

The Art of Therapy

Cradling

Bonnie Badenoch, LMFT

Mark came to therapy knowing he was intolerable. He had been fired by half a dozen previous therapists, one of whom had said, “Get out and never ever come back.” After the first session with him, Jillian, an especially mature MFT intern, knew why. He was demeaning and angry, with a hair-trigger sensitivity to anything that threatened his defensive wall. To use Stephen Porges’ lovely words, his inner world was so shattered that there was no possibility of him having a neuroception of safety that would allow him to settle into the warmth of the relationship. The perceived peril could come in the form of a suggestion that family history might be playing a role in creating his misery, or some comment might be received as criticism and agitate the neural nets containing his belief that he is indeed the worst of the worst. Irredeemable. Sickening. Driven by this terror of himself and others, his runaway sympathetic nervous system jangled the air in the small counseling room.

Mark’s energy became a regular visitor in our supervision group as Jillian sought ways to manage the messages being received by her own rich resonating mirror neuron system, then echoing through her limbic region and body. Maintaining her own neuroception of safety was profoundly challenging as her amygdala and sympathetic nervous system responded to the constant attack. His “fight” touched her “flight.” As she suffered, the loving, empathic, neurobiologically-grounded supervision group became her cradle. She would share the thoughts and the bodily feelings that came to her mind—but did not leak into her

actions—when she was with him. Her head and body wanted to twist away, her arms wanted to push him back, her face longed to reveal feelings of revulsion and anger. She shared how she rearranged her schedule so he was not her last person of the day because she would go home with him filling her mind. With the new schedule, the feelings rattling her body and emotions regulated as she shifted her focus to work with other clients. Occasionally, with us, she cried in frustration and

upset. We held her experience tenderly, validating the devilish difficulty of the work. Each week, we talked about whether she wanted to continue, so she had the feeling of choice, rather than supervision just becoming another version of the trap that Mark tried to put her in every session. “Yes, I will continue with him,” she always said. Then, week by week, we began to work together to first build and then add synaptic strength to a picture of Mark’s inner world. If Jillian’s mind could stay rooted there, we thought there was a chance for him to make his way toward her empathy. We began to ask what might be happening in a mind so totally focused on

recreating hatred and abandonment.

Absent much history, since he refused to talk about his family, we had to paint our internal picture from current-day behaviors. Jillian’s caring observer, rooted in the middle prefrontal and active for a good part of every session in spite of the challenge, saw his eyes frozen wide in fear, while white-knuckled hands clutched the arms of the chair. Even though his words showed him to be rigidly locked in rage, his body revealed the terror



that fueled his accusations of Jillian's incompetence. On the other side of the equation, he repeated his personal mantra many times every session—"No one can help me." These clues allowed us to tentatively create a picture of early scenes of severely broken attachment that anchored implicit mental models of himself as an intolerable, rejected, shameful thing. We imagined that this neuroception of danger then shoved him into the self-protective rageful response/defense against any offer of attachment. Even if we weren't completely accurate in the picture we were creating, the calm it brought to Jillian returned her to her own center where she could again potentially be the maypole of empathy and safety around which he could dance.

We talked about how when early life is this bad, both rigidity and chaos are wired in as the poor baby's mind is jammed against the two extremes of desperate search for connection and equally critical need for protection from the very person who is the target of that attachment. We might picture the lack of maternal warmth and goodness generating chaos as a brain primed for attachment can't find a point of connection. In response, he develops a rageful defense that is both rigid in the consistency of its appearance and chaotic in the energy it pushes into relationships. Inwardly, he remains tortured by the intense need for connection and the terror that forces him to drive all people away. We talked about how these rigid, isolated neural nets, carrying implicit-only information, leave him without the ability to be in the present enough to choose a different behavior.

Out of all this, we began to see him as a baby burned over most of his body, yearning for comfort, but unable to be touched because that would hurt worse. This picture of desperate need combined with inability to take in soothing turned the tide for Jillian. Her much more integrated brain meant she had mental models of flexibility and choice, so she was able to choose to latch onto this image and all that it meant, rather than be swept away by his invitation into chaos. On this foundation, in supervision, we began to hold this burned baby in all our minds, supporting Jillian and building representations that could anchor her in the storm of his terror-driven behaviors.

These images and the feeling of empathy they generated provided solid buffering for Jillian's inner world when her limbic system would be stimulated by accusations and despair. As she remained more centered in her middle prefrontal, her resonance circuits began to support continued empathy rather than entangle her in a battle with her own limbic perceptual biases. She viscerally felt his anguish while maintaining the ability to understand the meaning of these feelings. As the weeks continued, she was able to sustain this mindfulness for longer and longer periods with him, neither shutting down the empathy and separating from him, nor getting drawn into the chaotic swirl of the emotional surge.

