INTRODUCTION

AAI Classification & Psychiatric Diagnoses

Penagy et al., 1995

SROUFE
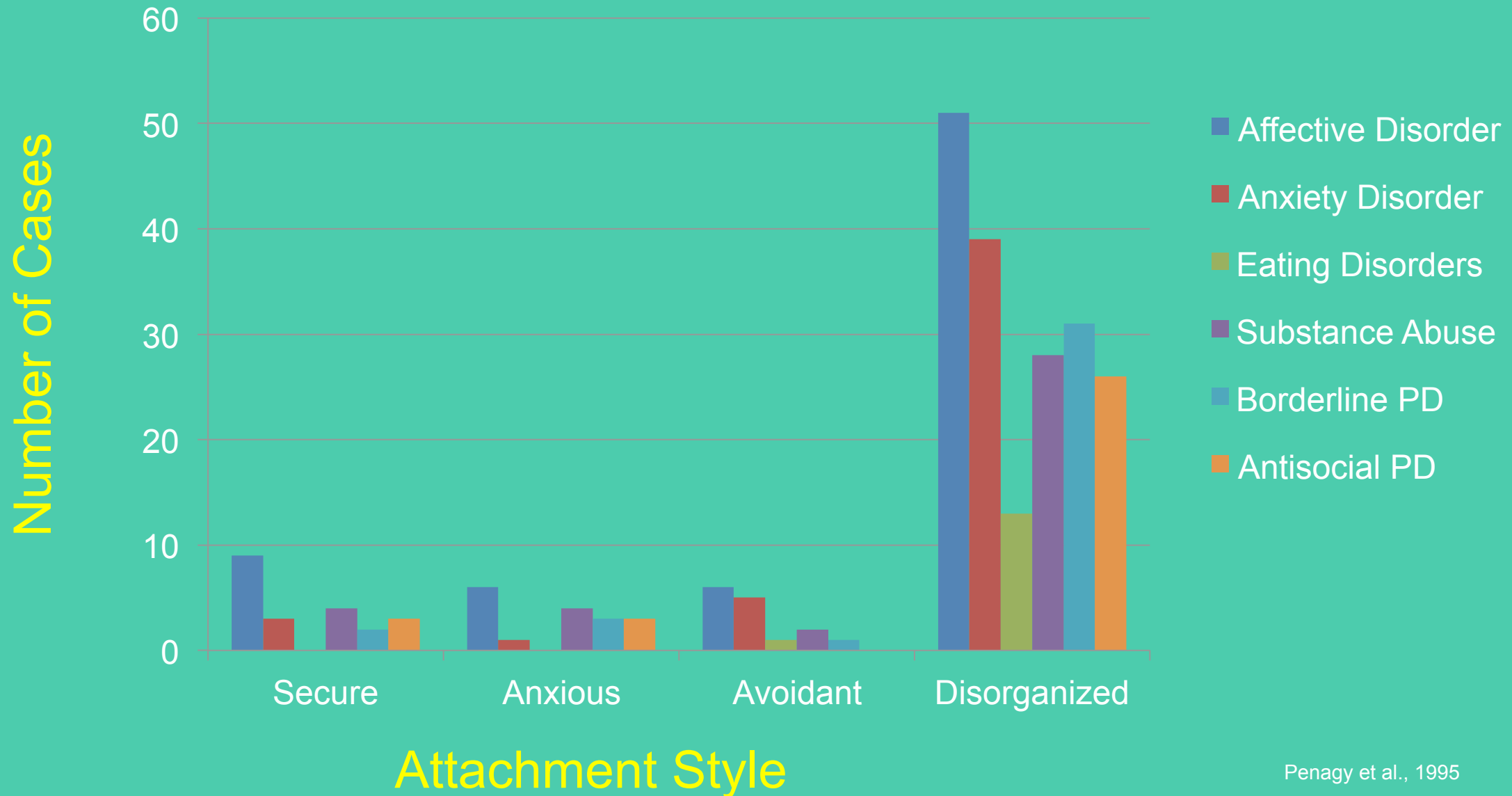
Caregiver psychological unavailability, physical abuse, sexual abuse, and serious distortions in the infant-caregiver relationships were strong predictions of adult psychopathology. Emotional problems are developmental outcomes; that is, they derive from a process of successive transactions of the child, operating over time, and links between antecedent conditions and disturbance are probabilities and nonlinear.

