

Self-regulation, Interactive Regulation and Infant Research

Marina Corradi

Rome, Italy

Centro Italiano di Psicologia Analitica

Giovanni Caputo

Rome, Italy

Centro Italiano di Psicologia Analitica

Antonio Firetto

Rome, Italy

As we know, Jungian thought bears within itself the idea of compensation. It is, indeed, one of the cornerstones of psychic functioning in general and of dream theory in particular. In certain phases, Jung uses the concepts of compensation and self-regulation as synonyms: “I conceive it as functional adjustment in general, an inherent self-regulation of the psychic apparatus. In this sense, I regard the activity of the *unconscious* as a balancing of the one-sidedness of the general *attitude* produced by the function of consciousness” (Jung, 1921, pg. 430). The very concept of self-regulation is central in the description of the psyche’s workings: “A psychological theory, if it is to be more than a technical makeshift, must base itself on the principle of opposition ; for without this it could only re-establish a neurotically unbalanced psyche. There is no balance, no system of self-regulation, without opposition. The psyche is just such a self-regulating system.” (Jung 1917-43, pg. 61).

Beyond Jungian thought, however, self-regulation has been the subject of study principally in the field of Infant Research, where it has been related to interactive regulation.

The term Infant Research indicates a vast area of research concerned with the study of the mother-child couple through experimental methods. One branch of Infant Research, particularly in its most recent developments (though the studies of Bowlby and also Winnicott must not be forgotten) attempts to marry these experimental observations with retrograde reconstructions of the infant experience - a technique that psychoanalysis, particularly Freudian psychoanalysis, has always proposed. Between the two evolving perspectives - the psychoanalytical one that outlines the so-called

“clinical child”, and the experimental one that attempts to get close to the “observed child” (so defined by Stern) - there are convergences, but also considerable divergences. One example among many, upon which it is not necessary to dwell, is the revision of the concept of autism and primary symbiosis; no longer considered as necessary evolutionary steps, but as pathological defence mechanisms (Stern/Mahler debate). Among the various authors who attempt to propose a connection between the psychoanalytical world and empirical results, Daniel Stern and Joseph Lichtenberg have suggested a re-reading of the infant experience beginning with the concepts of Self and of interaction. The various senses of the Self described by Stern, but also the motivational systems of Lichtenberg, can only develop through relationship with another.

The system of Self and interactions are concepts belonging to psychoanalysis, however used in the observation of infants. Self-regulation and interactive regulation, on the other hand, derive from empirical work, but have recently been applied to the clinical setting.

By regulation we mean different aspects of the psycho-physical experience; research into physiological equilibrium (sleep-wake patterns, body temperature, nutrition, etc) modulations in the self states (cohesion, unity, efficiency, identity) and feelings (vital sentiments, emotions). Self-regulation and interactive regulation are related to one another. Self-regulatory modalities, from the simple to the complex, are driven by, interact with, and accompany interactive regulatory modalities, in which a meaningful relationship with The Other is used to regulate the various states of Self. Some expressions of emotions (for example, aggression and sexuality, and in general all discreet emotions) are clearly embedded in the context of interactivity, while others are silently self-regulated (mood, vital emotions) as long as random misfortunes do not interfere.

With few exceptions (including Sander and Tronick, Emde), independent empirical studies have placed emphasis either on one or the other form of regulation (self or interactive). These concepts have slowly but surely become more precise and more clearly defined.

Following upon the 19th century principle of an insular and insulated maintenance of homeostasis (recall Claude Bernard, followed by Cannon at the beginning of the 20th century) self-regulation becomes a modality by which a “biological system” recognises an external stimulus and

responds by modifying itself. through development of the various senses of Self or through the integration of the so-called motivational systems, as conceived by Lichtenberg.

L. Sander is among the first authors in this area to propose a determining role for Self-regulation and Interactive-regulation (Sander, 1970). He described the mother-child dyad as a system whose goal is to reach and produce well-being for both mother and child. The child, according to Sander, has union-/separation- needs that contrast to those of the mother. A period of union determines a successive period of autonomous self-regulation that can be translated into explorative experiences. As soon as a new state of disequilibrium is felt (hunger, tiredness, etc) the child searches for union with its mother once more (Sander, 1977).

D. Stern insists on the importance of emotional syntonization between mother and child in the child's pre-verbal phase. This, Stern maintains, is necessary for the consolidation of the child's internal experiences and emotional development (Stern, 1985). In this way he emphasises interactive regulation.

In the recent contributions of Beebe and Lachmann, which we have chosen to discuss at greater length, the concepts of self-regulation and interactive regulation become central in the description of the reciprocal mother-child exchanges and, by analogy, in the complex verbal and non-verbal dynamics that exist between patient and therapist.

