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PowerPoint handouts

Working with Relational Trauma Dealing with Disorganised Attachment online training

SESSION 1

- I developed dissociative identity disorder (DID) as a result of childhood abuse
- DID is a creative coping mechanism for surviving otherwise unendurable trauma
- I grew up in a 'standard middle-class family'
- Lack of love from a mother can feel worse than extremes of abuse



SESSION 1

- Dissociative disorders:
 - A sign of mental **health**?
 - The brain's best way of coping with trauma
 - My brain had reacted **right**
 - The abuse was what was **wrong**



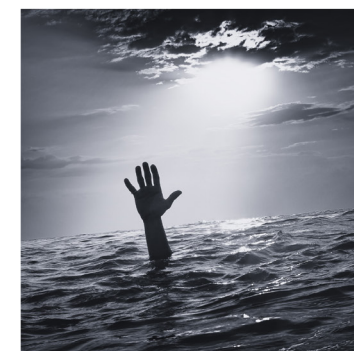
SESSION 1

- Dissociative disorders:
 - A sign of mental **health**?
 - The brain's best way of coping with trauma
 - My brain had reacted **right**
 - The abuse was what was **wrong**
- Rejection of the 'medical model'



SESSION 1

- We are people who are distressed by the things that have happened to us
- Our labels represent 'unhealed suffering'
- Trauma and abuse are experiences of profound powerlessness



SESSION 1

- 'Borderline personality disorder' is what you call people you don't like' (John Briere)
- It is difficult to heal from neglect and abuse in 'treatment pathways' that neglect and abuse us
- We are led to believe that there is something fundamentally wrong with us as people



SESSION 1

- We don't have 'piano deficiency disorder'
- We've just never had the chance to learn to play!
- We have suffered major **disturbances of relationship**
- But healing is possible!



SESSION 1

- Therapists as human beings coming alongside us
- Recovery takes place when the therapist is a secure base who helps us to see ourselves differently
- Christine Courtois: 'The therapy relationship **is** the therapy.'



SESSION 1

- We cannot heal from relational trauma on our own
- Our brains are wired by interactions with other people
- 'Attachment' is the imprint of a human being on another's brain
- If we expose ourselves to new experiences, they can change





SESSION 1



In your experience, at what point or in what way does someone 'with a problem' become a 'problem person'?

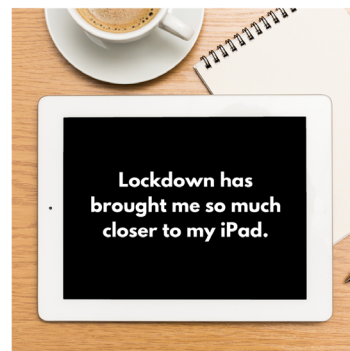
What sense have you made so far of your own relational history?

In what ways have you ever left the front door of your life open?

SESSION 2

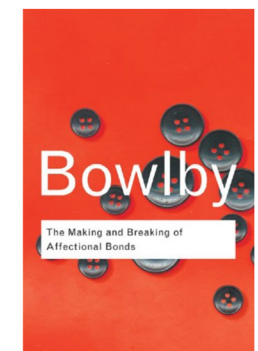
'Attachment theory has been defined as a way of understanding why human beings tend to form specific and long-lasting relationships with particular others and why disruptions or conflicts in these relationships can result in psychological, psycho-somatic and psycho-social disturbance.'

International Attachment Network



SESSION 2

- Attachment theory:
 - John Bowlby
 - Mary Ainsworth
 - Mary Main
 - and many others



SESSION 2

'[For good mental health] ... the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment.'

(Bowlby, 1951, p.13)



SESSION 2

- An instinctual bond based on more than just 'she meets my needs by feeding me': based in survival and soothing
- Our emotions (and our ability to manage them) are linked to our early relationships
- Attachment is an innate, biologically-driven instinct which is based around survival



SESSION 2

- The attachment relationship is **absolutely critical** to the infant's physical and emotional survival
- Attachment comprises a whole system of behaviours: a 'social engagement' system that invites adults to take care of us



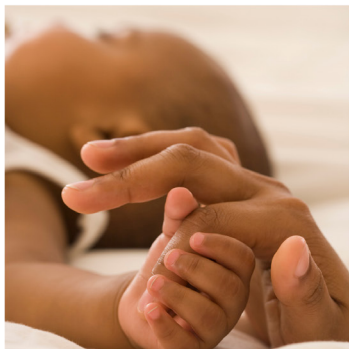
SESSION 2

- Because the relationship is fundamental to survival, the infant **must** adapt to the caregiver's behaviour
- 'Patterns of behaviour' which elicit 'patterns of response'



SESSION 2

- We have a set of inborn, instinctively-guided responses to threat and security:
- Seeking, monitoring, and attempting to maintain proximity to a protective attachment figure
- Using our attachment figure as a secure base
- Fleeing to an attachment figure as a safe haven in situations of danger or moments of alarm



SESSION 2

- Who do you like to spend time with? (proximity-seeking)
- Who do you feel you can always count on? (secure base)
- Who do you turn to for comfort when you're feeling down? (safe haven)



SESSION 2



How and with whom do I demonstrate the following attachment behaviours in my life:

- Seeking, monitoring, and attempting to maintain proximity to a protective attachment figure?
 - Using an attachment figure as a secure base?
- Fleeing to an attachment figure as a safe haven in situations of danger and moments of alarm?