The same process that governs continuity and change in normal adaptors governs the development of disturbance.

(Sroufe, P.275)

Clinical Manifestations of Disorganized Attachment

Disorganized internal world
- Dysregulated psycho-physiological state
- Affect dyregulation (too much or too little)
- Lapses in self-observation or monitoring
- Discontinuous self-states and affect states
- Cognitive distortion, confusion

Disorganized behavior
- Impaired self-agency and goal-oriented behavior
- Inhibition of exploration and play

Disorganized attachment behavior
- Activation of contradictory attachment strategies
- Controlling behaviors
- Submissive or excessive care-taking behavior
- "Stable instability" in relationships
- Defensive aggression and helplessness
- Inability to elicit desired responses from others

Summary of Interventions

Transference Ruptures

Bowlby – Attunement/Secure-base

Metacognition

Affect Accelerated

Schema/Rules

Reparenting/Self

REMAP

Map of Mind of Self

Map of Mind of Others

COHERENCE OF MIND

ATTACHMENT

M x loving

197 She just gets. . . mad at me, sometimes mean to
198 me, a little bit, but um, not in a real bad way, and then
199 it blows over. But it could get difficult she was kinda
200 bad sometimes..uh, difficult to be, for her, to...for me
201 also to be around her. ˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑˑ
202
203 And finally, your last word was (happy). Uh,
204 does a particular memory or incident come to mind
205 there with respect to your relationship being
206 happy?
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208 Yeah, uh, she loves cooking, and when she had
209 a chance to cook, that made her very happy and, and I
210 was very happy because she was happy at those same
211 times. She isn't really a good cook, I mean, the food
212 was actually not all that good but it was wonderful to
213 be cooked for and to be cared for in that way, I think,
214 the way she cared for me back then. Uhm, let me see,
215 I don't know, it's, you know how everybody has little
216 idiosyncrasy things (sure), well, uhm, she likes to go
217 out and do things (Uh huh). Just a couple of months
218 ago, there was a, some people came into [[Place 2]],
219 (Uh huh) and uh, they have to go and do this sort of
220 thing. But she is, uh, --I don't know, every time like, a
221 Mother's Day comes around, or a birthday or
222 something, I do something, or make a little present and
223 send it to her, and, and, she, I mean I'm not always able to
224 be there anymore when she gets it but she will just
225 light up, and-- (Uh huh) I like to think how her face
226 will light up. Just a really happy person...
227
228 Well, that's good, thank you. Uh, do you
229 have another memory where you felt your
230 relationship was happy?
231
232 A specific time. . . . . {9 secs} yeah, I had
233 been crying a lot--um, I was mad about something. . .
234 {3 sec}. Uhm, she had maybe left the room too early
235 for me, or something? (Um-hm) And she came back--
236 and--stayed there for maybe 2 hours, and it was a very
237 happy feeling.
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239 4, 5. My next questions would have been
240 about your father in the same way, but I am
241 wondering if you in fact have any memories of him?
242
243 . . . . {10 sec}. Uh, no. He died when I
244 was tiny.
245

Can't score
for M loving

M happy
when cooking
but no direct
connection
to Lucinda.

(M loving)

Handwritten annotations:
X relevance. Asked about past, answers in present.

... #8:3.5 Corrected.
Note S does not complete
sentence with its natural ending
here ("uh, difficult to be around
her") but veers away to difficult
for M.

