




The Attachment Dilemma

I hate you - don't leave me - Meh!

Naomi Halpern, CQSW, Grad Cert Human Rights




The Attachment Dilemma:
“I hate you – don’t leave me” | Meh!



Naomi Halpern, CQSW, Grad Cert Human Rights

Webinar series
Part 1



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Part 1

- o Developmental trauma
- o Formation of attachment styles
- o Locus of control shift
- o Ambivalent attachment to perpetrator
- o Stages of attachment
- o Attachment styles – assessments
- o Your attachment style exercise

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“Part of me is afraid to get close to people because I’m afraid that they’re going to leave.”


Marilyn Manson



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“What’s wrong with you?”



- 50% referred to John Hopkins clinic with **schizophrenia diagnosis** were not schizophrenic.
- **Borderline personality disorder** who experience auditory verbal hallucinations **misdiagnosed** with **schizophrenia / psychotic disorder**.
- **Dissociative Identity Disorder** commonly **misdiagnosed** as **schizophrenia**

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Complex – developmental trauma

“the experience of **multiple, chronic and prolonged,** developmentally adverse traumatic events, most often of an **interpersonal nature and early life onset**”

van der Kolk, 2006, p.402

- Survival Threat**
- Ongoing**
- Primary relationships**
- Exceeds adaptive capacities**
- Alters bio-psycho-social maturation attachment style and capacity**

2014, Courtois & Ford

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Examining Developmental Adversity and Connectedness in Child Welfare-Involved Children

Adverse and relationally healthy experiences occurring during the first **2 months and the first year** of life were **more strongly associated with current functioning** than experiences occurring during early childhood (**2-6 years**) and **childhood (6-13 years)**.

E. Hambrick, T. Brawner, B. Perry, 2017

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Adverse events during first years of life may have greatest effect on future mental health
— Massachusetts General Hospital

Children **under 3 years old** are most the vulnerable to the effects of adversity—experiences including **poverty, family and financial instability, and abuse**—on their epigenetic profiles, chemical tags that alter gene expression and may have consequences for future mental health.

The **timing** of adverse experiences has **more powerful effects** than the **number** of such experiences or **whether they took place recently**.

Neighborhood disadvantage appeared to have the greatest impact, followed by **family financial stress, sexual or physical abuse, and single-adult households**.

Soare, T., Zhu, Y., Klengel, T., Ressler, K., Simpkin, A., Suderman, M., Relton, C., Smith, A., May 2019

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○ In infants **threat** is related to the **caregiver's signals, interactions and availability** rather than to the actual degree of physical or survival threat in the event itself.

Lyons et al, 2006

○ Early bonding experiences are remembered in the form of **implicit or emotional memories** and **procedurally learned autonomic, motoric, visceral and behavioural responses**.

Fisher, 2017

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Three main functions of attachment

○ **Safety**

○ Develop **affect regulation** (based on attachment figures response)

○ Develop **mentalization** capacities (the ability to empathize and have awareness of one's own state of mind – **think and feel clearly**)

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Three memory systems involved in attachment

- o What we do with one another: **procedural**
- o What we know about one another: **autobiographical**
- o Emotional states in relationship to one another: **emotional**

Grigsby and Stevens, 2002

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"**seriously disrupted attachment without repair or intervention** for the child can, in and of itself, be traumatic, as the child is left **psychologically alone** to cope with his or her **heightened and dysregulated** emotional states, thus creating additional trauma."

Pearlman and Courtois, 2005 (p. 451).

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Still Face Mums – Ed Tronick



<https://www.youtube.com/watch?v=apxXGEbZhtQ>

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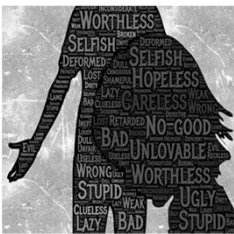
The attachment dilemma

- Biological drive to **attach** or **seek proximity**
- Biological **withdrawal reflex** from danger
- Drive to attach and withdraw from danger creates a **double-bind**
- One drive may **override** the other or the child may **oscillate** from one to other.
- Seeds for **disorganized attachment**

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Locus of control shift



- **"I am bad"** = compensates for feelings of helplessness, powerlessness
- **"I am bad"** = attempts to manage pain, grief and anger
- **It's my fault because I am bad.** Therefore, **I can change and be good** - then I will be lovable and the abuse will stop = **illusion of power**
- **Enables child to maintain attachment bond**

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Ambivalent attachment to perpetrator

- Unable to hold contradictory feelings e.g. love and hate – stuck in black and white thinking.
- Identifies with the aggressor = self blame and treats self badly as did the perpetrator e.g. self-harm.
- Identifies with passive victim = projects on to others to fix it.
- Splitting: "I hate you - don't leave me!"

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Ambivalent attachment to the perpetrator cognitive distortions

"I can't love someone and hate them too"
You can love a person and hate what he/she did

"I can't hate someone who is old, dead, sick, a parent..."
Your feelings are separate from that person, you can feel any feelings

adapted, M. Caldwell-Engle, 2004

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Ambivalent attachment to the perpetrator cognitive distortions

If I loved my abuser, then I loved the abuse".
Loving your abuser doesn't mean that you loved the abuse

"I do not have any kind of attachment to my abuser!"
Then why do you tell yourself all the things that they told you and why do you abuse yourself if there is not attachment?

adapted, M. Caldwell-Engle, 2004

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Stages of attachment – Schaffer and Emerson, 1964


- **Asocial stage: 0-6 wks** Similar responses to objects & people. Preference for faces/ eyes.
- **Indiscriminate: 6 wk- 6 mo** Preference for human company. Ability to distinguish between people but comforted indiscriminately.
- **Specific: 7 mo+** Preference for one, displays separation / stranger anxiety. Looks to particular people for security, comfort and protection.
- **Multiple: 10/11 mo+** Attachment towards several people e.g. siblings, grandparents etc.
- **Strongest attachment** is to the person **most attuned** to their needs not the person who they may spend most time with.