SESSION 3

- Not just about actual, literal proximity
- The infant's **expectation** of the caregiver's availability
- 'Attunement' or 'felt security'
- Expectations = 'internal working models'
- Do I elicit help and support by **showing** emotion or **hiding** emotion?



SESSION 3

- Mary Ainsworth's naturalistic studies in Uganda and Baltimore
- Came up with three initial categories for attachment:
 - Secure (emotionally balanced)
 - Insecure-avoidant (emotionally lower)
 - Insecure-ambivalent (emotionally higher)



SESSION 3

- The Strange Situation
 - Structured laboratory experiment
 - 20 minute procedure
 - Mother and 12-month-old in a pleasant room with toys in it
 - Observed through a one-way mirror
 - Series of 3-minute 'episodes'



SESSION 3

	Secure	Insecure-Ambivalent	Insecure-Avoidant
Secure base behaviour	Able to explore and play	Sometimes had difficulty exploring: preoccupied with mother's whereabouts	Able to explore and play (in some cases, happier than the secure children)
Response to stranger	Varying degrees of wariness	Varying degrees of wariness	Varying degrees of wariness
Response to mother leaving	Varying degrees of distress	Varying degrees of distress	Varying degrees of distress
Reunion	Positive, easily comforted	Negative: refused to be comforted and some became even more distressed	Seemingly positive (quickly soothed and return to play) but actually negative (lacks warmth/contact)

SESSION 3

	Secure	Insecure-Ambivalent	Insecure-Avoidant
Mothers who were ...	<ul style="list-style-type: none"> • warm • sensitive • attuned 	<ul style="list-style-type: none"> • unpredictable • inconsistent • full of their own problems • not attuned 	<ul style="list-style-type: none"> • hostile • rejecting • uncomfortable with shows of emotion or neediness

SESSION 3

What they are in effect saying about their mother

Secure	'I trust you to help me with my feelings and I know that all I need to do is ask for your help and you'll help. You care about my feelings and you care about helping me with them.'
Insecure-Ambivalent	'I will be safe if I can get you to stay close. But you're unpredictable. Sometimes you're there for me, and sometimes you're not. Therefore I'd better shout and scream really loudly to make sure you notice me and hang around. When I need help in the future, I'll have to kick up a fuss to get it.'
Insecure-Avoidant	'When I get upset and show emotion, you don't like it and you get angry with me or reject me. So I'll shut off my feelings so that I don't wind you up. That way I can keep you close rather than driving you away. I'll put up and shut up and forget about the rejection.'

SESSION 3



Do you feel comfortable with people expressing their emotions? Do you feel comfortable expressing yours?

To what extent could 'insecure-ambivalent' be interpreted as attention-seeking?

How can you encourage insecure-avoidants to speak up about their feelings?

SESSION 4

- Behaviour didn't fit the classic categories
- Responses in the 'reunion phase' were 'inexplicable, contradictory or bizarre'
- All had an additional classification



SESSION 4

- The attachment figure is both the safe haven **and** the source of danger
- Contradictory impulses of 'approach and avoid'
- Liotti: disorganised attachment, dissociation and trauma are three strands of a single braid
- The attachment figure is 'frightened and frightening' and/or dissociative



SESSION 4

‘Disorganised attachment is not an attachment ‘style’ in its own right: children display DA-behaviour under specific conditions of activation but their overall attachment pattern resolves into one of the three organisations as soon as the specific threat that led to their disorganised behaviour disappears.’

(Shemmings & Shemmings, 2011)



SESSION 4

- Resolution of disorganised attachment to primary attachment classification:
 - 43% → insecure-ambivalent
 - 34% → insecure-avoidant
 - 14% → secure



SESSION 4

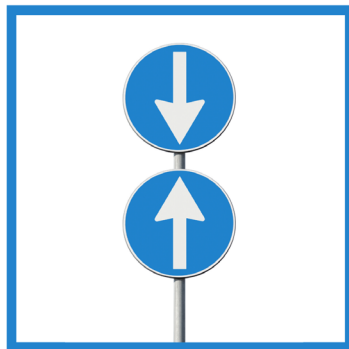
	What they are in effect saying about their mother
Secure	‘I trust you to help me with my feelings and I know that all I need to do is ask for your help and you’ll help. You care about my feelings and you care about helping me with them’
Insecure-Ambivalent	‘I will be safe if I can get you to stay close. But you’re unpredictable. Sometimes you’re there for me, and sometimes you’re not. Therefore I’d better shout and scream really loudly to make sure you notice me and hang around. When I need help in the future, I’ll have to kick up a fuss to get it.’
Insecure-Avoidant	‘When I get upset and show emotion, you don’t like it and you get angry with me or reject me. So I’ll shut off my feelings so that I don’t wind you up. That way I can keep you close rather than driving you away. I’ll put up and shut up and forget about the rejection.’
Disorganised	‘You scare me! I need you but I can’t cope with you and it doesn’t look like you can cope with me either.’

