

INTIMACY AND INTIMACY DISORDERS

The Cornerstone
of **Recovery**
from Mental Illness
and Addiction

APR 21 2023



HARMONY PLACE MONTEREY

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TREATMENT TRACKS

TRAUMA
PTSD

MENTAL
HEALTH

EATING
DISORDERS

CHEMICAL
DEPENDENCY

SEXUAL
DISORDERS

1

TRAUMA | POST-TRAUMATIC STRESS DISORDER (PTSD) – When events occur that make us feel distressed, fearful, and scared we often develop an emotional wound as a result of the painful experience. There is no right or wrong way to react to trauma. When one experiences an event of this magnitude, the brain struggles to make meaning of what happened, making integration and consolidating the event into long-term memory challenging. People who experience a reaction to a traumatic event have difficulty differentiating the difference between the “then and there” and the “here and now.” Typically, numbness, hyperarousal, and intrusive symptoms with poor emotional regulation and exaggerated startle responses can appear as a result. At HPM, we utilize evidence-based treatment approaches, such as Cognitive Reprocessing Therapy, EMDR, Internal Family Systems (IFS), and other forms of Exposure Therapy, including group-process for PTSD. We also specialize in working with veteran’s and active-duty enlisted military, using evidence-based interventions, dealing with the unique aspect of current deployment as well as earlier childhood neglect and abuse. Having worked with hundreds of veterans and thousands of sexual abuse survivors, we are very experienced in compassionately facilitating customized healing processes as needed.

2

MENTAL HEALTH | DEPRESSION | BIPOLAR – One critical piece in fighting depression is to find the right combination of medication(s), effective dosage with minimum side effects. Since there are now many medications with specific targets to this complex disorder, it is important to monitor closely, with psychiatric support, what results in an optimal response. Once distressing symptoms are contained and minimized, psychotherapy is critical to reengineering one’s life in order to create day-to-day capacity for emotions and joy. Living outside the zone of depression requires effective intervention and lifestyle changes.

3

EATING DISORDERS – Eating Disorders are complex, serious-but-treatable mental and physical disorders, affecting people of all genders, race, age, ethnicities, body types, and weights. At least 30 million Americans will struggle with an eating disorder in their lifetime. Through years of effectively treating eating disorders, we have come to realize one’s relationship with food often parallels one’s relationship with people, in that food is used for emotional regulation and as a substitute for loneliness and as a way to avoid people, feelings, and emotional stress. Our experienced team of eating-disorder therapists work both individually and in group therapy to help our clients unmask key issues underlying eating-disorder symptoms from a behavioral and systemic perspective. With specialized treatment, recovery is possible!

4

DRUG and ALCOHOL ADDICTION – Our Chief Clinical Officer, Dr. Leon Larimer, has over 20 years of experience in treating addiction and related issues. Following abstinence and detox, his specialized team assists clients get to the place where recovery can begin. Once a client is pursuing sobriety and not using substances as an avoidance mechanism, clients are flooded with all the issues they have “put under the rug” — issues they have avoided dealing with for years. The unique aspects of our program are blended together, using effective psychotherapy, medication, and Buddhist principles to help maintain sobriety. Individual and group psychotherapy allow the client to work deeper issues that often maintain and perpetuate addiction. In addition, emotionally focused individual and group modalities are offered to help identify and treat underlying patterns that often promote active substance and alcohol abuse and that can prevent a successful recovery. Our small group-treatment setting provides intimate support and understanding to those suffering from an alcohol, substance, or behavioral addiction problem.

5

SEXUAL DISORDERS

Sexually addictive behaviors can be quite divergent, depending on the developmental pathway causing the behavior. Dr. Mark Schwartz has been treating out-of-control sexual behaviors for 40 years. He began his training with Dr. John Money at Johns Hopkins, has worked directly with Masters and Johnson, as well as Patrick Carnes. In addition, he edited the book, *Sexually Compulsive Behavior*. His groundbreaking work in intimacy and attachment is the basis for his unique approach to treatment in treating hundreds of individuals and their partners. Our Sexual Disorders track allows for intensive treatment of out-of-control sexual behaviors, including associated co-occurring psychiatric and addictive behaviors.