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Strange Situation Experiment

Mary Ainsworth



<https://www.youtube.com/watch?v=QTsewNrHUHU>
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Child Attachment Styles - Ainsworth


SECURE (B)

3 Types of Attachment Behaviour


Type B: Secure attachment 66%	Type C: Resistant Insecure 12%	Type A: Avoidant Insecure 22%
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'I trust you'



'I don't care'



'I don't trust you'

- Attachment figure consistent and loving, available and responsive in times of distress
- Infant feels protected, knows they can depend on attachment figure to return

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Child Attachment Styles - Ainsworth

AVOIDANT (A)

- History of experiencing rebuff of attachment behaviour
- Avoids or ignores the caregiver, little emotion when caregiver departs or returns
- Doesn't explore much
- **Needs are frequently not met. Child comes to believe that communication of needs has no influence on the caregiver**

ANXIOUS AMBIVALENT / RESISTANT (C)

- Response to unpredictably responsive caregiving
- Show distress even before separation, and clingy and difficult to comfort on the caregiver's return
- **Show signs of resentment in response to absence (C1) or signs of helpless passivity (C2)**

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Disorganised (D) Main

- Indicates a **disruption** or **flooding** of the attachment system: overt displays of fear; contradictory behaviours or affects, misdirected or jerky movements; or freezing and apparent dissociation.
- **"Fright without solution"**
- **Too much closeness and too much distance feels dangerous**

"80% of traumatized children have disorganized attachment patterns". Carlson and Cicchetti, (1994), cited by van der Kolk (2003)

"Serious family dysfunction, impaired ability to negotiate conflicts, chronic and severe maternal depression, alcoholism, child maltreatment, and parental controlling, helpless, and coercive behaviors" Siegel, 1999

"Greatest risk of developing significant psychiatric disturbances ... and unresolved trauma or grief" Becker-Weidman, 2006,

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Adult Attachment Styles

<p>SECURE I'm OK - You're OK</p> <ul style="list-style-type: none"> ○ Trust fairly easily ○ Attuned to emotions ○ Communicates upsets ○ Co-operative & flexible ○ Comfortable intimacy & autonomy 	<p>ANXIOUS PREOCCUPIED I'm not OK - You're OK</p> <ul style="list-style-type: none"> ○ Sensitive nervous system ○ Clingy, needy, demanding ○ Other oriented ○ Excessive compliance/crying ○ Impulsive - acts out ○ Fear separation & autonomy: Push-Pull
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Adult Attachment Styles

<p>Dismissive Avoidant I'm OK - you're not OK</p> <ul style="list-style-type: none"> ○ Downplays importance of relationships ○ Excessively self-reliant ○ Difficulty expressing emotions ○ Conflict averse ○ Difficulty being vulnerable and intimate ○ Focus on others flaws to maintain distance 	<p>Disorganized I'm not OK - You're not OK</p> <ul style="list-style-type: none"> ○ Has anxious and dismissive tendencies ○ Feels exploited - used ○ Terror intimacy & autonomy ○ Crave emotional intimacy but deeply mistrustful ○ High anxiety when depend on someone ○ Pulls away when feel rejected or overwhelmed
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Attachment assessment

- o Attachment style can vary depending on relationship:
 - FOO
 - Current family
 - Friends
 - Colleagues
 - Therapist

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Attachment distribution general population

Types of Attachments

```

                graph TD
                A[Types of Attachments] --> B[SECURE]
                A --> C[INSECURE]
                C --> D[Anxious]
                C --> E[Avoidant]
                E --> F[Dismissive]
                E --> G[Fearful]
            
```

- o Secure 59%
- o Anxious 11%
- o Dismissive Avoidant 25%
- o Disorganised (fearful) 5%

1997, Mickelson, KD, Kessler, RC., Shaver, PR

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What's your attachment style?

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Scoring the Attachment Style Test

Greater than 

Less than 

Reverse scores with *
Divide Anxiety score by 6
Divide Avoid score by 12
(Anxious-Avoidant = disorganized)

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Part 2

- o 'Parts' approach
- o Structural dissociation
- o Tend and befriend and attachment
- o Pivotal role of shame and attachment
- o Your shame response reflection

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See you next week!



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Attachment Style Test

Please read each of the following statements and rate the extent to which it describes your feelings about romantic relationships. Please think about all your relationships (past and present) and respond in terms of how you generally feel in these relationships. If you have never been involved in a romantic relationship, answer in terms of how you think you would feel.

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1-----2-----3-----4-----5
Not at all **Very**
characteristic **characteristic**
of me **of me**

		STEP 1 Scale	STEP 2 Score	
1.	I find it relatively easy to get close to people.			*
2.	I find it difficult to allow myself to depend on others.			
3.	I often worry that romantic partners don't really love me.			
4.	I find that others are reluctant to get as close as I would like.			
5.	I am comfortable depending on others.			*
6.	I <u>don't</u> worry about people getting too close to me.			*
7.	I find that people are never there when you need them.			
8.	I am somewhat <u>un</u> comfortable being close to others.			
9.	I often worry that romantic partners won't want to stay with me.			
10.	When I show my feelings for others, I'm afraid they will not feel the same about me.			
11.	I often wonder whether romantic partners really care about me.			
12.	I am comfortable developing close relationships with others.			*
13.	I am <u>un</u> comfortable when anyone gets too emotionally close to me.			
14.	I know that people will be there when I need them.			*
15.	I want to get close to people, but I worry about being hurt.			
16.	I find it difficult to trust others completely.			
17.	Romantic partners often want me to be emotionally closer than I feel comfortable being.			
18.	I am not sure that I can always depend on people to be there when I need them.			
	TOTAL (A)			
	ANXIETY (A divided by 6)			
	TOTAL (B)			
	AVOID (B divided by 12)			

*Revised Adult Attachment Scale (Collins, 1996) *reverse score, i.e. scale "5" = score "1"*

RESULTS: YOUR ATTACHMENT STYLE

	Avoid <3	Avoid >3
Anxiety <3	SECURE	AVOIDANT
Anxiety >3	ANXIOUS	ANXIOUS-AVOIDANT

References

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Webinar series
Part 2



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Part 2

- ‘Parts’ approach
- Structural dissociation
- Tend and befriend and attachment
- Pivotal role of shame and attachment
- Your shame response reflection

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Parts: ‘the people inside us’

“There are times when I look over the various parts of my character with perplexity. I recognize that I am made up of several persons and that the person that at the moment has the upper hand will inevitably give place to another.”