SESSION 4

	Strategy
Secure	‘I just need to ask for help to get my mother to stay close.’
Insecure-Ambivalent	‘If I scream for attention, I can get my mother to stay close.’
Insecure-Avoidant	‘If I hide my emotions and my need, I can get my mother to stay close.’
Disorganised	‘There’s nothing I can do to get my mother to stay close.’ Collapse of strategy: ‘fright without solution’ (Main & Hesse, 1992)

SESSION 4

- 'Contradictory intentions based in fear'
- Child/adult doesn't know what **to do** to cope with stressful situations
- Tendency to dissociate or shut down because of 'fright without solution'
- No organised strategy for managing distress
- Therapy can help to teach 'affect regulation' strategies and self-soothing



SESSION 4

- Disorganised-attached behaviours in response to attachment-related stimuli or people
- 'The lack of an organised strategy to seek and maintain proximity when the attachment system is activated' (David Shemmings)
- 'I don't know what to do to be near you or get you to help me.'



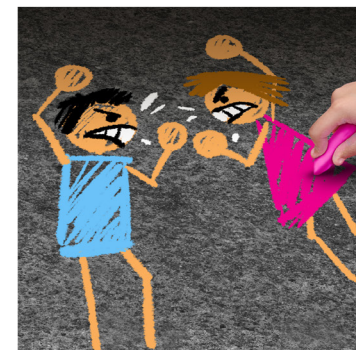
SESSION 4

- Disorganised attachment is not a personality trait or inborn characteristics
- It is a 'relationship-specific phenomenon'
- Low-risk, middle-class research samples: 14% showed signs of DA
- 25% in poorer samples
- 48%-90% of maltreated children



SESSION 4

- The child's experience of a 'frightening or frightened parent':
 - Frightening/threatening behaviours
 - Behaviours indicating fear of the child
 - Dissociative behaviours
 - Timid, deferential or sexualised behaviour towards the child
 - Disoriented or disorganised behaviours



SESSION 4



SESSION 5

- 'Pushing the boundaries'
- 'Keep your boundaries'
- Is it a negative word?
- Or is it a positive word?



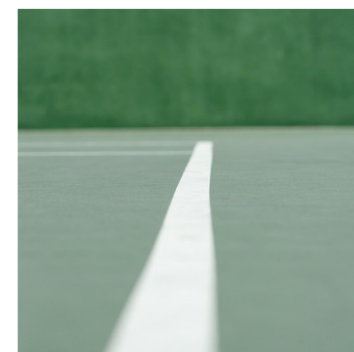
SESSION 5

- Easier to grasp the concept of boundary violations if it's actual active acts of abuse
- Harder to grasp when it's insidious and manipulative
- We cannot heal from the effects of boundary violations in contexts that also violate our boundaries



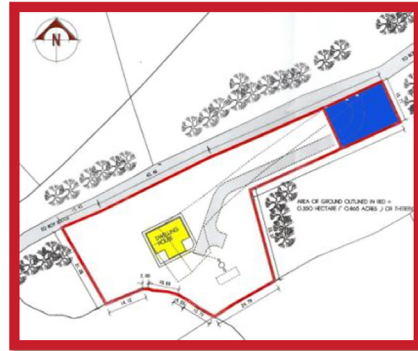
SESSION 5

- A boundary is not a rule!
- A boundary is an invisible line that defines:
 - Who we are and who we're not
 - Where we start and where we end
 - What's ours and what isn't
 - What we're responsible for and what we're not



SESSION 5

- Where does our property start and end?
- Which fences are we responsible for?
- Does anyone have a right of way over our property?
- Will there be a flyover in our back garden?!



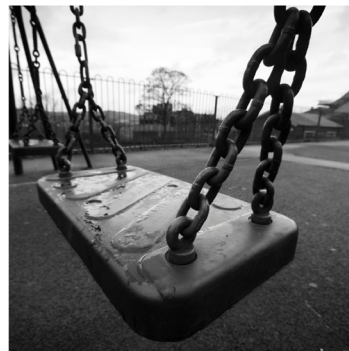
SESSION 5

- Our most basic boundary is our skin
- It defines our body – where it starts and where it ends
- I am responsible for everything that takes place in my body!