? Minor oscillation?

Somewhat hallowed sense of past.

#1, #3: 5 ...

... # 3:7.5. No referent, nothing like an etc.

X relevance. Moved
to M being happy
in the present

? How can
S know this

Note: "Happy" describes M
chiefly, and M being happy
makes S happy. S then
moves completely into present.

(+ good illustration)
but ends up with vague,
childlike voice.

... #7:5? Unused speech
for adult in this
context.

Because their caretakers have been routinely available to them, sensitive to their signals, and respond with some degree of reliability (though by no means is perfect care required), these infants develop a confidence that supportive care is available to them.

They expect that when a need arises, help will be available. If they do become threatened or distressed, the caregiver will help them regain equilibrium.

Such confident expectations are precisely what is meant by attachment security.

Alan Stroufe, 2000

Intimacy Development

Attachment: 0 – 2 Years, forming relationships.

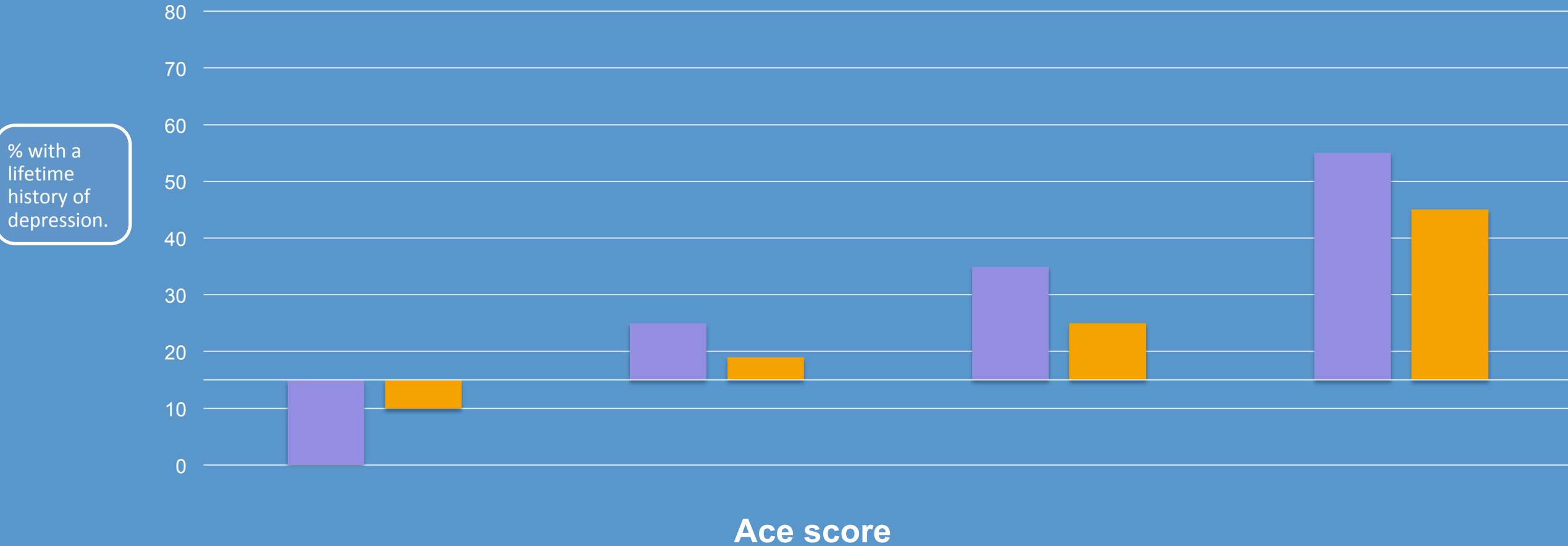Core Relational Conflict: 2 – 5 years, once in a relationship.

Trauma Bond: 0 →

ACE and Adult Alcoholism

Childhood Experiences Underline Suicide

Childhood Experiences Underlie Chronic Depression

% with a lifetime history of depression.