Somerset Maugham

- ◆ Subpersonalities
- ◆ Ego states
- ◆ IFS
- ◆ Sub-selves
- ◆ Complexes
- ◆ Archetypes
- ◆ Sub-identities
- ◆ D.I.D. Alters

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Structural dissociation theory
 Van der Hart, Nijenhuis, Steele, 2006

“does not emphasise the compartmentalization of memory (and pathology) ... but a **survival-oriented adaptive response** to the specific demands of traumatic environments, facilitating a **left brain - right brain split** that supports disowning of “not me” or trauma related parts” Fisher, 2017, pg 8

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Functions of different sides of brain

<p>Left</p> <ul style="list-style-type: none"> ○ Planning ○ Problem solving ○ Analytical ○ Rational ○ Conceptual ○ Coping ability ○ Verbal and narrative memory 		<p>Right</p> <ul style="list-style-type: none"> ○ Non-verbal language ○ Perception of emotion, sensation & facial expression ○ Instinctive survival responses ○ Emotional and sensory memory
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Fisher, 2017

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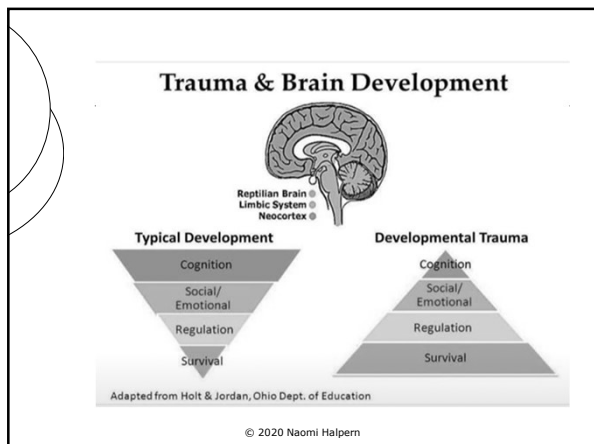
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Structural dissociation and right brain

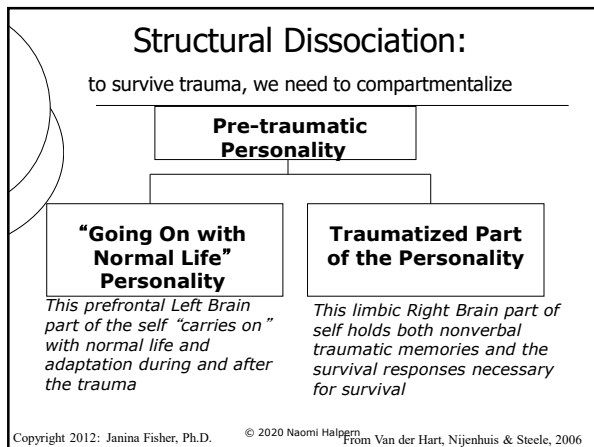
- The **right brain is critical not only to emotion & empathy, but to sense of self, self-regulation & control of vital functions supporting survival**
- The right brain is **dominant in early years & linked in implicit memory & is unwittingly activated by subsequent life experiences**
- Abuse, neglect and traumatic experience, especially in infancy and childhood, is **deeply disruptive of the developing brain**. Early onset trauma requires a **shift from “learning” to “survival” brain**

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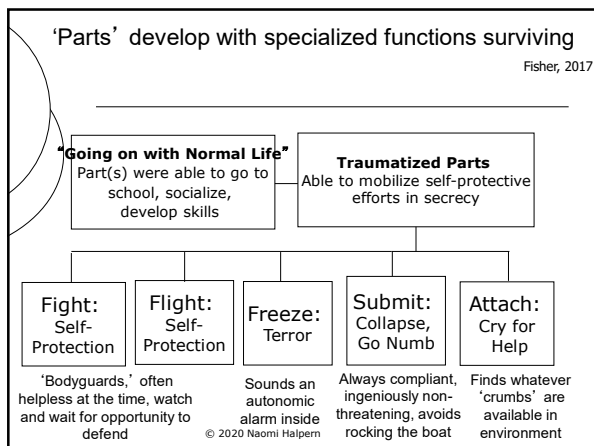
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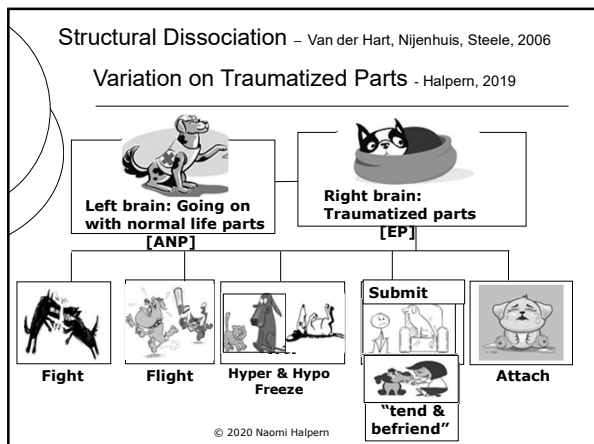
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Tend and Befriend Theory

- Stress response in females proposed by Shelley Taylor et al 2002
- Females more likely than males to respond to stressors with additional stress responses:
 - **Tending** - Quiet, protect, and care for offspring
 - **Befriending** - Create and maintain social networks to provide resources and protection for themselves and their infants

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“Tend and befriend”: trauma, abuse and neglect

- Stress response activated by dependency on another for survival and dependency of others
- Intermittent punishment and reward
- Desperately cling to abuser
(2014) M. Bentzen
- Ambivalent attachment to perpetrator
(2009) Ross and Halpern
- Traumatic bonding (1981) Dutton; Painter

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Victim blaming

- Locus of control shift – not only kids
- Why did she accept drink or wear such provocative clothes?
 "she, he, they were asking for it"
- Was he, she, they pushed too far?
- How could he, she, they be so gullible
- He, she, they are trying to rot the system

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DARVO

- **D**enial
- **A**ttack
- **R**everse
- **V**ictim and
- **O**ffender

“...police turned the tables on Dani and warned she could be charged with assault for hitting the man – who she says is much larger and was acting in an aggressive manner – before running to safety”. Ben Smees 24/2/20 The Guardian

Prof. Jennifer Freyd
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Emotions and Feelings (secondary emotions)

EMOTIONS	FEELINGS
<ul style="list-style-type: none"> ○ create biochemical reactions in the body ○ helped survival by producing quick reactions ○ emotional reactions are coded in our genes ○ generally universally similar across all humans and even other species 	<ul style="list-style-type: none"> ○ mental associations and reactions to emotions and are influenced by experiences ○ subjective - influenced by personal experience, beliefs, and memories. ○ feelings arise from thoughts and involve cognitive input, usually subconscious

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Trauma, emotions and feelings

- o Fear → terror of feelings
- o Judgement between G.O.N.L. and traumatized parts **and between** traumatized parts about how each has learnt to survive
- o Hyperarousal → flooding
- o Hypoarousal → disconnected

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Spectrum of emotions

Hypoarousal Past	Grounded Present	Hyperarousal Past
Shutdown	Rejected	Abandoned Betrayed
Shutdown	Afraid - Fear	Terror - Panic
Shutdown	Anger	Rage
Shutdown	Vulnerable	Helpless
Shutdown	Hurt	Despair
Shutdown	Guilt	Shame Self-loathing
Shutdown	Grief-Loss-Sad	Depression