SESSION 5

- Study of children in a playground
- Felt safer to explore when the boundary was clearly marked
- Boundaries can give us a **greater** sense of freedom



SESSION 5

- Our life is like a 'garden'
- What's in **my** garden?
- I am responsible for my own garden, but not the garden of others
- I need to mow **my** lawn!



SESSION 5

- We grow up from childhood into adulthood to become an autonomous individual with free will and responsibility for ourselves



Even if I grow old, I'll never grow up.

SESSION 5

- Abuse messes up our sense of boundaries
- It teaches us that we don't have any real sense of ownership or control over our gardens
- That's the process we need to repair



SESSION 5

- We can feel powerless to stop people defacing our gardens
- We can feel powerless to be responsible for our gardens
- 'Rather than expecting that they can develop tools for self-soothing, the disempowered client feels totally reliant on others.'

(Chu, 2011, p.181)



SESSION 5

- Recovery involves figuring out where our boundary lines are
- 'This is mine'
- 'This ISN'T yours – so clear off!'
- I alone am responsible for my garden
- And I need to get my nose out of other people's gardens



SESSION 5

- 'Proxy gardening'!
- What is in our 'garden'?
 - Feelings
 - Thoughts
 - Beliefs
 - Desires
 - Needs
 - Hopes
 - Behaviours



SESSION 5

- 'Grass' (our feelings) grows even when we're not looking!
- Outside factors cause the grass to grow
- Quality of the 'soil' is a factor
- How much 'crap' has been dumped on it is a factor
- It's not fair, but it's still our responsibility because it's in our garden



SESSION 5

- Abusers barged into our gardens and crapped in our borders!
- But some of them also forced us to do their gardening for them!



SESSION 5



Whose garden do you spend most time tending?

Which aspects of your garden do you feel most out of control of?

Which aspect of 'gardening' do you feel you need to work on?

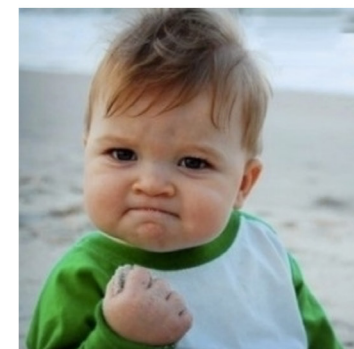
SESSION 6

- My family didn't do conflict!
- Golden rules:
 - 'Don't upset your mother!'
 - 'Don't talk back!'
 - 'Don't have feelings!'
 - 'Don't ever disagree with us!'
- Best just to avoid conflict?



SESSION 6

- Secure attachment:
 - '... to grow up in an environment where negative emotions can be tolerated and where they do not adversely affect the relationship.'



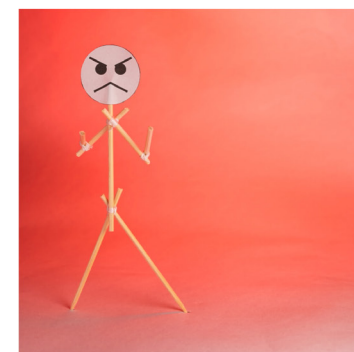
SESSION 6

- 'You can feel whatever it is that you're feeling and that's okay'
- 'That's your grass and it's in your garden'
- 'I've got my own grass, my own feelings, and they're in my garden, so that's okay too'
- 'We can live with each other happily despite having different lawns'



SESSION 6

- 'I don't do anger'
- Anger is a positive emotion which helps us to erect boundaries and protect ourselves/others
- Anger should not be used to destroy a person or a relationship
- Anger should be used to tackle a situation which **otherwise would destroy** a person or relationship



SESSION 6

	Response to disconnection
Secure	They cried and showed it! But were able to reconnect quickly.
Insecure-Ambivalent	They were really angry! They protested and showed it. But they couldn't be soothed from it.
Insecure-Avoidant	They cried but only showed it in the mother's absence. They were dismissive and pretended it didn't matter when she came back in. They only reconnected superficially.
Disorganised	Collapse of an organised strategy. I don't know if I'm angry or not! Dissociative state = "What conflict?!"

SESSION 6

- Constance Dalenberg (2000) survey of trauma survivors who had completed therapy
- 'Therapists who were non self-disclosing were the most difficult to relate to'
- Therapists who were uncomfortable disclosing their here-and-now **feelings** in the relationship
- These therapists tended to 'act out' instead



SESSION 6

'It may take considerable courage for a therapist to admit to anger, but doing so has a number of readily identifiable benefits. It teaches that anger is an emotion like any other than can be managed through assertion and communication, that it does not have to be explosive and harmful, and that its resolution means that it does not simmer and come out in passive-aggressive and displaced ways. Clients with complex trauma gain a new perspective on relationships when they learn firsthand that they can be angry and still maintain attachment, in contrast to many experiences of the past in which anger was scathing and a prompt for criticism and for relational cutoff.'