Ace score

Infant
- Activation of inconsistent and contradictory attachment behaviors
- No single coherent attachment strategy
- Trance states
- Segregated systems

Preschool
- Social inhibition and excessive care-giving
- Controlling and bossy

Adult
- Clinging and avoidant
- Disorganized attachment associated with unresolved trauma and loss in care-giver

Clinical Manifestations – Disorganized

Affect dysregulation

Lapses in self- monitoring

Discontinuous self- and mood-states

Dissociated 'parts'

Impaired self-agency & goal-directed behavior

Inhibited exploratory behavior

Contradictory attachment strategies

Controlling Vs. Submissive

'Stable instability' in relationships

Source of attachment is also source of fear

"Her interest was in the narrative coherence. Rather than focusing on the individual's story, she looks at the structure of the story. What the person allows themselves to know, feel, and remember in telling the story. Breaks in the story, disruptions, inconsistencies, contradictions, lapses, irrelevancies, and shifts are linguistic efforts to manage that which is not integrated or regulated in experience or memory.

Fonagy calls this 'mentalizing' affective experience to reflect upon the diversity and compliance of internal mental states. Specific memories are used as evidence — supporting general descriptions of primary relationships are important.

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Role Reversal – child caring for parent and meeting parent's emotional needs

The Hallmark of Secure Attachment is:

The Ability to own one's internal emotional experience.

Make sense of it, and, at the same time. . .

. . .Reflect on the mind of another.

"Mentalizing" (Fonagy, 2001, 2002)

Peter Fonagay and colleagues have described this ability as a product of the adult's "reflective function" in which parents are able to reflect (with words) on the role of states-of-mind, influencing feelings, perceptions, intentions, beliefs, and behaviors.

For this reason, reflective function has been proposed to be at the heart of secure attachment — especially when the parent has had a difficult early life.