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Spectrum of emotions: activated traumatized parts

Hypoarousal Past	Grounded Present	Hyperarousal Past
	Rejected	
	Afraid - Fear	
	Anger	
	Vulnerable	
	Hurt	
	Guilt	
	Grief-Loss-Sad	

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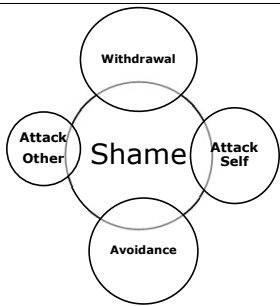
Attachment and

- Still Face baby turns away – ‘type’ of shame response Nathanson, 1987, *Many faces of shame*
- Evolutionary purpose to shame – to remain connected and accepted in social groups Logan, 2016
- By 3 years old, children are conscious of shameful and shaming behaviours

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Compass of Shame Nathanson 1992



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Compass of shame: Withdrawal Nathanson 1992



- Distress and fear
- Sexual abstinence or psychological sexual dysfunction
- Avert eye contact
- Blushing to flushing
- Difficulty speaking
- Withdraw contact


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Compass of shame: Avoidance

Nathanson 1992

- o Narcissistic grandiosity
- o "It's not me it's you!"
- o Machismo: risk taking, notoriety, excessive seductive behaviour
- o Avoid through excitement, fear and pleasure
- o Substance abuse or other hedonistic distractions




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Compass of shame: Attack Self

Nathanson 1992



- o Self-disgust
- o Sexual masochism
- o Self-depreciating humour – Hannah Gadsby
- o Self-harm
- o Suicide


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Compass of shame: Attack Other

Nathanson 1992

- o Rage - *humiliated fury*
- o Sexual sadism
- o "Someone must be made to feel lower than I"
- o Put-down, ridicule, contempt, character assassination
- o Physical aggression



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5th response to shame - Dissociation

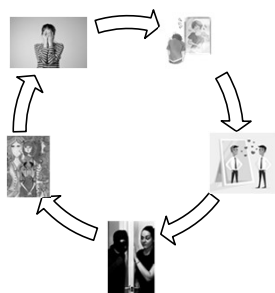
- Freeze (can't think or move)
- Numb (shut down)
- Space or zone out
- Can't hear, speak, respond
- Difficulty with recall



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One shame response can trigger and activate another shame response ('Part')



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The 3 E's for working with feelings and emotions

- Educate
 - Emotions hard wired – feelings connected to thoughts and experience
 - Your feelings are real but not reality
- Explain Objective to feel and stay safe
- Explore conflict between parts and what does each part need to feel safe (Part 3)

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What is your shame response(s)?



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Part 3

- o Attachment, transference and countertransference
- o Activation of Karpman's triangle
- o Triggered attachment reactions in therapy
- o Personal reflection exercise
- o Tailoring strategies suited to attachment style
- o Internal communication between parts of self
- o Personal internal communication exercise

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See you next week!

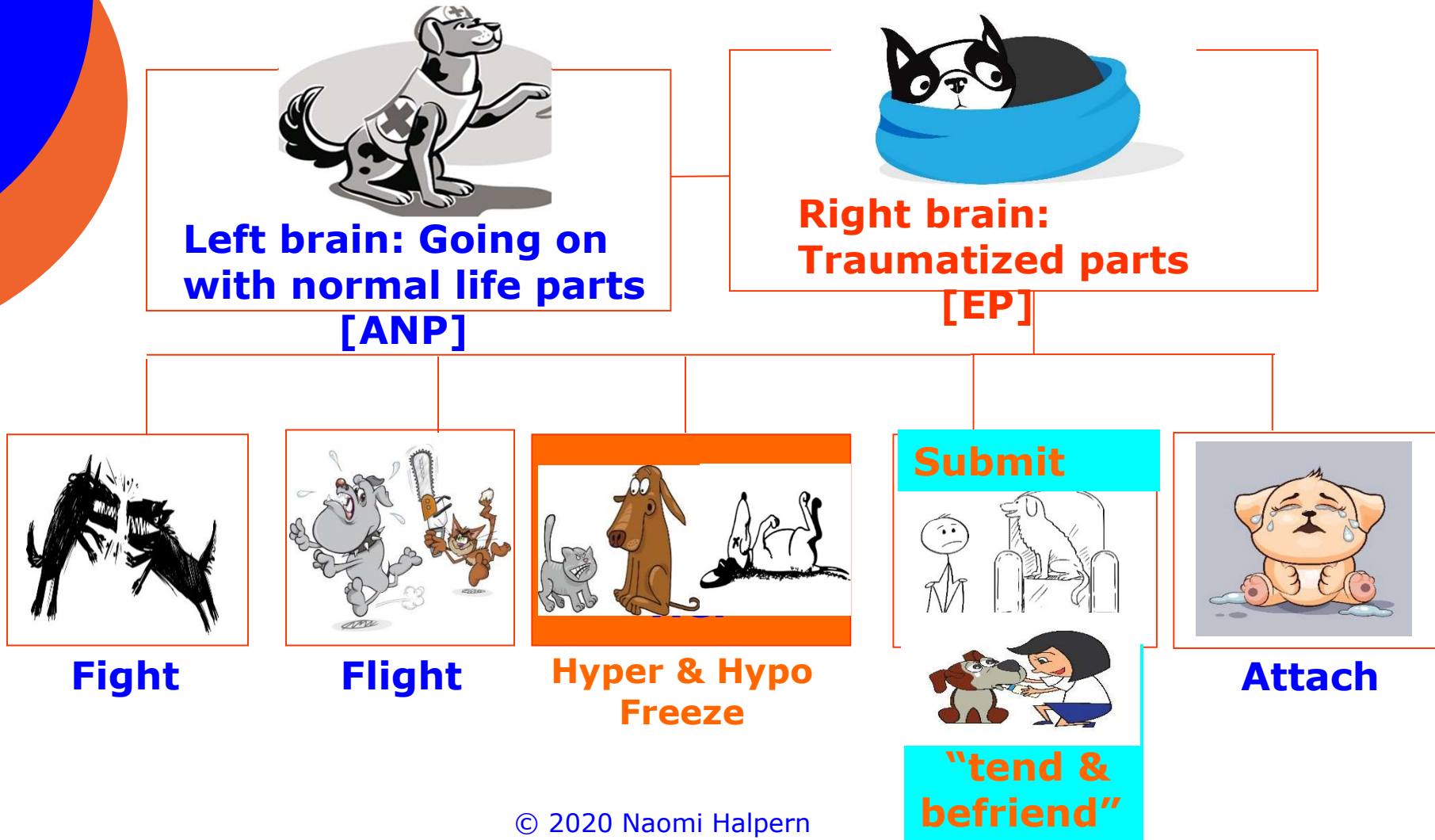


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Structural Dissociation – Van der Hart, Nijenhuis, Steele, 2006

