

Vitality and Disappointment

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*“There is a vitality, a life force, an energy,
a quickening
that is translated through you into action.
And because there is only one you in all time,
this expression is unique.
And if you block it,
It will never exist through any other medium.
The world will not have it.
It is not your business to determine how good it is,
nor how valuable.
nor how it compares with other expressions.
It is your business to keep it yours clearly and
directly
to keep the channels open.”
Martha Graham*

A young child is playing at the beach and finds a small, broken shell. With great excitement, he runs to his parents and declares, “Look at this pretty shell.” His father, recovering from a hangover, barely looks up. His mother, frustrated and depressed, looks at the excited young child and declares, “That shell is broken, and we don’t have room for any more of your trinkets.” The child loses his smile and folds in disappointment, returning to his play with less vigor and enthusiasm.

Another child on the same beach finds an ordinary pebble and runs to his parents. The mother and father both sit up and praise the child on his discovery. The pebble is gathered up and placed in a row along with the other “treasures” found along the beach today. These will be taken home and admired. This child goes back to search with increased vigor and excitement about the possibility of the next experience. Each of these children has had an experience that will shape the way he develops and engages with the world, an experience that encourages or discourages his vitality.

Vitality is derived from the Latin verb *vivere*, “to live.” It is defined as “the peculiarity distinguishing the living from the non-living” and “the capacity to live and develop” (Webster, 1985). Understanding vitality is particularly useful in psychotherapy as we are intimately involved with our clients’ capacity to live and develop. The concept of vitality opens a unique perspective on attuning to our clients that has not been addressed often in our literature.

In his extensive observational research on infants, Daniel Stern (1985) defined a distinct phenomenon that he named *vitality affect*. Stern distinguishes vitality affect from the more Darwinian perspective of categorical emotional affect. His distinction allows a break from the reductionist constraints that assign emotion and energy to an instinctual category of human experience. Categorical emotional affect involves either an emotional response to a specific environmental stimulus or an affect intended to invoke a response to fulfill active biological needs and drives. From Stern’s perspective, emotions are discrete events. Vitality, however, is not an isolated affective event but is rather a continuous energetic experience.

Tracking and attuning with vitality affects permit one human to ‘be with’ another in the sense of sharing likely inner experiences on an almost continuous basis. This is exactly our experience of feeling-connectedness, of being in attunement with another. It feels like an unbroken line(p. 157)

Stern considers unbroken connectedness to be “essential to an understanding of attunement” (p. 156) and considers the ability of the mother to attune to be the primary environmental factor in the early stages of infant development. When a child experiences

a lack of attunement or loss of connection with his caregivers, he experiences a disappointment. Disappointment is defined as “the failure to live up to the expectation of hope” (Webster, 1985). A loss of hope leaves one unable to engage with life and pursue one’s natural course of development, and disappointment thus results in a loss of vitality. The child whose hopes are unfulfilled and whose vitality is not sufficiently attuned to must make some accommodation in order to tolerate the feelings of futility and the possibility of annihilation.

In an environment where the parents are unable to sufficiently or consistently attune to the child’s vitality affect, disappointment may become a habitual response. In most families, good enough parenting enables the child to tolerate deficits in attunement. Sufficient parenting allows the child to develop the means to accommodate disappointments and tolerate the anxiety evoked when faced with hopelessness. Yet even with sufficient parenting, the child may be left with a constant sense of dread or disappointment and be labeled a pessimist. He may choose to avoid situations which evoke the possibility of being let down by friends, lovers, or his therapist. He may lack the ability to experience and express hope in a more concrete and realizable way. For many, this means being satisfied with far less than one might achieve and a lack of capacity for artistic and creative endeavors. The ability to sublimate may be lost in the accommodation of disappointment. Hopes and dreams become unfulfillable longings. A life lived in disappointment becomes drudgery and lacks creativity because the ability to express oneself creatively and fully is born out of the capacity to hope, dream and realize.

Winnicott speaks of babies who have been ‘let down’ versus babies who have not been ‘let down’ (1989, p. 260). He acknowledges,

...the world of human beings is not made up of examples of these two extremes. Those who are started off well, as most babies surely are, may be let down at later stages and suffer traumata of a kind; and per contra babies who have been badly let down in early stages may be almost “cured” of their disastrous beginnings by therapeutic care at later stages” (p. 260).