AVOIDANCE

Avoidance refers to the tendency to evade intimacy with other people, but also to defend against certain feelings, impulses, memories and needs that rise internally.

It is a predisposition to pathology resulting in increased self-control, work ethic, perfectionism and self-reliance.

Linda Curdy (2019)



Menninger, K. (1942). *Love Against Hate*. New York: Harcourt Brace Jovanovich

The fundamental principle that the capacity for love and hatred is developed in childhood — as a result of parental attitudes and behavior — is thus of basic importance.

So long as people assume that the hatreds of today depend upon events of only yesterday instead of events of many years ago, they are futilely entangled in a psychological fallacy.

Furthermore, most of the injuries to the child occur while the parent is unconscious of the fact that he is inflicting injury, and they are also repressed into unconsciousness by the child, so that he, too, “forgets” them.

This creates a “terra incognita.” It is a basic principle of modern psychology to bring something which has been unconscious into the consciousness of a person, whether it be through education or through psychoanalysis. This acts therapeutically by broadening the domain of the ego. or, to put it in more philosophical terms, by extending the limits of the region in which it is possible to exercise free will.

DISTANCING

- Sexual
- Emotional
- Controlling
- Geographic
- Distracted
- Isolated
- Commitment
- Addicted
- Parenting
- Intellectual
- Defensive (fighting)
- Self-involved (victim)
- Phoniness
- Indiscriminative Sociability

AVOIDANCE

The avoidant persons need for distance from a partner is linked to their need to maintain distant from the self. Because they lack capacity to regulate emotions, they ban their emotions. They are physically present, but emotionally absent. They “think” they feel.

- Lower receptivity (problems reading others)
- Disinterest and distractable
- Defensive pattern
- Less involved in others’ distress
- Mechanical care-giving

MAIN & WESTON

“Avoidance is highly associated with mother’s anger, her emotional inexpressiveness, and her rejection of physical contact with the infant.” “Mothers lack empathy and actively show critical behavior despite being observed.”

FEAR WITHOUT A SOLUTION

(LYONS, RUTH)

School-age kids act punitively toward parent with verbal threats or appear exceptionally polite or helpful, geared to controlling the parent, leads to disorganized/approaching or disorganized/resisting.

Children rarely talk about it, instead, they enact contradictory injurious behaviors.





DISCONNECTION

Information inconsistent with the attachment figure is disconnected from awareness, so the child keeps favorable views of parents, while knowledge of their bad or disappointing aspects is excluded. Injury = badness of the child.

“I know my mother loved me; she didn’t know how to show it. It was hard for her because I was always in trouble.”



Sexuality

Avoidant people may hyper-activate the sexual system in order to de-activate the need for attachment and intimacy. Some use sex to get external validation of “lovability”. Some use sex as only form of connection.

They may then find themselves inexplicably turned off to sex if their partner’s attempts to get close.

An abstract, low-poly geometric illustration of a woman's face, rendered in various shades of orange, red, blue, and green. The face is composed of many small, overlapping triangles. The background is a mix of these colors, creating a textured, mosaic-like effect. A thin orange horizontal line is positioned above the title.

Avoid Intimacy with Others

TECHNOLOGY is used to avoid and tolerate closeness in relationship.

Remote working and digital become insulation. Online counseling is perfect!

