A Functional Analysis of Inter-Adaptation Dynamics in the Short Process of a Relational Parent-Child USE Therapy

university lector, psychotherapist Michal OMER*, PhD
Carmel College, Israel

Abstract

The relational paradox implies that only finding the courage to honestly approach the **natural non OK-ness** conflict dealing simultaneously with the "non OK-ness" of the child but not less with her own frustrations admitting her own imperfectness (by agreeing to encounter her own inner child), might release the mother's coping resources to provide the growth conditions for herself and for the child.

Key-words: USE paradigm (which includes the anachronism of Uniqueness, Setting and Equilibrium), **the natural non OK-ness** conflict, progressive scenario, regressive scenario, inter-adaptation, neural-type, neural diversity

* * *

The key concept of inter-adaptation is at the heart of the **USE** paradigm; this very subtle **E**quilibrium between the main caregiver (the primary **S**etting) and the **U**niqueness of the child, in their numerous transactions throughout the growth process of the identification and negotiations of the child's changing needs, is the thread that manages to transform isolated and fragmented steps of any dialogue between the two "partners", into a coherent stable unit of communication that eventually permits that every child states with confidence (either tacitly through his thoughts and feelings which may easily become obvious when further on they are being translated into relaxed and confident behavior or rather in explicit words which are eventually transformed or combined into conscious actions), the precious empowering message: "I know I can; I can make a difference in this world – my words / actions do matter to them."

Whether the child is either neural-typical – not presenting any significant development challenges – or a-typical – as is the case of B.B., a 5 years old girl diagnosed with PDD which will shortly be illustrated further below – he/ she can only advance on the developmental ladder, provided that this advance is adequately facilitated by the caregiver in the frame of a lovely sustaining container of relevant relationships. Only in this way is the unique child eventually enabled to access, and feel the essential competence of adapting itself to the challenging demands of the human setting in which he is gradually supposed to become a substantial integral entity.

This human inter play precondition is so self understood throughout the growth process of most typical children that it is easily taken for granted, whereas in the case of a-typical children it can enhance latent resources of competence only provided that it is being consciously accessed by the socialization agent (primarily the mother), at the service of the child's functional adaptation to the neural-typical setting, by applying adequate relational interventions, which are carefully tailored to their emotional profile.

As it usually happens with most wonderful theories, putting the USE principles into the testing of the harsh reality behind the clinical container is a demanding mission, which might last throughout one's lifespan; in some cases unfortunately this might not take place at all.

According to the USE paradigm, **the progressive scenario** implies a continuous active and synchronized adaptation of the caregiver (initially of the mother), to the intricate uniqueness of the child with developmental disorders, no

* m_o_1@walla.com

matter what and how severe his challenges might be. As Winnicot has stated, our mind cannot process the paradox of the concept of a newborn child without a mother, implying that the mother of that specific child has to be a good enough mother, that is sensitive enough to her child's needs and demands but certainly not over or under sensitive – just being a good enough one will do. The neural-typical child will manage to grow up and eventually find his own inner coping resources to leave the secure base of his home after being provided some precious milestones by the ensuring presence of his own good enough mother. His inner assertive curiosity joined by his good enough mother's approval will smoothly sustain him in the process of gaining graduate but secure independency.

This is not the case with the a-typical child, in whose case it is not enough to have just an amazingly good enough mother around, who will simply not be able to carry out the mission of dealing synchronically with his challenging uniqueness without getting herself adequate support. **Mutual inter-adapted growth/ inter-adaptation** presumes that, at first, the mother of the very a-typical child makes her best to tune herself to the challenging uniqueness that she is faced with; that real but different child who happens to be so far away from that ideal child who used to fill most of her hidden fantasies prior to the clear realization of his being so... a-typical. This first act of tuning oneself presumes a hurtful renouncement of the fantasy of the wishful ideal child who will not come true and eventually getting in terms with the harsh reality in the form of the challenging unique child who needs a very unique caring – and the sooner the better. The real unique child has been born with specific supplementary needs, besides those nurturing known ones which are common to all living children, which means that the mother as the primary caregiver should carefully recognize and learn how to meet the child's needs and forget her own agenda as to what should the child do at a certain chronological age – at least for the time being. That very unique child is going to take in the world at his own pace in his own way, and his own way might be extremely different from that of hers but – still it is **equally OK**. It is unavoidable at this stage that, in order to be able to deal with the uniqueness of the child, the very unique child's mother will need to acquire an overdose of the standard qualities of the regular good enough mother's ones – flexibility, consequence, patience, and in addition – the ability of recovering after frustrating episodes, the ability to apply for help and the reassuring realization of her own imperfectness – which might eventually also be equally OK.

When the child's uniqueness happens to differ significantly from the mother's concept of what an ideal child should be (physically and mentally whole& healthy), he/ she is subconsciously perceived by her as **the non-OK child**.

Only finding the courage to honestly approach the **natural non OK-ness** conflict dealing simultaneously with the non OK-ness of the child but not less with her own frustrations by admitting her own imperfectness (by agreeing to encounter her own inner child), might release the mother's coping resources to provide the growth conditions for herself and for the child.

The relational paradox

The changes in B.B.'s attachment style versus the rigid constancy of the mother's relational style during a 3 months period of USE therapy

B.B., a 3.3 years old girl originally diagnosed with PDD with a disorganized pattern of behavior and severe contributions of sensory challenges, had previously attained a conventional ABA therapy setting. Up to her arrival to USE therapy, the little girl did not make any substantial progress in the core disorders – that have to do with relationships, communication and logical thinking. B.B. had come to the clinic joined by her mother who stated to be ready to try the new relational USE paradigm after having heard that this model is substantially different from any conventional behaviorist therapy. The therapy started only after B.B.'s mother had agreed to commit herself to the therapeutic process by learning how to become actively involved in the therapy room and not to make do with her physical presence as she had been used so far.