Often, the mother is ill equipped to attune and mirror energetically to her child due to a deficit in her own vitality. Winnicott explores the dynamic of the depressed mother whose child has to organize to “counteract the mother’s mood all of the twenty-four hours.” He describes these children as being “like the Danaides in Greek myth who are doomed to carry water in buckets that have holes in them” (1989, p. 248). In these cases, the mother’s lack of vitality creates an impoverished environment where the child expends her vital energy propping up the mother in order to ensure her own survival. In other cases, a mismatch of temperament can result in a mother’s inability to tolerate the affective nature of the child and cripple the ability of the mother to attune.

Many of the clients that I encounter in my practice have experienced deficits of mirroring and attunement rather than a more profound lack. So, rather than being troubled by some severe psychopathology or psychosis, they experience dissatisfaction, a lack of fulfillment, or some generalized disappointment with their lives. Often this is expressed as pessimism or the anticipation of disappointment in whatever is approaching. A client, divulging an upcoming visit from her family said, “I always dread these visits and expect them to be difficult. We won’t know what to do together and things will go badly.” Upon her return the following week, she described the visit from her family with some surprise, “It didn’t go that badly after all.” I have witnessed the phenomenon of clients expecting

things to go badly often and at many different levels of intensity and have wondered at its utility. For many clients, anticipating disappointment allows them to tolerate the possibility of being crushed once again while leaving hope as a yet undefined and unapproachable possibility.

The idea that the mother’s energetic and continuous attunement results in an increase in a child’s capacity for aliveness contrasts starkly with a more classic Freudian viewpoint. Drive theory proposes that an organism has to resolve a fundamental conflict between an instinctual movement towards death and a drive toward creation and the prolongation of life (1961). For Stern, the concepts of libido and drive derived from an instinctual source are not validated. For me, Freud’s Pleasure Principle corresponds to vitality and the Death Instinct to a loss of hope. I prefer to believe that environmental factors contribute more than instinct to the development of one’s ability to engage actively with life.

Although many therapies focus on verbal interaction, Stern’s perspective on attunement is drawn from observations of infants in the pre-verbal and early post-verbal stages. Stern’s concept of energetic and continuous attunement has an important impact on the therapeutic attitude while working with someone with a deficit of vitality. While instinct and drive may be impossible to influence, developmental deficits can be healed through reparative relational experiences. In fact, Stern advocated Self-Psychology as an approach to working with developmental deficits (1989). Influenced by Kohut’s writings and Stern’s research, theorists have enhanced and incorporated many of the concepts from Self-Psychology into emerging therapeutic frameworks.

While many therapeutic approaches support the use of presence and attunement, I prefer a relational approach when working with a deficit in vitality. This deficit, created by a fundamental lack of relational presence, is not a characterological disorder or a specific pathology that can be influenced by means of intervention, interpretation, or genetic construction (Etchegoyan, 1991). Vitality and hope are fostered by the energetic presence and attunement of the therapist through the vehicle of relationship. In early childhood, the consistent energetic presence and attention of the mother create the inner experience of vitality in the infant. So the experience of another who attunes and mirrors consistently may encourage a resurgence of hope and vitality at later stages of development. I do not mean to suggest that relational approaches do not incorporate interpretation and construction. However, I do believe that an objective analytic approach although useful for integrating the experiences of loss may not be sufficient to rekindle the flame of vitality.

Through a relational approach, the psychotherapist can mobilize energetic presence as a significant part of the therapeutic interaction in order to increase the client’s experience of vitality. Dialog and interaction become a part of the therapeutic frame and allow the experience of connection to come alive in the room. The relational field encourages the energetic presence of the therapist in relationship with the client and helps to create the sense of “continuous presence” that Stern emphasized (1985). Working in the relational field creates unique challenges, demands more presence and availability on the part of the therapist and requires mindfulness in the conduct of the relationship with the client. Relational approaches to Psychotherapy are the subject of much research and discussion in our field currently. This is a subject I encourage you to explore.

Realizing the origins of disappointment and the link between disappointment and a deficit of vitality will help move the therapy beyond reconstructing and fixing. Understanding the dynamics of attunement may help us to use the most important tool available to us: ourselves. Through a relational approach, the psychotherapist can mobilize energetic presence as a significant part of the therapeutic interaction in order to increase the client’s experience of vitality.

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