was deeply interested in all that he was communicating (verbally or nonverbally) as well as aspects of his self and his history that he seemed not to be sharing or even to be aware of. When she was exploring the problem, her voice and face retained the same relaxed, conversational tone that she showed around lighter themes. It was crucial that when she transitioned into more difficult themes, her nonverbal communications remained continuous. While being so focused on John, she was also aware of his parents, assisting them in remaining open and engaged with their son if they were becoming defensive. Her primary intention was to facilitate the relationships between John and his parents, and she related with them all with PACE.

4. The moment that John disengaged from the conversation, she became aware of his nonresponse and the lack of a joint rhythm, accepted that, and followed him. She invited him to reengage if he chose around another theme, or she turned her attention to his parents, or she simply reflected out loud to herself. Since her attitude always attempted to convey acceptance, his disengagement was not experienced as resistance. He consistently found himself becoming safely engaged with Alison, again and again.

5. Her mind highlighted the wish to understand the meanings of his behaviors, his inner life, their moment-to-moment engagement, and his experience of his parents' engagement with him, as well as the meaning of similar features of his parents. As the conversation moved forward,

uncovering deeper and/or more complex meanings of the events being explored, her intent was to maintain an open and engaged connection without evoking a defensive reaction. When he did become defensive, she would engage in relationship repair with PACE, and his defensiveness very often faded. When it did not, that too was accepted as being a natural occurrence in any close relationship.

6. She was aware of the power of the nonverbal expressions of delight, amazement, suspense, surprise, wonder, empathy, gratitude, and similar affective states to generate a sense of mutual understanding and joint experience while holding John's attention. She worked not to inhibit the expression of these affective experiences.

7. She was aware that John and his parents' intersubjective experiences of each other were biased toward negative meanings, leaving them often unable to see much of the positive in each other. Knowing that, she communicated her witnessing of positive qualities in both child and parents as they became present in order to facilitate their having similar experiences of each other and beginning to trust these experiences.

With these principles in mind, below is a transcript of an interactive sequence involving Alison, John, and his parents. This sequence occurred in the third session. Prior to the session, Alison spoke briefly with his parents alone. They told Alison of an interesting event that had occurred since the last session as well as one that involved a hard time for John. This latter event involved how angry he became at them two days before the session when they would not let him speak online with a friend until he first did 30 minutes of homework. He basically ignored them the rest of the evening.

At the beginning of the dialogue recorded below, John had just told Alison with some enthusiasm about a planned virtual tour of the Boston Aquarium with his class. He expressed excitement about seeing the aquarium, since he had never been there, telling her a few things he had heard about it. Alison matched his animated affect with her facial expressions and vocal exclamations as he spoke.

ALISON: What a great opportunity you're going to have! I'm really happy for you. Will you let me know, John, what you see and discover about it?

JOHN: I guess. . . . But I don't think you're really interested.

[John seemed hesitant to accept her excitement, not wanting to believe that what he did mattered to her.]

ALISON: John, thanks for telling me that! If I'm not interested, of course you wouldn't see any reason to tell me.

JOHN: You're just talking to me so my parents will be happy.

ALISON: That must not feel good, John, if you think I really don't care about you; maybe you think I pretend to care so I can get you to be the way you think that your parents want you to be.

JOHN: They're not really interested in what I do. Why should you be?

[Even though this was a stressful theme, John remained in the conversation with the same degree of engagement that he had shown when talking about his upcoming virtual tour. Alison's continuing conversational tone facilitated this.]

ALISON: Oh, John, so it seems to you that I'm not interested in you, and your parents aren't interested either! How hard that must be!

JOHN: I'm used to it. . . . It doesn't bother me.

[John's voice went from being challenging to being resigned, speaking with less intensity. Alison followed him affectively, matching his nonverbal cadence.]

ALISON: It doesn't bother you. . . . It doesn't bother you. That would be painful . . . if your parents were not interested in what is important to you . . . and you found a way to not let it bother you. I'm glad you did, John, if you had to.

JOHN: Yeah, right. That's good. . . . You're glad that I'm not important to my parents!

ALISON: [Matching his increased intensity] John, I'm sorry if you heard me say that. I thought I said that if you feel your parents are not interested in you, it would be painful, and I'm glad that you found a way to make the pain go away. I'm sorry if I said that poorly, and you thought that I said that you were not important to your parents. Really sorry.

JOHN: Whatever . . . it doesn't matter.

ALISON: It matters to me, John . . . but you say, not to you. Ahh . . . does it seem like that a lot, John, that you're not important to your parents?

JOHN: All the time! What I want is never important!

ALISON: It seems like what you want is *never* important!

JOHN: Like yesterday! I just wanted to see my friend. Like it would be the worst thing that ever happened if I had some fun with my friend rather than doing some lousy homework.

ALISON: You wanted to spend time with your friend online, and they said no. And it sounds like you got angry. . . . You got angry, not just because they would not let you contact him, but because it seemed to you that they would not let you because what you want to do is not important to them.

JOHN: That's right!

ALISON: And it even seems to you that *you're* not important to them.

JOHN: I'm not. [Said more quietly, again moving from annoyed and challenging to being resigned.]

ALISON: [Again matching John's quieter affective expression] Oh, John. . . . It seems to you that you're not important to your parents. . . . If that's so, John . . . if that's so . . . why would that be? Why wouldn't you be important to your parents.

JOHN: [After a pause] because I'm not the kid they want. . . . They're disappointed in me. [Now there is a clear tone of sadness in John's voice.]

ALISON: [With a similar pause] Because you think that . . . that they are disappointed in you. Oh, John, what a hard feeling to have.