(Courtois & Ford, 2013, p.286)

SESSION 6



How do you tend to respond
when you're angry?

How comfortable would you feel in admitting
your anger to your client/therapist?

What might some of the pitfalls be of
expressing anger in the therapy room?

SESSION 7

- At birth a baby's brain is mostly unformed
- Only the reptilian brain is fully online
- Brain cells (neurons) exist but are not joined up
- Synapses (connections between brain cells) form based on exposure to experience in the environment



SESSION 7

- Our brain needs experience to grow (e.g. sight, sound)
- At the peak of development, an infant's brain creates 1.8 million new synapses every second
- 'Neurons that fire together wire together'
- 'Neurons that fire apart depart'



SESSION 7

- Brain releases stress hormones (cortisol, adrenaline) during distress
- An attuned response from a caregiver will stop the flow of stress hormones
- It will also release 'feel-good' hormones (oxytocin and serotonin)



SESSION 7

- A baby's brain when soothed:
 - Develops more receptors for 'feel-good' hormones
 - Develops links between 'thinking front brain' and survival-based emotional 'back brain'
- Through repeated experiences of soothing, a baby learns to manage emotion



SESSION 7

- If there is no soothing:
 - Active abuse floods the blood with toxic levels of stress hormones (acts like acid)
 - Can result in 20-30% reduction in brain mass (Ahlander, 2002)
 - Fewer receptors for 'feel good' hormones
 - Fewer connections between front and back brain



SESSION 7

- There is no 'good' or 'bad' attachment style
- It is simply an **adaptation** to the childhood environment
- We are not to 'blame'
- 'Blame' is a less helpful approach than compassion and understanding



SESSION 7

- In attachment terms we 'see' key things in the environment dependent on our style
 - Insecure-ambivalents 'see' more shades of green in relationships
 - Insecure-avoidants 'see' the blue of the task much more obviously

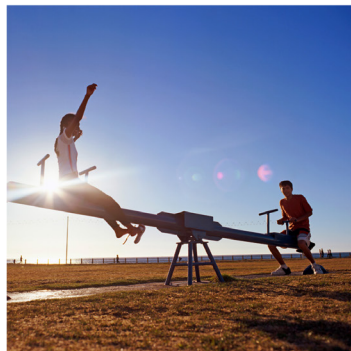


SESSION 7

Peer relationships	Secure	Insecure-Ambivalent	Insecure-Avoidant
Secure	Good	Mostly good due to secure person's ability to adapt (reassuring to relationship needs)	Mostly good due to secure person's ability to adapt (agrees to focus on task)
Insecure-Ambivalent	Mostly good due to secure person's ability to adapt (reassuring to relationship needs)	Sometimes good (empathic to each other's attachment needs)	Poor: avoidant tended to persecute the ambivalent
Insecure-Avoidant	Mostly good due to secure person's ability to adapt (agrees to focus on task)	Poor: avoidant tended to persecute the ambivalent.	Sometimes good (both focused on task)

SESSION 7

- Insecure-avoidants tend to take the 'one up' position
- Insecure-ambivalents tend to take the 'one down' position
- On a personal level but also at a societal level
- And also in the therapeutic relationship



SESSION 7

- Brain scan variations:
 - Insecure-ambivalent: a lot of right brain activation
 - Insecure-avoidant: a lot of left brain activation
 - Secure: balanced activation
 - Disorganised: very little activation



SESSION 7

- Therapeutic goal: balanced and integrated left/right-brain processes?
 - Insecure-ambivalent: more thinking and reflecting
 - Insecure-avoidant: more feeling
 - Left brain: words, detail, criticalness
 - Right brain: feelings, bodily states, global, intuitive



SESSION 7



Do you tend to see blues more (focus on the task)? Or do you tend to see greens more (focus on the relationship)?

Are you more left-brain or right-brain?

Are there significant differences between you and your therapist/client/partner?

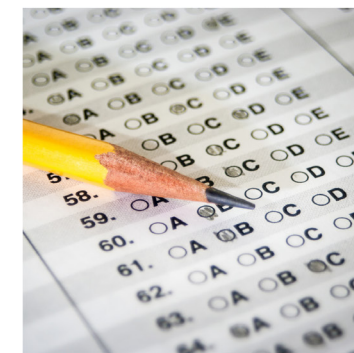
SESSION 8

- The brain develops along certain pathways that become difficult to move off
- Behaviours were just 'a manifestation of the way the child has mentally encoded information relevant to attachment'
- Develops an 'internal working model' to predict the attachment figure



SESSION 8

- Adult Attachment Interview (Mary Main)
- Talking about their attachment relationships from childhood
- Not interested so much in **what** they said as **how** they said it – **process not content**
- Questions 'surprise the unconscious'