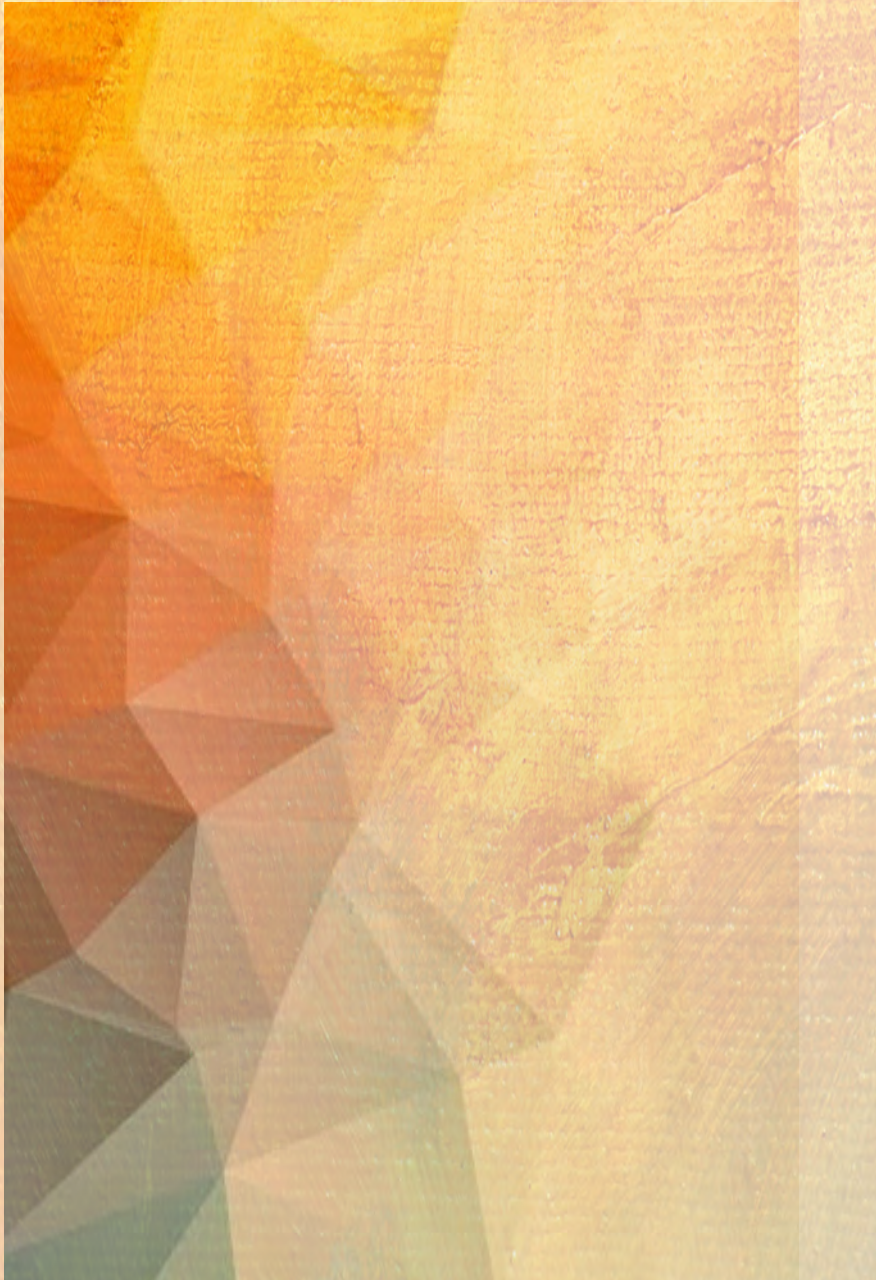


Parenting & Avoidance

Because dismissing people need to maintain deactivation of their attachment systems, they are likely to relate to their children in distant rejecting, controlling ways, just as their parents related to them.

Therapy

1. Reduce dismissing partner's reliance on deactivation and distance
2. Trac the couple as a regulatory system
3. Mirror avoidance under responding and preoccupied over-responding
4. Help the “relationship” become a safe haven, source of comfort and place to explore the world
5. Encourage willingness and ability to share the real self and ability to provide this for partner



DISORGANIZED ATTACHMENT

Fear activates the attachment system. But, if the primary attachment figure is the source of fear, the result is the collapse of strategies for dealing with stress, interfering with the capacity to regulate arousal by using others for self-soothing and/or accessing and employing self-controlling behaviors – hence: ADDICTION.

