IMPLICATIONS of the DSC for THERAPEUTIC PROCESS
THE PROCESSS OF CHANGE IN DEVELOPMENT AND IN THERAPY IS THE PROCESS OF -- CO-CREATING DYADIC STATES OF CONSCIOUSNESS -- THE MAKING OF NEW MEANINGS --
DYADIC STATE of CONSCIOUSNESS CONTAINS EMERGENT MEANINGS FROM BRINGING TOGETHER MEANINGS FROM INFANT ‘S and PARTNER’S STATE OF CONSCIOUSNESS

INFANT APPROPRIATES MEANINGS FROM DSC TO SOC

MUTUAL APPREHENSION OF MEANING and INTENTION

BEHAVIORAL DISPLAYS OF AFFECT AND INTENTION

ADULT APPROPRIATES MEANINGS FROM DSC TO SOC

Infant State of Consciousness

Adult State of Consciousness

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Therapy as Co-creative Meaning Making

Patient and Therapist Both Continuously and Actively Make Meanings Together

The Therapeutic Process is Characterized by Matches-Mismatches and Reparation

Change Emerges from a Co-creative Process of Mismatches

-- it is Messy --
MATCH $t_1$

Mismatch

Error
Reparation
Reparation

Rupture
Reparation

Mismatch

COORDINATED POSITIVE AFFECT & RELATIONAL INTENTIONS

DYADIC SYSTEM OF MEANINGS

DYADIC STATE OF CONSCIOUSNESS

NEGATIVE AFFECT

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THE MEANING MADE AT ANY MOMENT IMMEDIATELY BECOMES PART OF THE MEANING MAKING PROCESS IN THE NEXT IMMEDIATE MOMENT.

THE MEANING IS NEVER FIXED

Dyadic State of Consciousness
ContAINS EMERGENT MEANINGS FROM BRINGING TOGETHER MEANINGS FROM INFANT ‘S and PARTNER’S STATE OF CONSCIOUSNESS

Infant Appropriates Meanings From DSC To SOC

MUTUAL APPREHENSION OF MEANING and INTENTION

MesSy

Adult Appropriates Meanings From DSC To SOC

Infant State of Consciousness

Adult State of Consciousness

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CHANGE OF STATE OF CONSCIOUSNESS IS NOT A PROCESS OF DISCOVERY OF SOMETHING ‘IN’ THE PATIENT BUT A CO-CREATION OF NEW MEANING BETWEEN THE THERAPIST AND THE PATIENT

“insight is not a hidden treasure”
GOAL IS TO CHANGE INDIVIDUAL’S
STATE OF CONSCIOUSNESS
– THE CERTITUDE OF THEIR PRIVATE
SENSE OF THE WORLD –
THAT LIMITS THEIR EXPANSION,
ENGAGEMENT WITH PEOPLE AND
WITH WORK

e.g., I can trust NO ONE, just like I could
not trust my mother. I KNOW I AM
disconnected and alone.
Psychological symptoms can be understood as a movement towards entropy

-- Failure to Gain Complexity --

When the system is not growing in complexity, it does not have adequate procedures to deal with new demands of the environment and the system will stuck in feelings of failure, shrinkage, anxiety and disconnection.
SUCCESSFUL THERAPEUTIC CHANGE REQUIRES CHANGING MEANINGS AT MANY LEVELS FROM THE MEANINGS THAT ARE IN THE BODY TO THOSE THAT ARE IN AWARENESS

e.g., Trauma – must work on the body as well as the narrative
The Dysregulation and Anxiety of Creating Something New in Development and Therapeutic Change Is Regulated by Internal and Dyadic Processes
Normal Disorganization of Changing a State of Consciousness is Regulated by Self and Dyadic Processes

Infant’s/Patient’s Status

PARENT/THERAPIST

Walking/New SOC

Crawling/Old SOC

INFANT/PATIENT

Anxiety

Sleep/Other Meanings

Time

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Clinical Points of Therapeutic Intervention

Function and Developmental Status

Time

MOTHER

RELATIONSHIP

NEGATIVE MOOD AND DEVELOPMENTAL DISSIPATION

INFANT/CHILD
The DSC Model and Working with Children and Adults
THERAPY WITH INFANTS AND CHILDREN

“Must Be”