B.B. gradually progressed from an initial disorganized and disoriented attachment pattern to a selectively avoidant one, while constantly avoiding her mother's presence or stubbornly clinging to her father in the few occasions that he joined her into the therapy but developing a surprisingly warm secure relationship with her therapist. B.B.'s mother was eager to attain the therapy, managing not to miss almost any single meeting in spite of the distance, the occasional harsh health or weather conditions she had to deal with but in spite of this apparent involvment she found it too difficult to keep up with the girl's rapid progress on the development ladder especially with her new unknown independence need. B.B.'s progress needed space which her mother feared to enable. Greenspan had wisely stated that the interactive axe (child parent interaction) has a substantial role in the process of

the child's progress. Although the psychological factor is not directly related to the autism phenomena – that it does not produce autism, but it may either hinder or enhance the child's growth. In B.B.'s case it seemed that this factor was the main contributing element in disturbing the affective development which took place in the course of the USE therapy while dealing effectively with her challenging constitutional issues. From the mother's fragmented attempts to synchronize with B.B. it was obvious the constant background of a dysfunctional recessive scenario which prevented her from identifying her emotional needs being continuously over worried about the child's curiosity and her wish to move ahead and try on new ways of expressing herself, demanding more and more independence. It seemed that B.B.'s mother was still being trapped in her "ideal child" fantasy which was ages away from the challenging vibrating reality of her new little girl, a child who has just discovered the world around and was stubbornly demanding to make a difference in it and do it her way. She could not afford herself to contain B.B.'s uniqueness although she might have realized that B.B. was steadily making real progress into the real world while her sense of self was emerging – it was too dangerous to let go of the child's non-OK-ness. At this stage some very intimate dialogues around common experiences initiated by the child took regularly place between her and the therapist in the therapy room while the mother kept demanding that B.B. should rigidly conform to the "laws" established by her. At the same time the parents had many disputes around dealing with B.B.'s challenges. While the mother insisted that B.B. strictly submits to her interdictions fearing the girl's new trials to explore unknown surroundings and situations and constantly demanding that B.B. should rather chose intellectual types of games, the father was prone to have fun interacting with B.B. in ways that capitalized on her emotions, managing to open and close many circles of communication in a row.

The mother's unconscious persistence to infantilize the girl while maintaining a dysfunctional lack of equilibrium in her relationship with her, seemed to do with the core difficulty of letting go of the real non OK, being able to accept her as she was – far different from the wishful child but absolutely able to develop in her unique way. This primary anxiety to face the real child with her challenges and strengths which also reflects the mother's own need to accept her imperfect inner child is defined by Judith Viorist as an essential lose that must be resolved by the mother before the little girl is being allowed to develop on the development level in her own way and master the first functional milestone of being able to express intimacy.

Paradoxically, although the mother seems committed and involved in the therapeutic process, her renunciation to the child's total dependence on her is practically not possible at this stage of her own emotional development. The act of interacting spontaneously with B.B., following her interests and letting her make real choices is too frightening for the mother, since such a step implies that she herself looks into her inner fearful mirror and comes to terms with her own imperfect hurt child. Letting B.B. chose her own way might mean that she enrolls the courage she never found to deal with imperfection – but for the sake of providing B.B.'s growth conditions this step is essential having a tremendously benefic effect on the success of the therapy but it does demand courage. Paradoxically again it is the fact of B.B.'s progress that is perceived by the mother as a potential unconscious danger at the level of her own hurt child. The mother's attachment pattern has been an anxious avoidant one all through the relational therapy, hindering her inevitable confrontation with B.B.'s challenges. This pattern had become dysfunctional when the child had became more and more connected with her own needs and wishes, developing a higher range of assertive curiosity and gradually demanding a more subtle amount of inter-adaptation.

As B.B.'s mother has difficulty in growing herself while keeping the child's pace she prefers to make do with taking care of the girl's physical wellbeing, maintaining her excessive dependence although it is not necessary anymore according to the child's obvious signals to be allowed more independence. B.B.'s mother finds it hard to accept the fact that her child has suddenly become able to communicate in a spontaneous functional way with her father and her therapist while still keeping away from her. This is a challenging stage since B.B. has become more assertive and willing to express her wishes and needs but still not well equipped to do that in a normative typical way. While the child is progressing on the developmental ladder and might strongly need some extra practice to control her own tantrums during the process of negotiating her needs, which had become clear to her but hard to be translated into behavior, B.B.'s mother fears that she is moving backward and decides to resume therapy without consulting the therapist or even giving the child the opportunity to say good bye to her. This is an example that we – as therapists – may humbly remind ourselves that in therapy as in real life there are situations that are far behind our control and in spite of this hopefully keep doing our job.

* * *

Bibliography:

- Greenspan, S. I. (editor) (2005), *Diagnostic Manual for Infancy and Early Childhood/ Mental Health, Developmental, Regulatory-Sensory Processing, Language and Learning Disorders* (ICDL-DMIC).
- Casler, L. (1961), *Maternal deprivation: a critical review of the literature*, Monographs of the Society for research in Childhood Development, 26 (2).
- Edelman, H., Addison, Wesley (1974), *Motherless Daughters, The Legacy of Loss.*
- Viorist, Judith (1988), *Necessary Losses*, Machbarot Lesifrut-Zmora Ltd.
- Winnicott, D. W. (1971), *Playing and Reality*, Routledge, London & N.Y.
- Omer, M. (2007), *The USE paradigm*, in Journal of Experiential Psychotherapy, no. 40, Ed. SPER, Bucharest.