The parent's coherence of narrative score on the AAI

Shows capacity of the adult to make sense of the mind of self and capacity to detect child's behavior and see implicated mind (behind the behavior) and respond in a timely and effective manner.
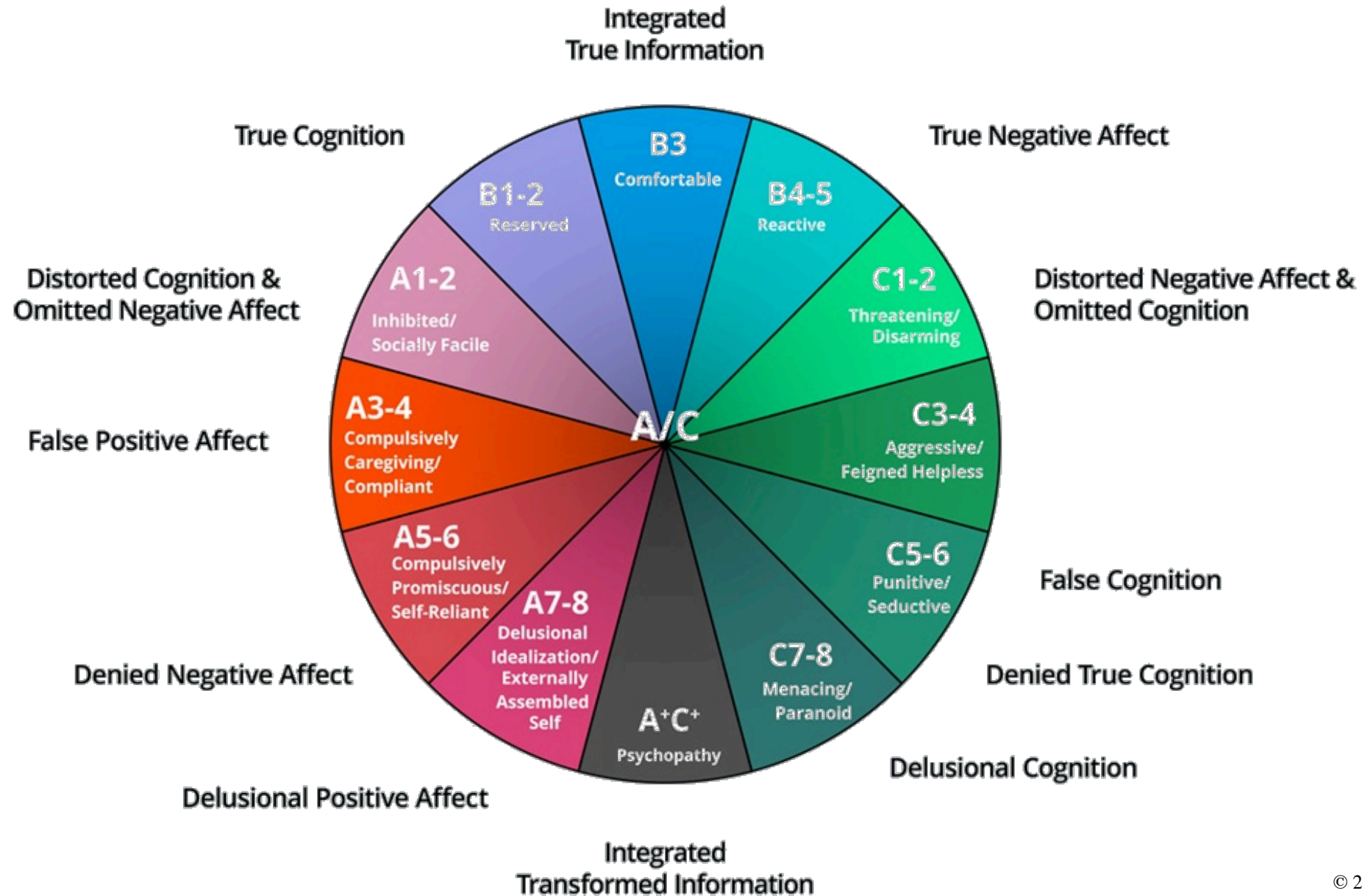
Internal Working Models

Mental Schematics:
Expectations about the behavior of a particular individual toward the self are aggregated (Fonagy).

1. Child attributes withdrawing non-responsive mother's recycling behavior to emotional state of mother rather self as bad, child protected.

2. It is only through getting to know the mind of the other that a child develops full appreciation of the nature of mental states.

> *Borderline states are those of victims of abuse refusing to conceive of the contents of their caregiver's mind and thus successfully avoided having to think about the caregiver's wish to harm them.*

3. There is a lack of compelling representation of the suffering of the mind of the other—insufficient social support.

4. There is a failure to represent their own feelings, beliefs, and desires with sufficient clarity to have core of self.

5. Enabling beliefs while at the same time knowing it to be fake.

SELF

Enhancing Metacognition in the Disorganized Patient

Enhancing mentalizing and reflective capacity.

Importance of fostering metacognitive awareness.

Fostering metacognitive mastery.

Metacognitive orientation to past/present, self/other, child/adult.

Taking a wider perspective on self — to a larger unity, rather than momentary shifting self-states.

In other words, pathological dissociation is not necessarily always the outcome of violent, abusive, or humiliating interactions between an adult and a child.

Provided that the activation of the attachment system is involved, parental communications that are frightened or confused, but not obviously a maltreatment of the infant, may set dissociative mental processes into motion.

Dell, Paul F., and John A. O'Neil. Dissociation and the Dissociative Disorders
New York: Routledge, 2009

Pathological dissociation, which can most often be traced to disorganized attachment in infancy, represents a profound distortion of core self-processes, such that development progresses towards greater complexity, without complementing integration. The result can be internalizing a sense of defectiveness, self-criticism, and hostility to protect the idealized image of the caregiver. When dissociation prevails, there is fragmentation of self. Vulnerability to dissociative coping mechanisms is more likely in the absence of experiences of reliable support and self-efficacy. Dissociative processes interfere with the formation of a personal narrative and verbal exchange, undermining the integration of traumatic events with other experiences.