Variation on Traumatized Parts - Halpern, 2019






Reflections about shame responses

Our shame response is shaped by early attachment relationships, events and personality characteristics. We may have a ‘go to’ shame response but other response(s) may be activated depending on circumstances and triggers. For example, we may have one shame response with our partner or family and another response(s) with clients or colleagues. This is not an assessment but a tool to reflect on your shame response(s). Think about different situations where shame has been activated and reflect on your response(s). Which response is predominant and in what settings? Make a note of thoughts, feelings and observations. *Be compassionate with yourself.*




Withdrawal		Avoidance		Attack Self		Attack Other	
Wish I could be invisible	<input type="checkbox"/>	Others fault or problem	<input type="checkbox"/>	“I’m an idiot”	<input type="checkbox"/>	Put down – blame others	<input type="checkbox"/>
Avert eye contact	<input type="checkbox"/>	Brazen it out – don’t care	<input type="checkbox"/>	Self-deprecating humour	<input type="checkbox"/>	Fly into a rage	<input type="checkbox"/>
Flushing	<input type="checkbox"/>	Puff yourself up	<input type="checkbox"/>	Negative self commentary	<input type="checkbox"/>	Retaliation - revenge	<input type="checkbox"/>
Withdraw from others	<input type="checkbox"/>	Distract - risky activity	<input type="checkbox"/>	Self-punishing behaviour	<input type="checkbox"/>	Lash out verbally	<input type="checkbox"/>
Difficulty speaking	<input type="checkbox"/>	Substance misuse	<input type="checkbox"/>	Self harm	<input type="checkbox"/>	Lash out physically	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Score:		Score:		Score:		Score:	

The Attachment Dilemma:
 “I hate you – don’t leave me” | Meh!



Naomi Halpern, CQSW, Grad Cert Human Rights

**Webinar series
 Part 3**



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Part 3

- o Attachment, transference and countertransference
- o Activation of Karpman’s triangle
- o Dance of the triangle reflection
- o Triggered attachment reactions in therapy
- o Attachment reflection exercise
- o Tailoring strategies suited to attachment style
- o Internal communication between parts of self
- o Personal internal communication exercise

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Different ‘parts’ (survival) will be
 activated in transference relationship

“A child that is neglected early in
 life will exhibit **profound
 attachment problems** which are
 extremely **insensitive to any
 replacement experiences** later,
 including therapy”


(Perry, 1995, p. 277).

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Transference


"a therapy that is focussed on the **narrative memories** or on the **transference** ignite an internal struggle between the **hunger for closeness** and **fear of abandonment** in **attachment-seeking** parts **VS** the defensive responses of **fight, flight** and total **submission**" Fisher, 2017



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"Unaware that their symptoms are being driven not just by the traumatic events but by an **internal attachment disorder mirroring the traumatic attachment of early childhood**, therapist and client have no framework for understanding the **chaos and 'stuckness'** that may elude their **best efforts at treatment.**" Fisher, 2017



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Triggered attachment reactions:

Anxious Preoccupied

- **Constant focus on perceived state of therapist:** you look tired, bored, irritated, angry or compliments
- **Hyperactivation of attachment system** (excessive crying -compliance)
- **Survival response:** Fight or Attach
- **Shame response:** Withdrawal, Attack self or Attack Other

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Triggered attachment reactions:
Dismissive Avoidant

- Under represented in therapy because **deactivated attachment system**. Work or health concerns trigger to therapy or partner initiates couple counselling.
- **Empathic response trigger attachment system** = bewilderment or threat
- **Survival response:** Flight
- **Shame response:** Avoidance

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Triggered attachment reactions:
Disorganized

- Both **deactivating** and **hyperactivating** attachment behaviours – alternating or simultaneously
- **Survival response:** Alternates
- **Shame response:** Can switch from one to other
- **Self-harming behaviours** – suicidal ideation – sexualised re-enactment &/or unsafe sex


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Countertransference

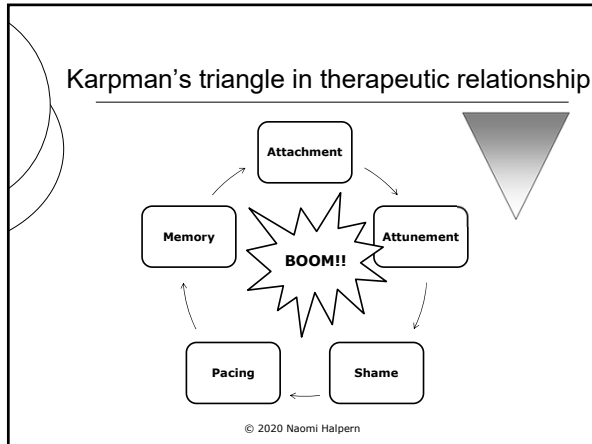
When our best attempts fail. When we feel attacked and confused. When our efforts to repair back-fire and escalate!

Therapists' **attachment style and needs, vicarious trauma & / or trauma history** will be activated in relationship with the client.

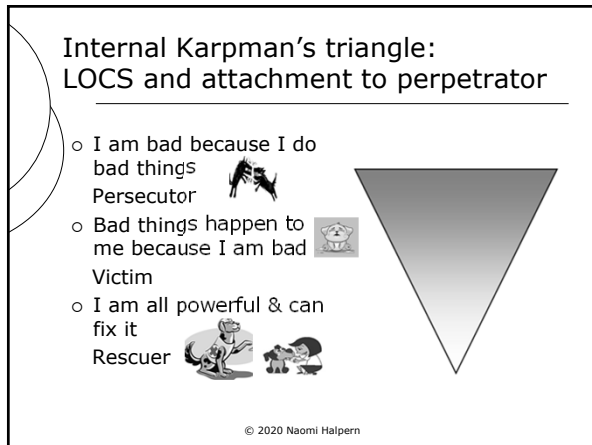


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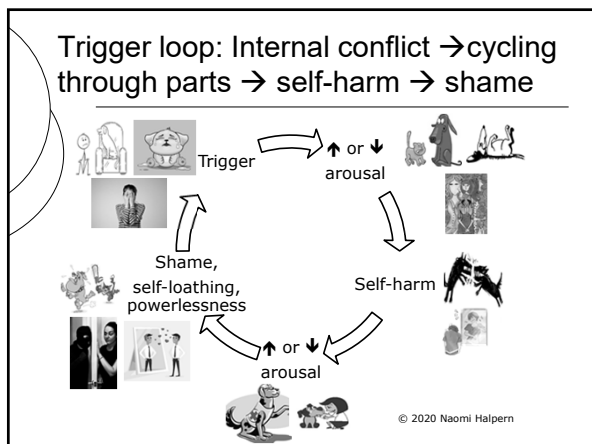
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11



