

30 YEARS OF TRAUMA THERAPY

LESSONS LEARNED - PART II



HARMONY PLACE MONTEREY

DEVELOPMENTAL MODEL OF DISTURBANCE

Developmental deviation of ontogenetic process, failure of adaptations, pattern of adaptation reflecting the totality of the developmental context to that point.

Maladaptation can be the result of different developmental pathways, which are *probabilistically* related to disturbance.

Individuals beginning in similar path may diverge, showing different pathology.

FONAGY: ATTACHMENT & MENTALIZATION

Peter Fonagy and colleagues have described this ability as a product of the adults' “**reflective function**,” in which parents are able to reflect (*using words*) on their child's 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 attachments, especially when the parents themselves have had a difficult early life.

PUTNAM “DEVELOPMENTAL MODEL”

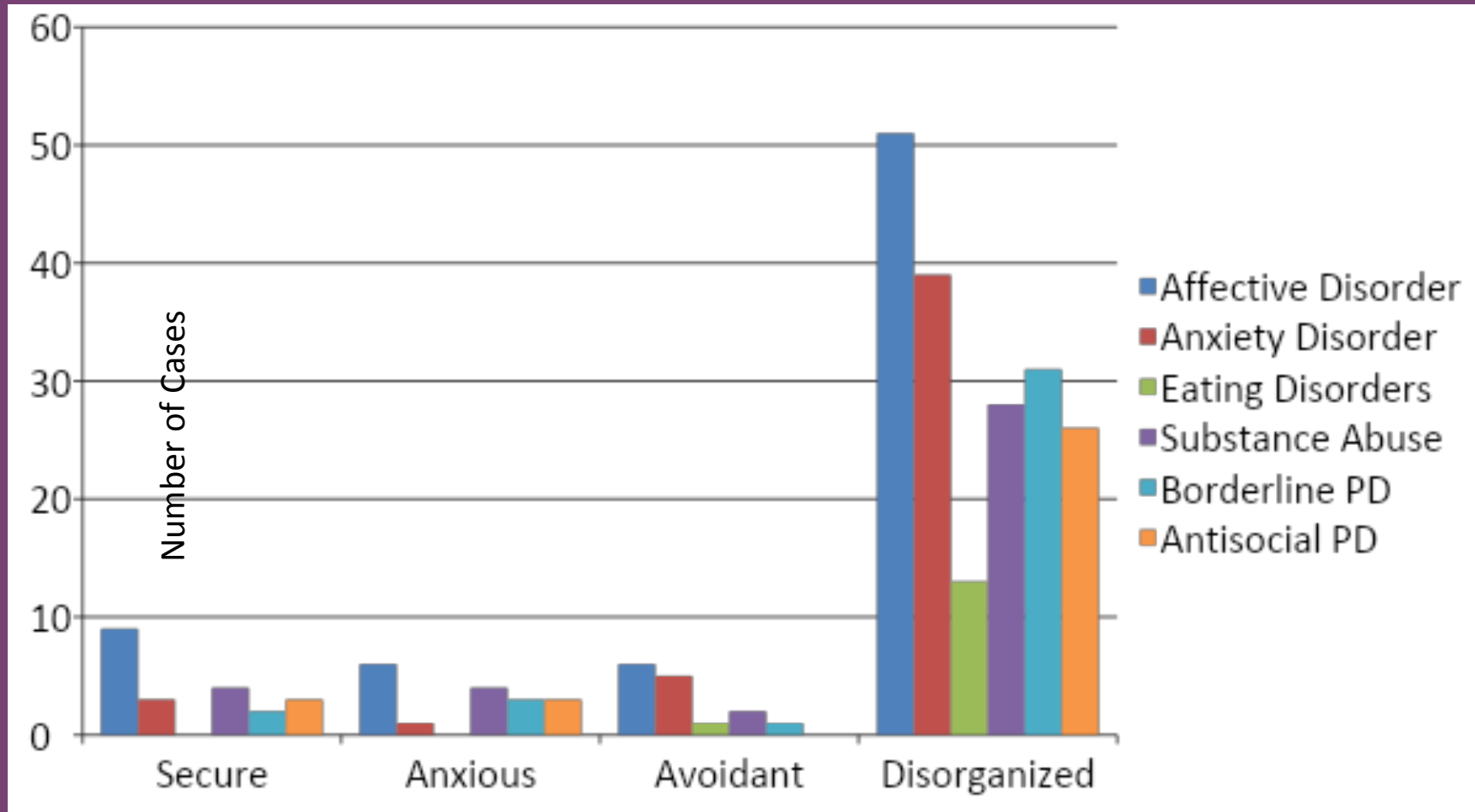
Multilevel development disturbances are produced by the segregation or compartmentalization of information, skills, and behavior into discrete dissociative states, such that this knowledge is only erratically (*as opposed to reliably*) available to the individual.

Difficulties with the integration of dissociatively compartmentalized information impair metacognitive executive functions and iteratively disrupt the developmental consolidation of sense of self over the course of one's life.

Therapy involves helping the client reclaim the part(s) of self that were sacrificed to gain safety.

In therapy, we create a context and relationships where pain, anger, and difficulty can be safely acknowledged while maintaining a connection.