Self

When the child is threatened by physical/sexual events that may exceed the protective capacities of the self – and other dyad of the formative years, the perceived danger may be split off and dissociated, and this may produce Post Traumatic Stress Disorder (PTSD), if the input is sufficiently intense or chronic.

If the physical/sexual transgression of the child’s “world” is traumatic, the sensory, emotional and cognitive processing are interrupted and suspended in a defensive cold storage.

Because of this lack of integration, a memory is not established, and may never be. A part of the self is, in effect, left behind in time; it is unable to grow.

And to compound the dilemma, the knowledge of this situation is not available to the conscious self.

You have to have an I, to have a we...



“**Trauma** related to structural dissociation then, is a **deficiency in the cohesiveness and flexibility of the personality structure**. The lack of cohesion and integration of the personality manifests itself most clearly in the alteration between the vivid re- experiencing of the traumatic event and avoidance of reminders of the traumatic experience.”

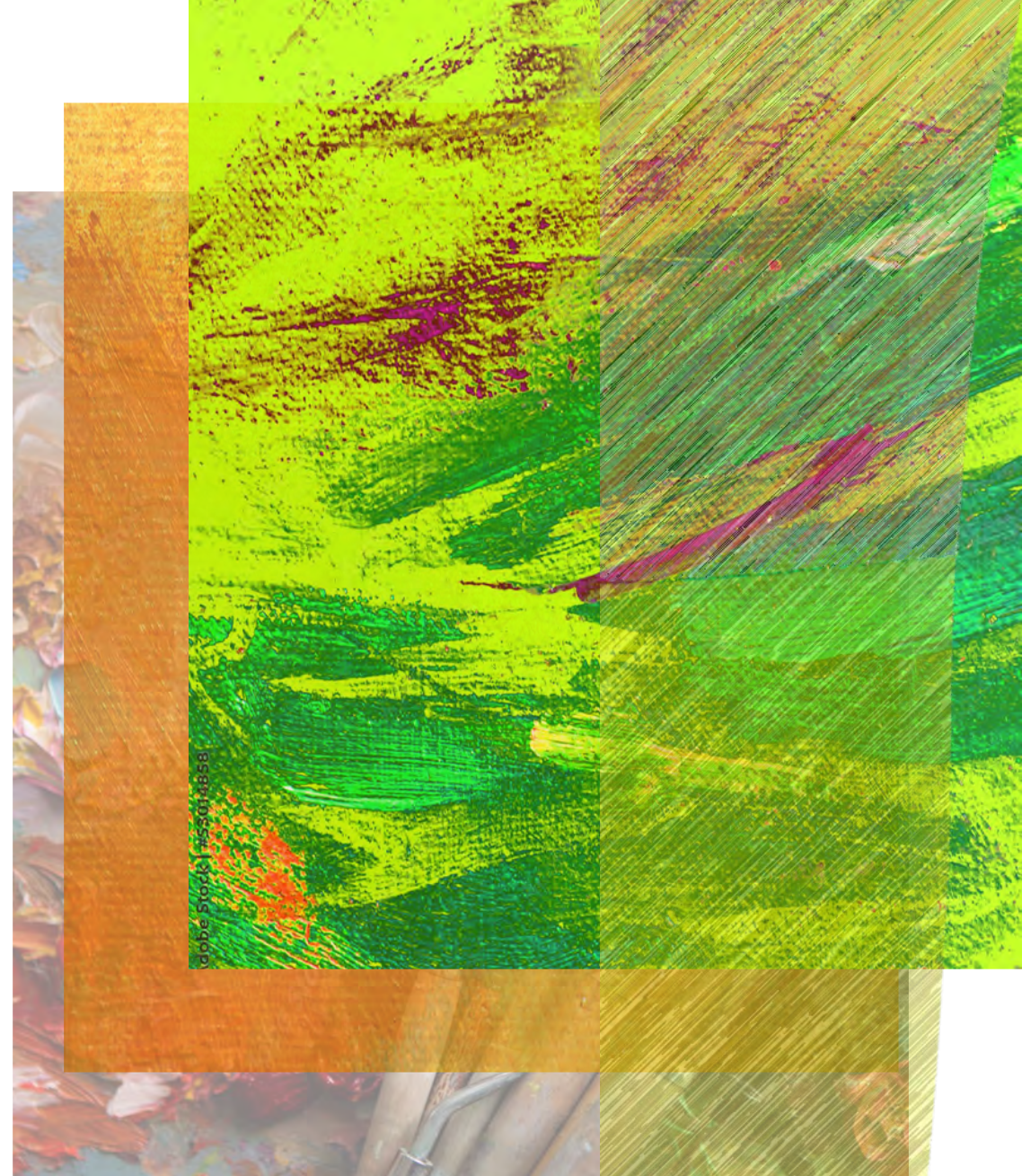
(van der Hart et al., 2006)