12

'Getting on with normal life' part


- Minimises issues
- Intellectualises
- Blames the traumatized part(s) for their suffering (not me – it's them!)
- Disowns and rejects traumatized parts



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Attach part




- Desperate for connection at any cost
- Seeks approval
- Terrified of abandonment and rejection
- Through clinging sets up what fears most

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Flight part



- Needs space – terrified of closeness
- Cancels, turns up late, ends therapy abruptly (maybe when you think you're just getting somewhere)!
- Skilfully distracts from issues that are too sensitive, anxiety or fear provoking

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Fight part 

- Two 'types' of fight parts
 - 1) Boundary testing, challenging, prove your reliability and approach, "won't work - tried it"
 - 2) Perpetrator imitator - berating of self, parts, therapist

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Freeze part "don't hurt me"

Hyper 	Hypo 
--	---

- Cannot move
- Cannot think or speak clearly
- Heart racing, rapid breathing
- Frozen look on face
- Shutdown, disconnected from body, thoughts, feelings, sensations
- Cannot respond
- Physically slumped - curl into a ball

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Submit part 

- Compliant - agree with everything - try all suggestions
- Seeks to please - don't rock the boat
- Heavily burdened - weight of world and responsible for everything
- Submissive - cannot assert self or needs

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Tend and befriend part 

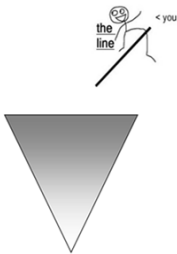
- Stress response activated by **dependency on another** for survival and **dependency of others**
- 'Parentified' child – took care of parent(s)
- Tried to protect siblings from harm
- Tries to 'protect' therapist = protecting self from rejection and abandonment

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Dance of the triangle reflection

- Think of a time you found yourself on the triangle with a client
- How did you get there?
- What happened?
- How did you step off and repair?



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Collaborative approach that

- **less focus on attachment** with its capacity for re-enactments
Brown, Elliot, 2016
- and triggering of '**attach**' and '**fight**' parts Fisher, 2017
- All parts welcome
- "**we're in this together**", exploration through curiosity about thoughts, feelings, sensations, perception, consent etc.

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- Explore with client how they protect themselves i.e. the ways different parts disconnect internally and how they push away people or try to control relationships on the outside.
- Through understanding and respecting these protective strategies, and the therapist modelling healthy relating with all parts, the client begins to develop tolerance and compassion for disowned and disavowed parts of self.

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Anxious Preoccupied

- Consistent **focus on client's** state of mind and self-experience
- Shared goal of **inside-out orientation**
- Mindful of invitations for self-disclosure
- Fully **present** and **attuned** to client (i.e. not taking notes in session)
- Consistently **calming presence** and attunement to **exploratory** behaviour

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Dismissive Avoidant

- Therapist repeated active engagement but **not too much or too soon.**
- Encourage **free exploration** of states of mind
- **Acceptance of all affects** – especially negative toward therapist
- Collaborative team approach less threatening than secure attachment - activates the **collaborative behavioural system**

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Disorganized

- o Notice the invitations: **dance of come close – stay away**. Be mindful always another part sitting in the shadows.
- o Comforting, fearless, confident, accepting, welcoming, determined and proactive – **all parts are welcome and valued**
- o Fully present, steady consistent and predictable
- o Clear, concrete goals and expectations

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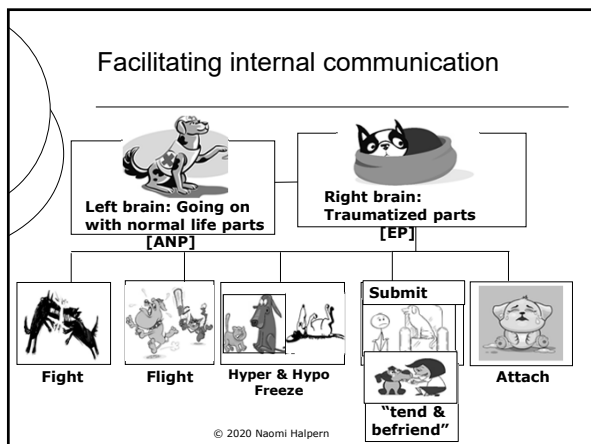
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Attachment reflection exercise

- o Choose current or past client
- o What is their **attachment** style?
- o What **feelings and responses** arose for you in response to their attachment style?
- o How did attachment manifest in the relationship?
- o How did you work with it - what **worked** or **didn't work**?
- o In hindsight is there anything you would do or approach differently?

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Attachment and a Parts approach

- o Facilitate skills to develop **internal communication** and Ross and Halpern, 2009
- o **an attachment to traumatised parts** that are disowned and disconnected from each other and the **getting on with normal life parts** Fisher 2017
- o Develop **empathy, compassion** and foster **internal earned secure attachment** and management of internal and external stress and conflict. © 2020 Naomi Halpern


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Internal communication

- o **Ask inside:** *Does another part have another point of view, think, feel differently? Are you aware of any other thoughts, feelings, sensations? Who inside knows something about this, can help with this?*
- o Art and music
- o Noticing posture and movements (subtle)
- o "If the knot in your stomach could talk"
- o Rescripting: *bring 'getting on with normal like' parts on board to take care, soothe younger or more distressed parts*
- o Parts worksheet
- o Round table
- o Written dialogues © 2020 Naomi Halpern

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Personal internal communication exercise



- o Choose a current issue you're feeling conflicted about
- o Identify the parts involved
- o Explore the conflict using one of the strategies

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Facilitating earned secure attachment

- o Cultivated through the **'getting on with normal life parts'** (left brain) developing recognition and compassion for and attunement with **'traumatized parts'** (right brain).
- o All parts (adult, traumatized infant, child, adolescent) noticing what it's like to have the other respond to their needs and interactions (mentalization)
- o "How do you feel toward that part now?"