AAI CLASSIFICATION & PSYCHIATRIC DIAGNOSES



Fonagy et al., 1995

ATTACHMENT STYLE

OGAWA ET AL LONGITUDINAL STUDY CONCLUSIONS

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- ▶ “Age of onset, chronicity, & severity of trauma were highly correlated and predicted level of dissociation”
- ▶ Trauma is a necessary but not sufficient predictor of pathological dissociation in adulthood
- ▶ “Both avoidant & disorganized attachment are strong predictors of dissociation”
- ▶ Dissociation in childhood as normal response to disruption and stress
- ▶ Dissociation in adolescence and adulthood indication of psychopathology
- ▶ *Combination of disorganized attachment and later trauma predicts pathological dissociation*
- ▶ Dissociative behavior shifts in early childhood so that trauma is less, and disorganized attachment more, predictive of adult pathological dissociation

INTER-PSYCHIC INTIMACY

(Between the couple)

versus

INTRA-PSYCHIC INTIMACY

(Within the Individual)



SELF-PARENTING: ACCORDING TO SURVIVORS

- Is unconditionally loving and accepting
- Is affirming
- Takes responsibility
- Sets and teaches healthy boundaries
- Is protective
- Values play
- Is forgiving of mistakes
- Encourages growth
- Listens to the child in open, receptive ways

FIVE CONDITIONS THAT PROMOTE SECURE ATTACHMENT

1. Sense of felt-safety, feels protected
2. Sense of being seen and known, being attuned to
3. Experience of felt-comfort is timely, and is empathic
4. A sense of being valued, a delight is taken in the individual (child)
5. A sense of potential for new possibilities for growth and becoming one's self, there is support for explanation

BURDENS

The concept of “burdens” is brilliant in its widespread application. It sidesteps the need to compare or count symptoms to diagnose and postulates instead more of a “no one escapes unscathed” framework.

Thus, “burdens” can encompass beliefs, feelings, and energetic residue of events and experiences that overwhelmed the internal and/or externally accessible resources of the organism and its attachment environment at the time, thereby, creating constraint.

If ego states are split off, projected, rejected, indulged or otherwise unassimilated, they become black holes that absorb fear and create the defensive posture of the isolated self, one that is unable to make satisfying contact with one's self and others.

When split-off ego states are made conscious, accepted and tolerated, or integrated, the self can be at one, and self-compassion can be released and experienced.

PARTS

- ▶ Sub-personalities or Parts are aspects of personality **that interact internally** in patterns that are similar to the ways that people interact in human systems.
- ▶ We all have parts (*think of your playful Part, your organized Part, shy Part etc.*)
- ▶ All parts are valuable and have good intentions. Even though the behaviors themselves might appear to be destructive, they are intended to protect the individual.
- ▶ In response to life experiences, parts can become extreme and destructive, obscuring the leadership of the Self.
- ▶ People who have undergone severe trauma typically have more discrete, polarized parts.

COMPASSIONATE WITNESSING

This occurs when the Self of the client is able to witness the stories of their Parts from a compassionate position.

SELF-HEALING

Therapist is no longer “healer,” but is more “mid-wife,”
facilitating the birth of that which already exists inside
the client *that is waiting to be born.*

UNBURDENING

Burdens are thoughts, feelings, or energies that constrain extreme Parts (*particularly the exiles*) from filling their naturally healthy roles.

After compassionate witnessing has taken place, ask the Part what burdens it is carrying.

Ask where in the body the burden is located. (*Help the client to visualize the burden as something tangible*).

DEVELOPMENTALLY BASED PSYCHOTHERAPY

MOBILIZE DEVELOPMENTAL PROCESS

- ▶ Self-regulation (*security and control*): look, listen, attend, feel calm, modulate affect and behavior
- ▶ Forming intimate relationships (*optimism, security, dependence*)
- ▶ Engaging in boundary-defining gestures (*mastery*) and complex, self-defining communication (*self-other*)
- ▶ Representing internal experience (*wishes, intentions, affects, complex sense of self*)

LAYERS OF TREATMENT

- ▶ Reduce symptoms distress
- ▶ Address underlying trauma
- ▶ Disrupt repetition compulsion and reenactments
- ▶ Establish secure attachment
- ▶ Maintain emotional regulation
- ▶ Integrate Template of self, gender, and eroticism
- ▶ Development of coping skills, social skills, and life skills
- ▶ Enhance choices for genuine intimacy

STEPS IN TREATMENT

- ▶ Experiencing safe attachment to attuned therapist
- ▶ Establishing control over out-of-control behavior
- ▶ Increasing ability to remember and experience emotions of past trauma
- ▶ Narrate the emerging story
- ▶ Gain mastery over reenactments
- ▶ Restructuring of cognition and overcoming distortion and bias
- ▶ Restoring opportunities for learning life skills
- ▶ Sustaining capacity for attachment
- ▶ Developing intimacy in safe relationship
- ▶ Experiencing joy and freedom
- ▶ Reclaiming rights for healthy sexuality

INTEGRATION

(HOROWITZ & KRUPNICK, 1981)

Before integration occurs, though, the following themes need to be mastered:

- ▶ Rage at the source of the trauma (*i.e., the perpetrators*)
- ▶ Sadness over losses (*innocence, childhood*)
- ▶ Discomfort over the realization of personal invulnerability
- ▶ Discomfort with over-reactive aggressive impulses
- ▶ Guilt and self-blame (*because of failing to control the abuse or reliving that it was one's self that invited the abuse to occur*)
- ▶ The Rage at those exempted for the abuse
- ▶ The Fear of repetition of the event

CHARACTERISTICS OF AN IDEAL PARENT

- Consistency
- Reliability
- Interest
- Protection
- Attunement (*behavior, internal state development*)
- Soothing and Reassurance
- Expressed Delight
- Encouragement for Exploration
- Outer Exploration

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