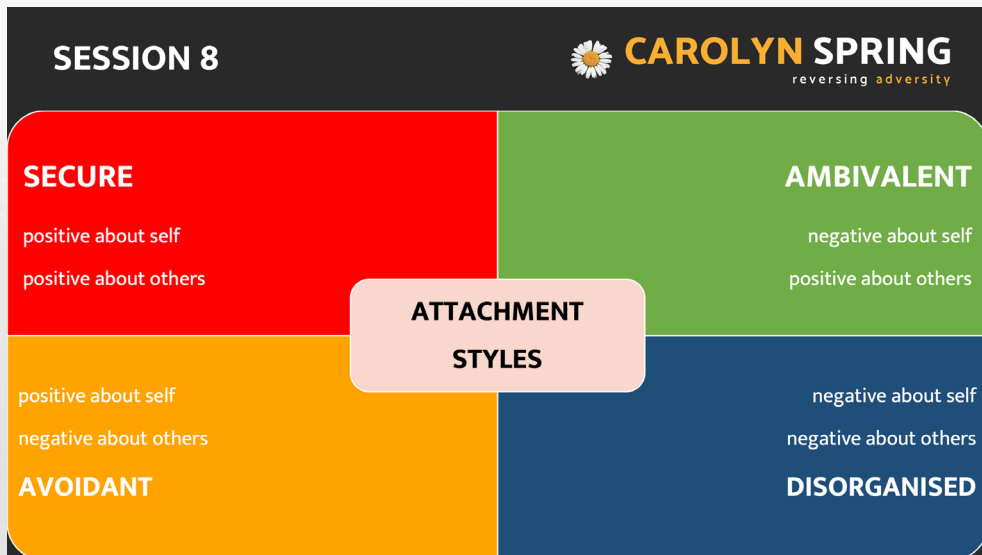
SESSION 8


Adult Attachment Interview	Strange Situation classification
Secure/autonomous <ul style="list-style-type: none"> • coherent, collaborative, consistent discourse • objective and reflective 	Secure <ul style="list-style-type: none"> • positive reunion with mother • easily comforted • returns to play
Preoccupied <ul style="list-style-type: none"> • incoherent, rambling discourse • preoccupied with past attachment relationships or events 	Insecure-Ambivalent <ul style="list-style-type: none"> • negative reunion with mother • cannot be comforted • does not return to play
Dismissing <ul style="list-style-type: none"> • discourse is not coherent and is full of generalised, dismissive comments • unable to support positive assertions 	Insecure-Avoidant <ul style="list-style-type: none"> • dismissive reunion with mother • does not express distress in front of her • keen to return to play
Unresolved/disorganised <ul style="list-style-type: none"> • striking lapses in discourse • dissociative breaks in speech, eg prolonged silences 	Disorganised <ul style="list-style-type: none"> • bizarre reunion with mother • dissociative – "fright without solution" • collapse of strategy


SESSION 8

- Mary Main: 'the stance of the self towards experience' is the greatest determinant of attachment security
- Attachment history is not attachment destiny
- We are not victims of our own 'internal working model'
- We can begin to 'mentalise' and challenge unhelpful beliefs






SESSION 8  **CAROLYN SPRING**
reversing adversity




Thinking about the AAI, what is your usual 'style of discourse'? What does that say about your attachment?

Do you believe that attachment history is NOT attachment destiny? What is your 'stance towards the self' for major things that have happened in your life?


What do you think of the attachment matrix? Can you identify the degree to which you are positive/negative towards yourself/others?

SESSION 9  **CAROLYN SPRING**
reversing adversity

Therapist's goals	Client's goals
<ul style="list-style-type: none"> gaining mastery developing self-control stabilising trauma symptoms working through and learning from their experiences from the past, especially traumatic ones developing the client's sense of themselves as an empowered and autonomous human being 	<p>I JUST WANT TO FEEL BETTER!</p>

SESSION 9  **CAROLYN SPRING**
reversing adversity

- I assumed that therapy would be 'done' to me
- The therapist as landscape gardener?
- I wanted to dump my grass cuttings on my therapist's lawn!
- Developing self-agency was the healing I needed
- The therapist cannot effect healing by rescuing us from our feelings!



SESSION 9

‘It is not easy for therapists to understand that they will not be able to consistently relieve patients’ suffering, avoid conflict, or be seen as positive and helpful. [Instead] ... they will likely find themselves as the objects of ‘traumatic transferences’, being regarded as abusers, and the objects of patients’ anger, suspicion and even sadism. They must also be prepared to feel themselves being pulled into the position of feeling enmeshed, helpless, and violated, which are repetitions and reenactments of the experience of the abused child.’