Sadomasochistic Relationship with Self

“Illusion of Control”

Punishes self or denies self-comfort and is unable to be kind or nurturing to self. Becomes self-deprecating and overly self-critical, striving for perfection and constantly scrutinizing and judging.





The essence of sadism is, however, wanting to have control over another living being, complete and absolute control. The other creature can be an animal, a child, or another adult, but in every case the sadistic individual makes the other living creature his property — a thing, an object of domination.

If someone can make another person defenseless and force him to bear pain, that is an extreme form of control, but it is not the only one. Far more common is a “cold sadism” that is not at all sensual and has nothing whatever to do with sexuality, but still displays the same essential quality that sensual and sexual sadism do: Its goal is domination, complete control over another person, being able to mold and shape him as the potter does his clay.

There are even benign forms of sadism with which you are all familiar. One person controls another not to his harm or disadvantage but to his advantage. He tells him what he should do. Everything the subordinate should do is spelled out for him, and it is all good for him. IT may indeed be good for him --- or perhaps we should say profitable — but the problem with that is that he loses his freedom and autonomy. The one thing he does not see is that his soul is being damaged, that he is becoming a submissive, dependent — an unfree human being.

From Fromm,E.(1986),For the Love of Life, New York: The Free Press.



“Involving”

ROLE REVERSAL:

Child-caring for
parent and meeting
parents’ emotional
needs



Making The Choice Explicit

i.e., write to your mom and tell her why you intend to continue to idealize her and blame yourself for all that happened growing up, even if it costs you your own health, family, and perhaps, life.

The Intergenerational Transmission of Insecure Attachment



The infant learns to view those affective experiences to which the mother misattunes as falling outside the realm of shareable experience and to deny or disavow such feelings.

The relative comfort or discomfort of the mother with certain kinds of emotional states can influence the infant's subsequent access to those same emotions at a very early age.

Pamela C. Alexander, Oct. 1991

The Hallmark of “Earned” Secure Attachment is:

The ability to reflect on one’s internal emotional experience

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

Reflect on the mind of another

“Mentalizing” – Fonagy, 2001, 2002

Self-parenting: according to survivors, qualities of ideal parent

- Unconditionally loving and accepting
- Affirming
- Takes responsibility
- Sets and teaches healthy boundaries
- Is protective
- Values play
- Is forgiving of mistakes
- Encourages growth
- Listens to child in open and receptive way

These are the qualities of the ideal “self-parent”



THERAPY

Earned Security – Allow client to learn capacities taken for granted by those with secure histories —to observe inner world, defenses, affect, behavior, and how it manifests in outer world, relationships, and connection and reading others.

Develop a meaningful self-narrative, making inner peace (grieve) with what was done to self, and as a result, what self has done to others. Develops balanced reliance on self and others.

Extension of intrapsychic conflict onto the stage of the outer world often manifests itself in interactions with others that cannot strictly be called interpersonal, because they are essentially extensions of the individual's problems from the past.

These problems are played out using another, not for his or her real self, but as an involuntary actor cast in a role from a scenario the patient repeats in the present in order to avoid past memories and feelings.

From Materson, J.& Orcutt,C.(1989).Marital co-therapy of a narcissistic couple. InK. Masterson & R. Klein (Eds.), Psychotherapy of the Disorders of the Self. New York; Brunner/Mazel.