Consensus Proposed Criteria for "Developmental Trauma"

Self and Relational Dysregulation. The child exhibits impaired normative developmental competencies in their sense of personal identity and involvement in relationships, including at least three of the following:

1. Intense preoccupation with safety of the caregiver or other loved ones (including precocious caregiving) or difficulty tolerating reunion with them after separation.

2. Persistent negative sense of self, including self-loathing, helplessness, worthlessness, ineffectiveness, or defectiveness.

3. Extreme and persistent distrust, defiance, or lack of reciprocal behavior in close relationships with adults and peers.

4. Reactive physical or verbal aggression towards peers, caregivers, or other adults.

5. Inappropriate (excessive or promiscuous) attempts to get intimate contact (including but not limited to sexual or physical intimacy) or excessive reliance on peers or adults for safety and reassurance.

6. Impaired capacity to regulate empathic arousal as evidenced by lack of empathy for, or intolerance of, expressions of distress of others, or excessive responsiveness to the distress of others.

The National Child Traumatic Stress Network (NCTSN)

"…it is normal and healthy for the individual to be able to defend the self against specific environmental failure by freezing the failure situation. Along with this goes an unconscious assumption (which can become a conscious hope) that opportunity will occur at a later date for a renewed experience in which the failure situation will be able to be unfrozen and re-experienced, with the individual in a regressed state, in an environment that is making adequate adaptation."

-Winnicott Collected Papers, pg. 281

INTER-PSYCHIC INTIMACY
(between the couple)
versus
INTRA-PSYCHIC INTIMACY
(within the individual)

Intimacy Disorder

When an individual has survived a childhood without safe, loving, and consistent caretakers who have nurtured a sense of the individual's core self, and who have not provided tools for internal regulation of affect, the cost is constriction. That is, they turn into themselves and are unable to connect to others. They become numb, object-like, in order to protect self from disintegration and pain. They lack confidence in their ability to master tasks, feeling fearful regarding their future.

Their interrelations are conflictual and difficult, recreating past disappointments and losses. They are impulsive, driven out of boredom to a compulsive desire for more excitement or from high arousal states to the safety of not thinking or feeling. They need to control people and situations, so they have the illusion of not being as likely to be hurt or alone. Over-control and out-of-control cycles over and over, create more chaos.

Personalized, developmental representation or template in the mind and in the brain depicts the idealized lover, and the idealized program of sexuoerotic activity with the lover, as projected in imagery and ideation or is actually engaged in with that lover.

Securely Attached Adult

- ➢ Values attachment and regards attachment experiences as influential
- ➢ Acknowledges need for others
- ➢ Freely explores thoughts and feelings
- ➢ Remembers childhood events clearly
- ➢ At ease with their own imperfections
- ➢ Doesn't idealize family or have involving anger
- ➢ And produces secure infants!

Transference Ruptures

Bowlby – Attunement/Secure-base

Metacognition

Affect Accelerated

Schema/Rules

Reparenting/Self

REMAP

Map of Mind of Self

Map of Mind of Others

COHERENCE OF MIND

Week 1: Idealization and Family Loyalty

Definition: Idealization is the discrepancy between the overall picture or presentation of the parent and the reader's inferences regarding the actual behavior of the parent.

Week 2: Rejection and Neglect

Definition: Define rejection and neglect by AAI standards

- Reject – child goes to attachment figure with tender feelings and emotions and parents *turns away* the child's expression of the emotions, *"I'll give you something to cry about..."*

- Neglect – parent is physically available but inaccessible — emotionally/psychologically unavailable

Week 3: Loving Behaviors

Definition: The attachment figure is dedicated to the development of the child as a person and is emotionally supportive and available. Loving behavior versus instrumental love versus non-loving behaviors.