Chronic and Reiterated

Include the Caregivers

Change Caregivers Meaning Making with the Infant or Child

Be Age Appropriate

Be Multileveled

Be Relationship Focused
THE THERAPEUTIC RELATIONSHIP

WORKING ON CO-CREATING NEW MEANING THROUGH
MESSY MEANING MAKING PROCESSES INCLUDING
SUCCESSFUL THERAPEUTIC REGULATION OF
ANXIETY AND AROUSAL
ESTABLISHES THE THERAPEUTIC RELATIONSHIP

Being “with”, ‘being empathic”, ‘being present”
may be necessary, but they are not enough to
create a relationship or therapeutic change.
Co-creating dyadic states of consciousness
-- increasing complexity and coherence –
is the process the process of establishing a
therapeutic relationship.
AT LEAST TWO KINDS OF ANXIETY CREATED BY CHANGE THAT LEAD TO RESISTANCE TO CHANGE

1. ANXIETY (CLASSIC RESISTANCE) BECAUSE OF DYNAMIC CONFLICT
2. ANXIETY (RESISTANCE) BECAUSE OF THE ANXIETY THAT COMES WITH THE LOSS OF COMPLEXITY WHEN OLD MEANINGS ARE DISORGANIZED TO CREATE NEW MEANINGS

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ROLE OF THERAPEUTIC EXTERNAL AFFECT REGULATION

SELF-REGULATION, ESPECIALLY IN A POORLY FUNCTIONING INDIVIDUAL MAY NOT BE SUFFICIENT TO REGULATE THEIR ANXIETY PLUS THE ANXIETY ASSOCIATED WITH THE CHANGE PROCESS

EXTERNAL REGULATION BY THERAPIST CAN DOWN REGULATE BOTH THE INDIVIDUAL’S OWN ANXIETY AND ANXIETY ABOUT CHANGE
ROLE OF EXTERNAL THERAPEUTIC AFFECT REGULATION cont.

REGULATION AND MEANING

CRITICALLY
SUCCESSFUL REGULATION IN AND OF ITSELF HAS NEW MEANINGS FOR THE PATIENT – SAFETY, INTEGRITY, TRUST, PLEASURE CONNECTION AND HOPE– AND WITH SUCCESSFUL MUTUAL REGULATION CO-CREATED MEANING MAKING MOVE FORWARD
The WORKING THERAPEUTIC RELATIONSHIP

THE NATURE OF THE THERAPEUTIC RELATIONSHIP – ITS TRANSFERENCE OR ENACTMENTS – IS GENERATED IN THE PATIENT-THERAPIST INTERACTION AT ALL MULTI-LEVELS OF MEANING BODILY PHYSIOLOGIC SYSTEM NEUORBIOLOGIC SYSTEMS AWARENESS
The Working Relationship cont.

(Transference)

The Workings of the Relationship
(Transference, Enactments)

Though often given lip service what is not focused on are all the ways different multi-levels of meaning affect the meanings exchanged in therapy.

These multilevel communications are spoken to clearly by the data we on the synchrony (or not) of skin conductance and heart rate in infants and mothers and the synchrony of heart rate in firewalkers.

Multileveled Meanings are being Exchanged.
The working relationship cont.

The firewalker findings are particularly telling because the synchrony hinged—was different—depending on the nature of the relationship between the individuals.

While we do not know how the information was transferred the transfer only occurred between individuals who had a relationship with one another. Individuals in relationships come to know each other in a thick multileveled way.

Over time in a successful therapy the patient and therapist also come to know each other in a thick multileveled way.

**Implies:**

that in the moment therapist and patient ‘read/know’ each other in a ‘thicker ways” (without awareness) and more easily form DSCs and

that the accumulation of this thicker knowing over time eventually leads to the emergence of a new insight which feels spontaneous and maybe the basis of clinical intuition.
As psychobiological states of multilevel meanings, the sense-of-self in the world, the individual’s private meanings may only be available in certain states of receptivity.
Alert interpretative states may detect the meaning in cognitions and language, symbols and the like.

**BUT**

Other states may be needed to apprehend other meanings.

Reverie states may be needed to apprehend meanings from preconscious or unconscious biopsychological levels of the individual.

Though almost forbidden some therapies and cultures touch may be needed to detect certain somatic meanings.

Bion refers to analytic work as dreaming when awake and also refers to dreaming the patient’s dream – a knowing of the patient.