Couples Dynamics

“I want to be like you when I grow up”

Preoccupied expects partners to have low interest and attention (girl and her dad), dismissing people expect partners to be overly demanding (boys and moms).

We fall in love with people who carry a disowned part of self — they projected it. The avoidant finds one who carries his vulnerability and longing for closeness. The preoccupied finds an avoidant and carries her longing for independence.

Assumptions Regarding Relationships

Unfinished business is a present, emotional reaction shaped by a past experience. It is a reactive response guided by strong emotional feelings based on past experience of anxiety.

Unfinished business does not allow for a thoughtful, creative response to a here-and-now situation; rather, it triggers an emotional, reactive response.

Who we bring into our lives, our major life decisions, how we embrace important people and the amount of closeness and distance we need emotionally are all shaped by unfinished business carried into adult life.

Relationship problems are more a reflection of unfinished business than expressions of a lack of commitment, caring, or love.





- **AESTHETIC INTIMACY:** Sharing experiences of beauty, as in music, nature, art, theater, dance, movies — drinking from the common cup of beauty.
- **INTELLECTUAL INTIMACY:** Sharing the world of ideas, as in a genuine touching of persons, based on mutual respect for each other's intellectual capacities (reading, discussing, studying, respectful, debating, etc.)
- **COMMON INTIMACY:** Togetherness is derived from dedication to a common cause, values, or effort (i.e., working for a political cause)
- **WORK INTIMACY:** Sharing common tasks, supporting each other in bearing responsibilities (raising a family, house and yard chores, cooking together, etc.)
- **COMMUNICATION INTIMACY:** Being honest, trusting, truthful, loving, giving constructive feedback; positive confrontation.

CRISIS INTIMACY: Standing together in the major and minor tragedies that persist in life; closeness in coping with problems and pain.

SEXUAL INTIMACY: Sensual-emotional satisfaction; the experience of sharing and self-abandon in the physical merging of two persons; sensual-sexual fantasies and desires.

EMOTIONAL INTIMACY: Depth awareness and sharing of significant meanings and feelings; touching of the innermost selves of two human beings.

CREATIVE INTIMACY: Helping each other to grow, to be co-creators (not “reformers”) of each other.

CONFLICT INTIMACY: Stand up with/to each other, “fighting” in non-destructive ways; facing and struggling with differences together.

SPIRITUAL INTIMACY: The “we-ness” of sharing ultimate concerns, the meaning of life, philosophies, religious experience.