JOHN: [Very quietly] But I'm used to it. [Now with a few tears.]

ALISON: [Also speaking very softly] It might be hard to get used to a feeling like that. A feeling that you're a disappointment to your parents. . . . Maybe that you're not that special to them.

JOHN: I'm not. [With more tears.]

[Alison notices that Gail is starting to say something, and she quickly but gently asks her to wait, to listen. She fears that they will feel a need to reassure John, which would most likely convey that they do not understand the depth of his feeling or they don't want him to have such an experience of them.]

ALISON: Ahh . . . I guessed right. . . . You don't believe you're special to your parents. . . . You must feel so alone.

[Now Alison has some tears too. She glances to see that John's parents also seem to have been touched by his vulnerability. It is crucial that

their experience of their son be similar to her intersubjective experience. She wants to seek their responses now but cannot do so if they show any negative bias that might prevent them from experiencing his vulnerability.]

ALISON: John, would you tell your parents what you just told me . . . or if you'd rather not, is it okay if I tell them for you?

JOHN: I do feel that I'm a disappointment to you. [John seems to want to look at his parents but struggles and cannot.]

[Alison quietly reminds Gail and Simon to respond with empathy prior to expressing any reassurance, something she had spoken with them about when she saw them alone.]

GAIL: It must be so sad for you if you think that we are disappointed in you. . . .

SIMON: Yes, it would be so hard. . . .

GAIL: I can understand now how alone you must feel.

SIMON: And you said that you think you're not special to us. That must also make you feel all alone.

GAIL: I am so sorry, John, that you feel that you disappoint us. I can understand why you might because we argue so much. I wish we didn't.

SIMON: I agree with your mom, John. You are very special to us, and you are not a disappointment to us. I guess we have not done a very good job of helping you to trust us. We have to get better at having conflicts so they don't make you think we're disappointed in you.

ALISON: Oh, John . . . your parents really seem to understand how hard it has been for you. The arguments that you three have been having really have made you not trust that you're important to them. That you are special to them. [Close to a minute of silence follows as the family reflects on the experience that they are having.]

ALISON: John, do you want to say anything to your parents now?

JOHN: I try not to get so mad! Why do I! I don't want to be fighting all the time! [He now cries. With their own tears, Gail and Simon move closer to him and embrace him.]

GAIL: I don't know why we fight so much either, John. I don't want to either. Maybe Alison can help us to work things out better.

SIMON: I'd like that a lot. Would you too, John?

JOHN: [Very quietly] Yeah.

ALISON: What a family you are! You all want the same thing! To find ways to be closer, to show how special you are to each other. I am glad to be able to get to know you and to work with you on your journey together.

[Alison has just witnessed joint vulnerability and emotional closeness, something that the family has seldom experienced together. Her intersubjective experience of them will deepen their experience of this emerging quality of their relationships with each other.]

SIMON: What do we need to do, Alison? [John looks expectantly at Alison, showing in his eyes how much he wants her to be able to help them.]

ALISON: Great question. Well, I don't think we'll be focusing on how you all might control your anger better. Nor how to listen to each other better. At least not now. I think that John might have had uncertainties about whether or not you were glad that he was your son even before all the arguments started. I'd like all of us to meet next week and spend the time together thinking about the hard times that all three of you had during those years after John was born. I think those hard times made it hard for you all to build a strong sense of safety and awareness that you are important to each other. If you had been better able to trust that you are all important to each other, then the conflicts that you have been having would not have become so frequent, and you'd have worked them out better.

GAIL: I know we had hard times back then, Alison, but do you think that those still affect us now?

ALISON: I do, Gail. I know you said that you and Simon had to see a therapist for the two of you to figure out how those times affected your marriage. And you were able to build the closeness in your marriage again. I'm saying that it might have been a good idea back then to also have some family therapy to help the whole family get close.

SIMON: We didn't think of that back then. John was so young.

ALISON: Yes, he was young. And maybe because he was so young he was not able to find the words for his sadness and loneliness and for being able to say that maybe you were unhappy with him . . .with who he was. Little kids feel those things at least as strongly as do adults.

GAIL: Do you think we can make it work out now? It's not too late?

ALISON: The little that I know about the three of you gives me confidence that the answer is yes. Definitely yes! You all want this, and you're all

smart and good people. And I'm a great family therapist! What do you think, John?

JOHN: Yeah, but I don't know about the part about you.

Taken by surprise at Alison's final sentence, the family started laughing together. It brought some relief to the intense emotion that they were all experiencing. And it brought a sense of closeness as they joked about this know-it-all therapist who better know what she's talking about or they'd all be angry with her, not each other!

By working relationally, using the synchronized parent-infant manner of relating as a guide, Alison was able to provide a setting where the family could engage in the process of exploring the meanings of their interactions, their sense of who each of them were, so that they had a context where they might more easily address any behaviors as needed, without anger, fear, or shame.

In spite of the fact that the sessions were online, Alison was able to help the family feel safe enough to be open to the affective tone created by her attitude of PACE, which led them to be open to their emerging affective experience, which was synchronized with hers. The lighter conversations of the first two sessions enabled John to trust Alison enough so that in the third session he was able to express his vulnerabilities associated with the conflicts with his parents. This manner of relating remained stable, with a few brief periods of defensiveness mostly initiated by John's anxiety and shame, throughout the remaining therapeutic sessions.

Relying on the relational patterns that are central in the infant's development of a secure attachment with her parents, DDP strives to develop synchronized, reciprocal, nonverbal communications between therapist and members of the family. These then serve as the relational core of the conversations that emerge, which give expression to the underlying attachment-based intentions that lead to the resolution of family conflicts and the creation of trust and new learning.

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