Beginning with a systemic model, these authors propose an attempt to integrate self-regulation and interactive regulation. On the basis of numerous empirical results, they affirm that from the first months of life the child and the mother are both continuously interacting "open systems". Mother and child together represent a system in which "...self- and interactive regulation are simultaneous, complementary, and optimally in dynamic balance." (Beebe and Lachmann, 2003, pg.213). These authors provide a definition of self-regulation correlated to the level of activity and vigilance: the child is awake, attentive and vigilant, when disturbed, the child can become hyper-vigilant and/or hyper-active, but also detached, drowsy, or lost in his or her own fantasies. In optimal self-regulation, however, the ability to activate a request to the other member of the dyad -- request for food, care, assistance -- that brings the levels of self-regulation to a more satisfying state is implicit. The opposing

pole of the dyad is expressed by the other member's response to this request; interactive regulation. However, the two members of the couple function in a completely bidirectional manner, both as self-regulating systems, but also as uninterrupted fonts of reciprocal exchange, in which the contribution of each has equal value (as true in the mother-child couple as it is in the patient-therapist couple). But how do the exchanges between two members of a couple come about? And what is the nature of the move to and from processes of self-regulation and interactive regulation? To explain the ways in which these two systems influence one another the authors return to the principle of Weiss' "correspondence of specificity", according to which two systems synchronise with one another on the basis of corresponding properties. That is to say, the two systems "recognise one another". This recognition comes about via various biological functions (recognition of sounds, neural tissue, etc.) If we refer to the mother-child dyad this correspondence can be described as "moments of meeting" that favour reorganisation and a sense of identity: as if reciprocal recognition (interactive regulation) influenced the capacity to act in first person on one's own self-regulation.

As we have already mentioned, Beebe and Lachmann maintain that it is possible to utilize their systemic model in the realm of patient-therapist relationships. The patient-therapist relationship is configured as an endless co-construction incorporating processes of self-regulation and interactive regulation. Obviously, one must remember that in an adult the capacity for symbolisation, abstraction and unconscious elaboration of one's own experiences produces specific effects on the interaction.

The co-construction between analyst and patient is done via a series of relational events, isolated in expected and predictable moments or consisting of successive ruptures and repairs, which represent the implicit and non-verbal plait of the relationship. To this, we add a continuum of intense emotional moments, which have an organising effect on the experience. The verbal and/or symbolic expression of this relational experience represents another and specific relational event that enters and takes its role in the process of continuous exchange. In the weave of these diverse relational possibilities, the style of self-regulation and the expectations of both patient and analyst are modified.

The interests of therapeutic change, therefore, are not helped so much by the verbal content but by the emotional structure of the dialogue between analyst and patient, constructed according to

reciprocal expectations, disconfirmations, and moments of particularly intense emotional proximity. Beebe and Lachmann highlight how continuously transforming, non-verbal modalities of communications (we might say unconscious) are present within the therapeutic relationship and influence reciprocally both patient and therapist. From this point of view the mechanisms of therapeutic self-regulation implicit in the relationship end up “regulating” aspects of the patient’s emotional life such that the psyche of the patient cannot regulate itself autonomously: a patient’s deficient self-regulatory capacity is compensated for by more vigilant self-regulation by the therapist. Translated into Jungian terms, when the mechanisms of psychic compensation of the patient’s unconscious are non activated (for example, via a dream) the therapeutic relationship performs a vital role - interactive regulation - and the unconscious mind of the therapist compensates his or her own consciousness, engaged with the relationship. Given this, the therapist’s dream activity becomes extremely important. At other times, it is a patient’s dream that regulates the therapeutic relationship.

References

- Beebe B. , Lachmann F.M., (2003) *Infant research and adult treatment : co-constructing interactions*, pg. 213, 2003 The Analytic Press
- Jung C.G., (1921), *Psychological Types*, The Collected works, vol. VI, pg. 430
- Jung C.G., (1917-1943) *Two essays on analytical psychology*, The Collected works vol. VII, pg. 61
- Sander L.W., Stechler G., Burns P, Julia H., (1970), “Early mother-infant interaction and 240 patterns of activity and sleep”, pg. 103-123, *Journal of the American Academy of Child Psychiatry*; No 1
- Sander L.W., (1977) “The regulation of exchange in the infant- caretaker system and some aspects of the contest-content relationship”, pg. 133-156, in: Lewis M., Rosembaum L., *Interaction, Conversation, and the Development of Language*, Wiley, New York
- Stern D.N., (1985) *The interpersonal world of the infant*, Basic Book, New York