(Chu, 2011, p.122)

SESSION 9

- The therapeutic frame is held in place by boundaries
- Adah Sachs: 85% of therapists modify their normal boundaries when working with dissociative clients



SESSION 9

- Boundary violations characterised our upbringings
- Our therapeutic relationship should fundamentally hold boundaries
- Boundaries teach us:
 - Not to be coerced or controlled
 - Not to coerce or control others



SESSION 9

‘... Many clinicians seem to ignore many of the established principles of traditional psychotherapy and engage in practices that appear to respond to the immediate clinical situation, but may be ill-advised in terms of the therapeutic process ... DID and the difficulties that are suffered by patients who have histories of severe childhood abuse sometimes **do** require therapists to make thoughtful modifications of certain psychotherapeutic techniques. However, most of the treatment of DID involves using the same traditional interventions used in the psychotherapy of all patients.’

(Chu, 2011, p.207)

SESSION 9

- Insecure-ambivalent:

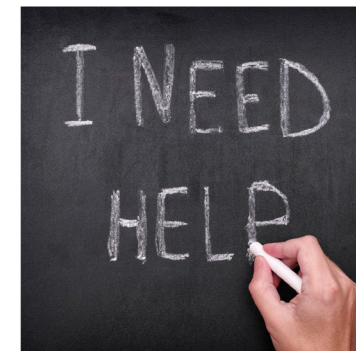
- Invite others to tend their garden
- Are used to other people managing their feelings for them
- Holding firm boundaries keeps things safe for **both** parties



SESSION 9

- Insecure-ambivalent:

- Therapists can give too much and end up feeling resentful
- Soothing is ineffective and reinforces belief in need for others



SESSION 9

- Insecure-avoidant:

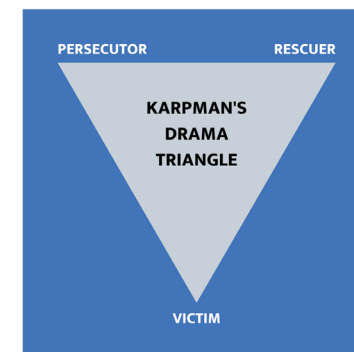
- Do their own gardening!
- Can find relationships stressful
- Don't tend to push boundaries – see the boundary as protection for **them**
- Can be helpful to keep boundaries softer
- Will be hard for them to accept your care



SESSION 9

- Disorganised

- Particularly difficult to hold boundaries
- Frequent experience of disorientation
- Manifests in control (overtly punitive or covertly through caregiving)
- Step out of the drama triangle of persecutor, rescuer and victim



SESSION 9



What are your goals for the therapy or support you provide? What are the clients' goals?

Are you generally speaking a 'firm' boundary person or a 'soft' boundary person? Are your boundaries different with different clients?

How do you manage issues around control, including 'controlling-caregiving'?

SESSION 10

- Need to replicate in therapy the **dynamics** of secure attachment
- Mothers of secure babies were warm, empathic, sensitive and attuned
- It's all about communication!
- Mothers of secure babies had tuned into (attuned to) the baby's non-verbal communications



SESSION 10

'The therapist must be attentive to the possible meaning inherent in nonverbal and verbal communication to and from the client. In addition, as the therapist mentalises (or engages in meta-processing about interactions with the client), he or she formulates and tests hypotheses about the potential meanings. This dual awareness permits the clients not only to feel understood and valued but to have a role model and coach as they learn to mentalise.'

(Courtois & Ford, 2013, p.276)

SESSION 10

- Work of Allan Schore, Peter Fonagy etc: the importance of **mirroring**
- The child can visualise what they are feeling by seeing it mirrored on the mother's face



SESSION 10

- Mirroring must be 'marked' and 'contingent'
- Insecure-avoidant mothers don't provide 'contingent' mirroring (don't reflect emotion)
- Insecure-ambivalent mothers don't provide 'marked' mirroring (they become distressed too)

'Your emotions don't exist or don't matter.'

'Your emotions are overwhelming and I can't cope with them.'

SESSION 10



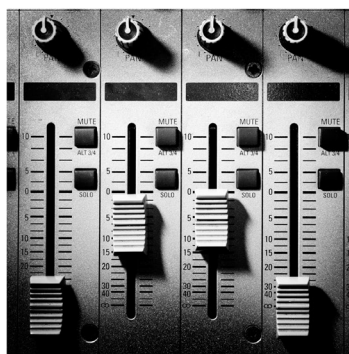
To what extent do you feel comfortable tuning into non-verbal communication?

How might your theoretical background (e.g. CBT, person-centered, psychodynamic) impact the degree to which your mirroring is 'marked' and 'contingent'?

How did the 'still face experiment' make you feel?

SESSION 11

- Insecure-ambivalent: feelings stuck on 10
 - Get other people to manage our feelings
- Insecure-avoidant: feelings stuck on 0
 - Self-reliant for managing feelings, e.g. through denial or suppression
- Disorganised: 'white noise'
 - Deal with feelings through dissociation
 - 0 or 10 in rapid alternation!