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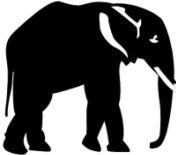
Summary: Guidelines for working with complex trauma and attachment

1. **Attachment style:** client and therapist
2. **Core trauma dynamics:**
Attachment to perpetrator
Locus of Control shift
3. **Compass of shame** and attachment
4. **Parts approach:** internal communication to increase tolerance of attachment activation **and** foster internal attachment repair **and** earned secure attachment

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How do you eat an elephant?



RESISTANCE

- o Normal - healthy
- o Communication
 - Pacing
 - Fear
 - Ambivalence
- o Work with it not push against

One bite at a time!

© 2000 Susan Henry

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Victim ♦ Rescuer ♦ Persecutor Triangle

(the drama triangle)

Karpman's triangle, or the drama triangle, is a relational theory proposed by Stephen Karpman in 1968, based on Transactional Analysis, developed by Eric Berne in the 1960's.

The triangle reflects a **conflictual relational dynamic**. Once the triangle has been activated, the people in the dynamic bounce from one point on the triangle to another. Conflict and miscommunication quickly escalates.

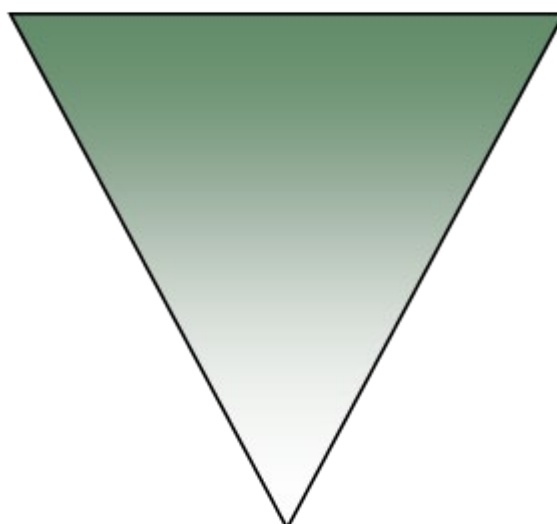
The triangle can play out **between two, three or more people or players**. We can all find ourselves caught up in this dynamic from time to time. It can flare up in any relationship; with a partner, family member, friend, work colleague, stranger and between a therapist and client.

It is also a **dynamic that can operate within the individual**, with different parts or aspects of self taking up different points on the triangle. An **internal conflictual relational dynamic**.

Here's how it works:

Rescuer

Persecutor



Victim

VICTIM

The **Victim** in this dynamic is different from being literally victimised by another i.e. bullied, harassed, neglected or abused in some way. The Victim in the triangle dynamic feels overwhelmed by a sense of **vulnerability, inadequacy, powerlessness** and **helplessness**. It is a **self-perception** not necessarily reflecting what is actually happening. The person may be triggered to past experiences. In therapy this is called transference, where the qualities of another, or memories from the past, are projected onto someone or something in the present.

The Victim is experiencing difficulty in taking responsibility for him/her/themself and is projecting blame or responsibility on to others, e.g. family, partner, friend, boss or government. The Victim will look for a **Rescuer** to take care of them; "You make it better for me" or "fix it". This is different to reaching out for help. Externalisation of responsibility keeps the individual in a powerless or 'Victim', position.

PERSECUTOR

The **Persecutor** is unaware of their own power and how they are using it in a negative or controlling way. The Persecutor's internal perception is often that they are being victimised. This internal perception drives persecutory behaviour. There may also be instances where a persecutor knowingly, deliberately or maliciously persecutes another.

RESCUER

The **Rescuer** is someone who seeks to 'rescue' or save those whom they perceive as too vulnerable and unable to take care of themselves. The rescuer may think that they know better and will take over in a situation, taking responsibility and power away from others. The Rescuer often does more than 50% of the work in a relationship or interaction. They may impose 'help' that is not required, requested or wanted. When the help is rejected the Rescuer may feel resentful, used or unappreciated. The Rescuer is often driven by a need for approval, to bolster self-worth and to feel powerful.

The players on the triangle bounce from one position to another:

- 1) The **Victim** will seek a **Rescuer**.
- 2) The **Rescuer** keeps the **Victim** in the Victim role by taking over.
- 3) The **Victim** will defend and protect themselves by moving into the **Persecutor** position (lashing out – pushing away – withdrawing).
- 4) The **Victim** may also enlist another **Rescuer** to 'save' them from the original Rescuer, who is now experienced as a **Persecutor**.
- 5) The **Rescuer** feels like the **Victim** because their attempts are not appreciated or valued. They may become resentful or punishing, thereby stepping into the **Persecutor** role.
- 6) The **Persecutor** tries to avoid feeling powerless and vulnerable by maintaining a sense of control over the **Victim**.

Each position on the triangle is adopted as a result of feeling discounted, unappreciated or unvalued by the other person. All positions are defending against vulnerability and feelings of not being good enough in some way. Each position disowns their behaviour and contribution. When people find themselves on the triangle they may be unconsciously repeating (re-enacting) a relational dynamic from their past, often from their family of origin or other early childhood experiences.

Think of a situation where you were a **Victim, Rescuer** or **Persecutor**. Perhaps in this situation you found yourself in all three roles.

Ask yourself the following questions.

Triangle Exercise

- What feelings, thoughts or sensations come up for me when I recall this situation?
- How would I prefer to feel or think?
- What did I do or not do that contributed to how this situation played out?
- What would have been a better way to respond?
- Who was taking responsibility for whom and who was not taking responsibility?
- Did I allow the other person to take responsibility for their actions?
- Who had the power in this situation and how do I know?
- Did I agree to more than I wanted to do, was able to do or was fair for me to do?
- Was I seeking approval or did I fear being rejected or punished?
- Was I doing more than half the work?
- Were my boundaries clear and if not what boundaries do I need to set up?
- Does this situation or person remind me of an experience from my past?
- What action can I take to make sure that I approach this person or situation in the best possible way, while recognising I am not responsible for what others do or don't do?

How to stay off (or step off) the triangle

- Observe what position you are taking (or tempted to take) on the triangle.
- Acknowledge your potential to project responsibility and disown your power.
- Be assertive and ask to be treated with respect.
- The **Victim** needs to own their vulnerability and take responsibility for themselves.
- The **Rescuer** needs to resist the urge to take responsibility for others which is projecting a need for approval, to feel powerful and to avoid feeling vulnerable.
- The **Persecutor** needs to recognise and own their power and express it in a way that empowers themselves and others. They also need to embrace their vulnerability and fear of being controlled by others.

It is human nature to want the other person in a conflict to change. We can often think of many things the other person is doing wrong or that is unfair. We may also at times be correct.

However, we cannot control what another person does or doesn't do or what they may think or feel. We are not responsible for the behaviour or actions of others.