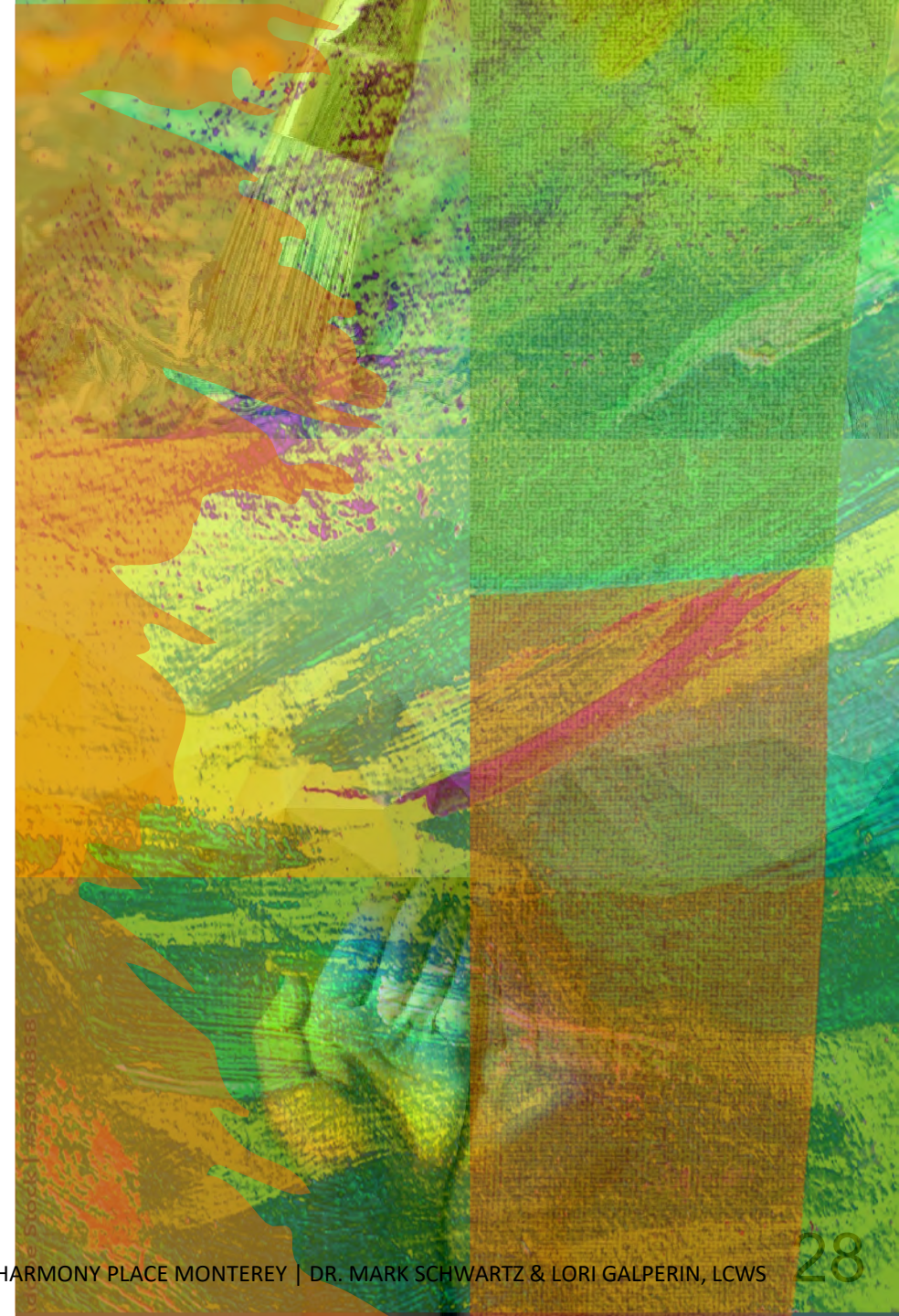
RECREATION INTIMACY: Sharing experience of fun, sports, hobbies, recreation, having ways of refilling the wells of energy, and leisure.



Goals In Therapy

- To label and express emotions
 - To relate, relax defensive boundaries.
 - To make sense of minds of others
 - Create a meaningful self narrative Mourn losses
 - Develop ease with self imperfections
 - Develop self-compassion
 - Challenge internal critique
 - Become spontaneous creature, alive
1. When you think about your childhood experience, do you think they have had an influence on you as well an adult?
 2. When you think about your parents' behavior towards you when you were a child , why do you think they behaved the way they did?

(Lundy, L. Attachment and The Defense Against Intimacy. Routledge, 2013)



Dismissing of Attachment

1. Idealization
2. Dismissing derogation
3. Lack of memory
4. Response appears abstract and remote from memories or feeling
5. Regard self as strong, independent, normal
6. Little articulation of hurt, distress or needing
7. Endorsement of negative aspects of parents behavior
8. Minimizing or downplaying negative experiences
9. Positive wrap-up
10. No negative effects
11. Made me more independent



Scales for Organized States of Mind

SECURE

- Coherence of transcript
- Metacognitive Monitoring
- Dismissing
- Idealization of parent
- Lack of recall
- Dismissing derogation
- Fear of loss
- Preoccupied
- Involving/preoccupied anger
- Passivity of discourse

Preoccupied States of Mind

- Involving preoccupied anger
- Passivity/Vagueness in discourse
- Involving preoccupied anger
- Disorganized state
- Relation to loss
- Relation to abuse
- Disorganized responses to abuse
- Contradiction