Week 4: Involving and role reversal

Definition: Define involving and role reversal by AAI standards

- Involving-parent uses child's attachment system to become the object of the child's attention

- Role reversal – more severe form of involving behavior; the parent uses the child in the role of a spouse or parent, for their own emotional needs

Week 5: Caretaking Behaviors

Involving behavior on the part of our "caretakers" (parents, other attachment figures) can lead us into unhealthy caretaking behaviors in our relationships. Ex. From Alcoholics Anonymous language: Alcoholic as dependent, partner as *codependent*

Definition: Caretaking behaviors deceptive (to self and others):

* Keeps in a dependency relationship with you
* Keeps you from dealing with your own issues
* Require that everyone you care for must conform to your set of rules and norms about their life
* Look good and proper on the surface. but in reality, are a subtle way of manipulating others to keep them under your control
* Make you valuable to others who need your assistance, rescuing and help.

Week 6: Caretaking versus Supporting Behavior

Definition: Review from Week 5

Week 7: Involving Anger

Definition : Involving anger is the reason that when a thing happens in relationship, all the past hurt comes in and it feels as if it is a continuation or what *always* happens.

Involving anger sounds like this: "…she was always trying to make me into a little doll that was always doing what she wanted, and she dressed me that way, and for awhile, I acted that way, but I'm onto her now and I know what she's up to; and I'm sorry, but I am not your little baby doll anymore."

Often longer, but even though it's a short passage, it would score a 6/9 for involving anger on the AAI

Week 8: Passivity

Definition: The speaker appears unable to prevent sounds or phrases from arising while unable to specify its presumed intent or content.