Then, one day, Jillian became all cradle, fully holding Mark without any other impulses welling up inside to divide her empathy. She was able to rest in the inner representation of this burned, untouchable baby that we had made together in supervision. With heroic strength, she remained densely empathic and centered at the same time.

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We imagine that this atmosphere of complete safety created the conditions for him to open this isolated neural net to waves of integrating comfort, because he began to sob. Both were held in an intense, extended period of transformation lasting the rest of the session. At the door, Mark reached out to take Jillian's hand for the first time, and looked straight into her eyes with vulnerability and openness.

When these momentous shifts happen, none of us knows if there will be sufficient neural integration to carry the therapy down a new road, or if this will be but one step toward making some permanent shifts. It was very important for Jillian to approach their subsequent meeting with this kind of openness to whatever happened next, so that her expectation of continued connection didn't leave her vulnerable to being disappointed, with Mark then sensing that discouragement.

At our next supervision, Jillian told us that the change held so far. He was softer, more available, more open to Jillian joining him, touching him with her compassionate words and flowing empathy. He looked at her more often, absorbing the nuances of her nonverbal offer of care. His ability to allow her so close brought a rush of relief

and strong connection for her as well. Where once there was effort to maintain her side of the connection against the tide of chaos, now there was lovely mutual regulation.

About a month later came the biggest test. Jillian went on vacation for ten days. In supervision, we all prepared for any eventuality. It could be that new waves of abandonment would temporarily overwhelm the fragile attachment. On the other hand, maybe the magnitude of the internalization accomplished in the intensity of these few sessions would hold Mark in her absence. On her return, rather than giving in to anxiety about the outcome, Jillian brought her full empathic self to the reunion. Mark looked directly at her, and told her how glad he was that she was safely home. They picked up without even a bump in the road.

Now, the easier part of the work began to unfold. Mark cried nearly every session. With increasing ease, he talked about his history, using it as a gateway to bring Jillian into his life-long suffering. Just as our supervision group had held the pain together, we erupted in celebration as Jillian now brought us this joyous news. Laughter bloomed as we reflected on how crazy or sadistic we would sound to most people as we rejoiced in his growing ability to richly express his pain.

In subsequent sessions, new anger began to emerge, but it was entirely different this time.

Mark invited Jillian to an awards dinner where he was going to be honored. With great gentleness, she talked about how important it was to preserve the boundaries of their relationship so he would always have a safe place to be exactly as he needed to be. While his adult self understood, his rejected child felt the loss acutely. This perceived break in attachment led him to be so angry that he couldn't have her everywhere in his life to fully repair the damage done by his abusive and neglectful mother.

There was no real pushing away in this anger, no despair, but instead simply a child's cry of painful protest at not being able to have his mother when he most needed her. Consequently, the rage quickly gave way to anguished tears as all the years of abandonment welled up in the room to be met by Jillian's easy empathy and comfort. This anger presented no challenge at all to Jillian's sense of connection because it was all about pain rather than defense. They were flourishing as a couple.

As his recovery gained roots, it became clear that Mark was helping increase Jillian's storehouse of strength and hope, indirectly benefiting every client she saw. Not only that, but all of us in supervision felt heartened and encouraged in our work as this beautiful dance resonated through our bodies, brains, and minds. We have come to rejoice in the truth that, at the end of the day, all of us—clients and therapists alike—are participating in a symphony of increasing complexity, well-being, and joy.

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In addition to an MA in Marriage and Family Therapy, Bonnie Badenoch's doctorate in comparative religions from the University of Oriental Studies provides her with a broad view of issues of meaning and healing. As Executive Director/Senior Clinical Director at Center for Hope and Healing in Irvine, California, she works with a staff of marriage and family therapists, interns and child counselors, who find deep joy in supporting the recovery of individuals and families who have been devastated by abuse, neglect, and other kinds of intergenerational chaos. Bonnie has been a member of Dan Siegel's study group since January of 2005, and began studying and integrating IPNB with CHH's attachment-based theoretical model in 2003. It is her privilege to also share the insights of IPNB with fellow clinicians and the community. You can visit CHH's website www.centerforhopeandhealing.org or you can contact Bonnie at BonnieB@centerforhopeandhealing.org.

We are cradlers of secrets. Every day patients grace us with their secrets, often never before shared. Receiving such secrets is a privilege given to very few... Sometimes the secrets scorch me... other secrets pulsate within me... still others sadden me. Being a cradler of secrets has, as the years have passed, made me gentler and more accepting.
Irvin Yalom, MD, *The Gift of Therapy*