SESSION 11

- Strategies for working with insecure-ambivalent
 - Learning to turn down the volume **themselves**
 - 'Slow it down'
 - Turning the volume down without being rejecting



SESSION 11

- Strategies for working with insecure-ambivalent
 - “... so that we can feel these feelings together and **think** about them ...”
 - **Thinking** about what I’m **feeling**
 - ‘You’re distressed and this is an attachment cry. But I’m here; I’m not going anywhere; it’s ok.’



SESSION 11

AVOIDANT

high thinking
low feeling

DISORGANISED

high thinking
high feeling

SECURE
balanced thinking
balanced feeling

low thinking
low feeling

DISORGANISED

low thinking
high feeling

AMBIVALENT

SESSION 11

- Strategies for working with insecure-ambivalent
 - Right-brain to right-brain attunement **and** bringing online my front left brain
 - Asking me to ‘find the evidence’!
 - Peter Fonagy: ‘Mentalising is seeing someone else from the inside, and seeing yourself from the outside.’



SESSION 11

- Strategies for working with insecure-ambivalent
 - Hold firm boundaries and don’t be bullied by feelings!
 - ‘Psychic equivalence’: what I’m feeling must be **what is**



SESSION 11

- Strategies for working with insecure-avoidant
 - Learning to turn up the volume and involve others
 - 'Feelings are neutral' (neither good nor bad)
 - Need to develop a vocabulary for feelings and identify them



SESSION 11

- Strategies for working with insecure-avoidant
 - 'The **sensations** I'm feeling in my body are ...'
 - 'The **thought** that goes through my head is ...'
 - 'The **impulse** I'm having is ...'
 - 'I'm probably **feeling** ...'



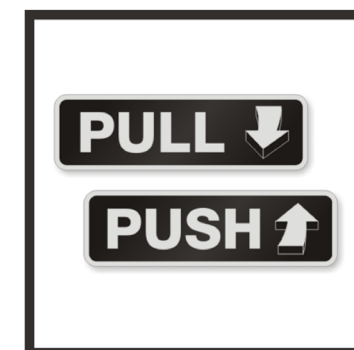
SESSION 11

- Strategies for working with insecure-avoidant
 - Figuring out 'proximity comfort levels'
 - Working to avoid having to use humour and intellectualisation
 - 'Is there an easier question?'
 - Not 'What do you **feel** about that?'
 - But 'What do you **think** about that?'



SESSION 11

- Strategies for working with disorganised attachment
 - The therapist is a major trigger
 - The attachment figure is the source of the distress and the soother of distress
 - Approach/avoid paradox
 - Dissociation is used to manage **all** difficult feelings



SESSION 11

- Strategies for working with disorganised attachment
 - Dissociated feelings may be evoked in the **therapist**
 - Fight / flight / freeze response



SESSION 11

- Strategies for working with disorganised attachment
 - By being controlled by our fears, you're colluding with the trauma
 - Triggers are therapeutic **guides**
 - We don't recover by controlling our environment and everyone around us



SESSION 11



Take some time to look at page 15 of the Course Notebook ('Insecure Ambivalent –v- Insecure Avoidant') and think about:

How to turn the volume down for ambivalents

How to turn the volume up for avoidants

What some of the pitfalls and aims are for working with different attachment styles

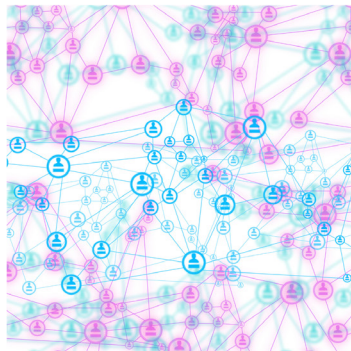
SESSION 12

- DA arises when our attachment figure is both 'frightened and frightening'
- The unsolvable paradox: fright without solution
- **Multiple models** – of the attachment figure, and of yourself
- Therapist has helped by being consistent
- 'I can't remember you' – object constancy



SESSION 12

- In therapy we make links between our multiple models of our self and others
- 'Model-disconfirming' behaviour surprises our unconscious and reveals our 'internal working model'



SESSION 12

- The therapist cannot change the internal working model by model-disconfirming behaviour alone
- It requires our hard work too: mentalising and 'reflective function'



SESSION 12

'Traumatic events are often experienced with an intense sense of aloneness. **With the support and sense of connection to another person**, the patient can tolerate, retain, and integrate the events and all attendant feelings into memory as past experience, rather than remaining a dissociated psychological time bomb that is waiting to explode into consciousness. The sense of interpersonal connection is crucial, because reliving trauma without appropriate interpersonal support is simply setting the patient up to be overwhelmed again by the experience and to be retraumatised. Reliving traumatic events in the context of a supportive interpersonal relationship makes true abreaction and catharsis possible and begins the reparative process.'

(Chu, 2011, p.120)