Relatedness

1. Fostering empathy for dissociated parts of self.
2. Tracking of intra-relational patterns, i.e. internal abandonment, ridicule.
3. Understanding survival function of parts of self.
4. Resolution of internal conflicts.
5. Internal witnessing, reduces shame and aloneness.
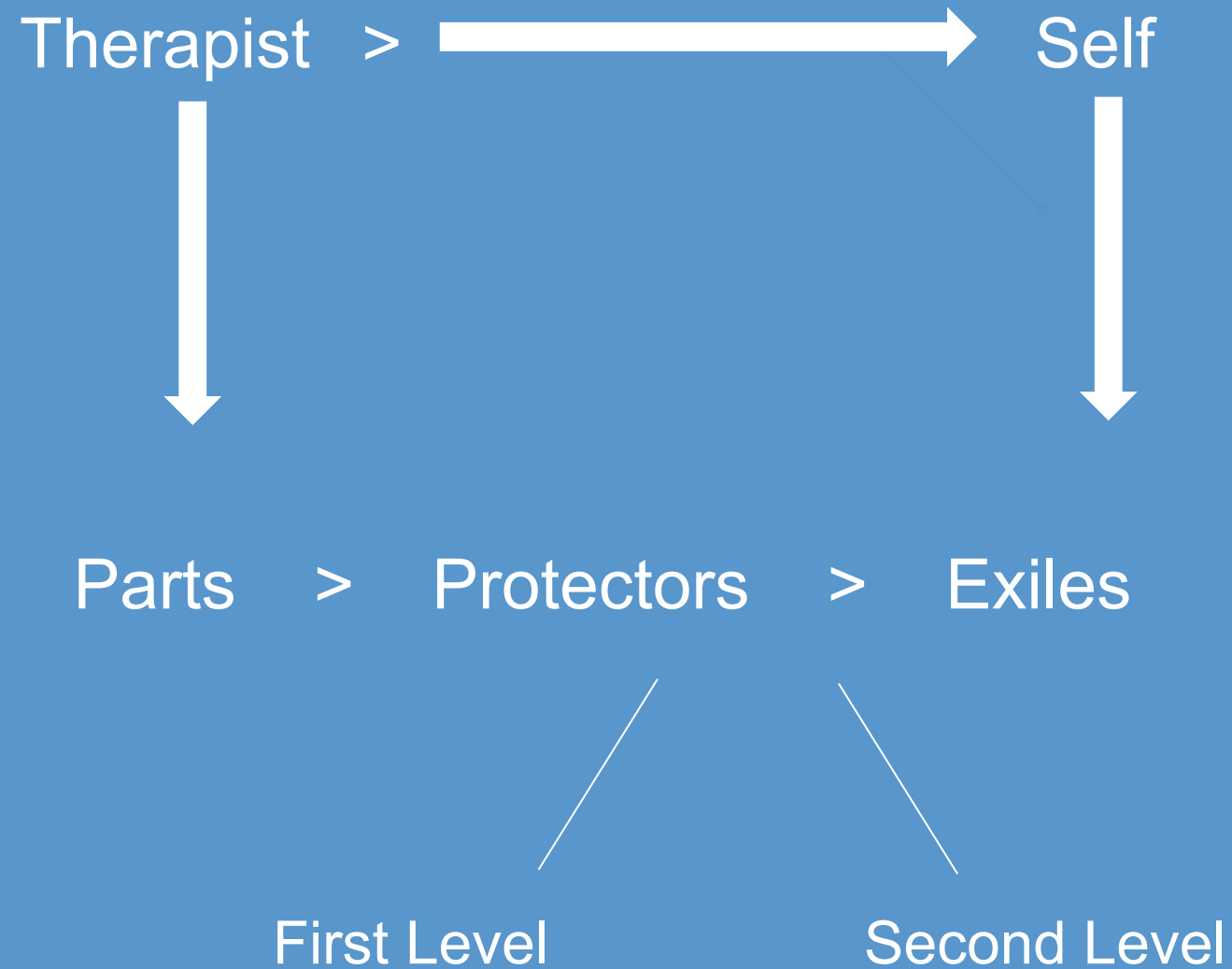6. Affect regulation between internal dyads.

Emotional Processing

7. Recognition that different parts of self encompasse different defense strategies, divergent emotions, and divergent attachment schemes.

Meta Therapies

8. Recognition that different parts of self encompasse different defense strategies, divergent emotions, and divergent attachment schemes.

Therapist > ────────────────► Self

Parts   >   Protectors   >   Exiles

First Level   Second Level

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Target Symptoms for "Earned Secure Attachment"

1. Turning towards other people for self-soothing and intimacy.

2. Establishing a coherent narrative regarding one's life.

3. Establishing metacognitive thinking in relation to family of origin.

4. Minimize idealization and family loyalties.

5. Establishing clarity with regards to self and self in relation to significant others.

6. Resolution of significant losses in one's life.

Define Each

1.   Facilitating a coherent and reflective narrative.
2.   Neutralizing idealization and loyalties to family system.
3.   Facilitating metacognition
4.   Facilitating self-compassion.
5.   Utilizing an attuned relationship with therapist as a home base for exploration of developmental change.
6.   Asking others to do self-soothing under stress.
7.   Re-examine detailed beliefs about self and others.
8.   Relinquishing defense of dissociation and re-associating affect, sensation, and knowledge.
9.   Not inhibit or minimize internal experiences and learn to tolerate express attachment and related emotions.
10.   Resolution of internal relational exchanges between parts of self.
11.   Internalize self-parenting, is forgiving of mistakes, listens to disowned parts of self.
12.   Sets and teaches healthy boundaries.
13.   Resolution of significant losses in one's life.
14.   Deconstruct the attachment pattern of the past and construct new ones.
15.   Integrate traumatic attachments, losses, and re-enactments.
16.   Establishing appropriate entitlements related to having needs, expressing needs, and meeting needs.