Even physiologic measures may be useful in apprehending a patient’s experience which is not available to other forms of meaning making in other states.
State Specific Apprehending and Therapy, cont.

Certain meanings may only have an impact in certain states of consciousness.

Ogden points to this when he talks about reverie. Bion when he talks about waking dreams.

By contrast, being in only one state as a therapist – the ‘the therapeutic stance’ must limit the information that gets processed.

Of course the patient is in a particular and likely limiting state as well.

Thus we may need to develop an understanding of states and what kinds of meanings are conveyed in each and techniques to move into and out of these states with our patients.
Who knows what the variety of meanings there are?

We have not identified all the ways that a therapist and patient come to know certain forms of meaning, how to access them and then how to treat them.

When we do there will be still be meanings that may be available that are apprehended with explicit awareness, are apprehended and eventually formulated in explicit terms, are apprehended but cannot be formulated in aware states, or other states that we have not considered (e.g., body therapies) all of which nonetheless change states of consciousness.
Multi-leveled Meanings and the Working Relationship

With so many ways that meaning gets made at so many levels by two individuals – therapist and patient – the likelihood of messiness among the levels is obvious and likely constant and ubiquitous. Skin conductance goes up – “slow down”, heart rate goes down – “get moving”

Much of it is out of awareness.

These meanings affect their co-creation of DSCs and their way of being together -- their sense of self in relation to the other – and yet never be known.
Too Much Messiness

When the messiness of these dynamic multileveled conflicts becomes more than therapist and patient can regulate it will generate anxiety in the same way.

Leading to fixed ways of being in with each other – getting stuck – and the experience of failure of the therapy for both therapist and patient.

Such failure requires focusing on regulating the anxiety to allow for the emergence of meaning making.
Multi-leveled Meanings and the Working Relationship cont.

The messiness of multiple levels can lead mismatches between the therapist and the patient completely out of their awareness, a kind of conflict.

Now add to these private multi-leveled meaning making processes and the patient and therapist have opened the door to all sorts of mischief seen in counter-transference or a negative enactments or ineffective ways of being together and all outside awareness.
Multi-leveled Meanings and the Working Relationship cont.

Multilevel meanings suggests a multi-leveled therapeutic approach

Therapeutic techniques cannot be restricted to the domain of the explicit or the implicit or the interpretive and so on but must be work with multi-levels of meaning making.

Sometimes it likely is effective to do cognitive behavioral therapy; sometimes just behavioral therapy; sometimes somatic therapy; sometimes massage.

Such ‘eclecticism’ has a chance of getting at more levels of meaning (even when we do not know how they work).

But the eclecicism of technique needs to be framed by a theory of meaning making and the polymorphic forms of meaning to give it directionality.

Use of different approaches can change meanings in our patient’s state of consciousness.
Failure to Make Meaning
Results in a Psychopathologic Triad

Fight
Rage, Persistence, Compulsion

Flight
Helplessness, Passivity, Inaction

Freeze
Dissociation, Disconnection, Loss of Reality
Blind Selection

As to complexity governed selection there is a somewhat vicious implication:

The selective force of complexity operates moment-to-moment. It is blind to the state the system is moving toward.

Thus complexity governed selection is not necessarily adaptive, when adaptation is seen as maximizing the systems’ capacity to increase its complexity.

An individual may stay in a destructive relationship because it is the only way he or she can maintain and perhaps increase their complexity in the moment, though in the long run it may lead to the preclusion of other relationships and ways of being that might lead to expansion and to dissipation.
CONCLUSION

Humans as meaning makers – as open biological systems – have no option but to strive to increase the complexity of their states of consciousness. Were we to stop we would dissipate and experience the terror of annihilation. Successfully creating new meanings increases our complexity and brings pleasure. However, it is not as simple as either success or failure, because striving to create something new requires taking apart something old. Taking apart the old organization to create something new reduces complexity in the short run, and the reduction is experienced as anxiety. This anxiety is increased because of the knowledge that there is no guarantee of ultimate success in the creation of new meaning. An apparent way to prevent the anxiety is to remain fixed and not to change, but of course such fixedness precludes the pleasure of expanding and the fulfillment of systems principles. Thus the dilemma of striving to be a system that grows in complexity while risking dissolution is to either experience pleasure tinged with terror or to not strive to grow and never experience pleasure. Healthy humans choose pleasure and anxiety and even terror.