We can only change our position on the triangle through taking responsibility for ourselves and stepping off.



Stepping off the triangle requires setting **clear, safe and appropriate boundaries** where each person is respected, valued, held accountable and takes responsibility for their behaviour and actions.

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EXPLORING ASPECTS OR PARTS OF THE INTERNAL SYSTEM – INFORMATION & WORKSHEET

Understanding the psyche's internal system and the value of working with its parts

This notion is as old as the hills. It has long been reflected in approaches to healing and concepts of human functioning and philosophy from gods and goddesses to fables, mythology, literature and the arts. Various perspectives and psychological traditions have always, directly or indirectly, described the idea of different parts or aspects of the psyche or self.

Whether termed archetypes, ego states, introjects, projections, subpersonalities, internal family systems, multiple personalities, dissociative identities* etc. or identified through role-play or dream work with characters, objects, places and feelings, psychodrama, art therapy, sand-tray work, non-dominant handwriting dialogue, body-work with sensation or energy in areas of the body etc., at the core is the same concept. We recognize this in saying we are in *'two minds'*, or describing our view of things on *'different levels'* or that we *'feel split'* or *'part of me thinks this but on the other hand, I feel that and I also think...'*

Sometimes conflicting emotions, feelings, thoughts, beliefs, and behaviours experienced as difficult or impossible to reconcile constellate into different positions in an effort to cope and survive. Factors in a situation such as developmental stage, caregivers, support systems, social and cultural considerations, may influence ability to process or respond in a way that builds resilience and trust. In situations where caregiver-child attachment in the early years is adversely impacted, or when trauma, abuse and neglect occurs (one-off, repeated or cascading) defence mechanisms kick in to protect. This is healthy and adaptive at the time. Every part has a vital function and holds a key to safeguarding the individual and recovery.

Getting to know your various parts requires a willingness to engage respectfully, be compassionate and patient and allow things to unfold at a pace you determine and permit. You will not heal faster by pushing, forcing, coercing, or acting with disdain or hostility. These desires and feelings are themselves parts of you that deserve care and attention. They hold valuable aspects of your experience. They are efforts to survive and adapt to what is too difficult to handle and is distressing.

Parts may have names, titles, or descriptions. They fall into various categories such as protectors, soothers, inner-self helpers, wise guides, holders of unacceptable emotions and feelings, persecutors, saboteurs etc. and may be isolated entirely from, or connected to some, other aspects of the psyche's internal system. They may perceive themselves to be human, animal, spirit or a place (in the body, a building, landscape or beyond earth) and can be accessed in various ways. Sometimes direct conversation flows best, other times it requires nuance, subtlety and appreciation that engagement is not always concrete, clear-cut or verbal.

Sometimes presentations can be graphic and are designed to frighten: at the heart of every apparent demon, Satan, Lucifer or Devil is a very terrified child who has done a magnificent job of trying to protect including by keeping others (inside and out) at bay. Be kind and appreciate every part has a vital function. It makes sense. The power of the psyche to safeguard and ultimately guide healing is remarkably inspiring.

*Dissociative Identity Disorder replaced the misnomer Multiple Personality Disorder In DSM-IV (we have only one personality with degrees of fragmented parts and dissociation). Traumatic dissociation is a highly effective survival mechanism to cope with overwhelming trauma until a child grows up or is able to access help to address experiences. A person may be high functioning (undetected by loved one and others). Others struggle even with basic self-care and tasks with only a few overtly 'switching.' Substance abuse may be high, along with self-injury and suicidality. Left

without help, a high percentage of men are found in the prison system with women typically located in the mental health system, often misdiagnosed with major depression, anxiety, BPD, schizophrenia or psychosis etc. Typically, numerous misdiagnoses occur over several years.

The following questions may guide your thinking and approach in engaging with parts of your internal system.

These are not intended as a demand or expectation to always be posed directly or answered quickly or concretely. Before conversation can occur, work with respecting the pace, establishing an internal safe space, inner-self helper/guide, other tools for safe exploration (e.g. a screen/blackboard: 3 words / image; felt-sense, or use of OH Cards, dreams etc.), and skills with processing feelings, may be required before and alongside this work, particularly healthy anger, grief and shame. Core trauma concepts and psycho-educational tools to understand locus of control shift, affect regulation, attachment to perpetrator, re-enactment of trauma and so forth provide a sense of appreciating something has happened (you are not the problem) and builds confidence in the therapeutic relationship. People /parts need to feel safe enough with the skills and expertise of the therapist / counsellor to do this work with him or her:

Name of part of internal system (if known): _____

Age (if known or approximate): _____

It may help to remind myself when working with my internal system:

There may be clues about the circumstances that caused a part to come into being in the details of what that part does i.e. its role, how they perform their role/function, their age etc. The purpose of connecting with each part is to facilitate mutual understanding, communication and support. This will work towards building greater internal strength and improve the quality of life of each part and the whole system. It is important that I explain to each part that I am connecting with, that this process is about getting to know each other and finding ways to make our life work better and be happier and supported **together**. The questions are to try to help this process. They **do not** have to be answered. It is useful to consider, in a gentle and respectful manner, what is being conveyed if a question makes them, or me, feel uncomfortable. It may help to check child-parts understand and to change words accordingly.

1) What do you like / enjoy and what worries you? _____

2) Who do you feel safe with (now; in the past; inside and outside)? _____

3) What is your job or role inside; what do you think others don't understand that you do? _____

4) How and why do you do that? _____

5) What is the outcome or the effect of what you do, and how do you see this helping? _____

6) How do you feel about your focus/role/job? _____

7) Does anyone else inside help you with this; who, how? _____

8) How do you know it's time to do your job / something or take action? _____

9) What do you think will happen to you, or others inside, if you stop doing this? _____

10) What do you think will happen to others outside if you stop doing this? _____

11) How did you come into being? _____

12) How old was the body when you came into being? _____

13) Is there more you would like to say about yourself? _____

14) Are there any questions you would like to ask me? _____

15) Is there anything you would like to know about anyone, or say about anyone else, on the inside? _____

16) How do you like to communicate or show what matters? (*e.g. write, dialogue, draw, paint, make things*)

17) What do you feel comfortable / OK with; would you prefer; and what things do you need help with?

18) Is there something I can do, or not do, to help? _____

19) Is there something someone else on the inside can do, or not do, to help? _____

20) Is there something someone on the outside can do to help? _____

21) Is there anything that leaves you feeling uncomfortable or upset or anyone whom you don't like? _____

22) Is there anyone inside who can/will help me, and the rest of us inside, to understand and help this part?
