“Mom, there’s a monster in the closet”

How do attachment, trauma and anxiety disorders interact?

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Workshops

There is also possibility to customized workshops

Mom there's a monster in the closet

Download Mom there's a monster in the closet.pdf (5.85 MB)
Early Attachment Trauma

Consequences

Link between EAT and anxiety disorders

Therapeutic tools
Agenda

• Ice breaker activity

• Theory

• Interactive component

• Questions and answers

• Positive note
Learning objectives

• Be able to recognize, identify and categorize early attachment trauma

• Be able to define the developmental impact of early attachment experiences.

• Recognize the clinical symptomatology of EAT and the relationship with the development of anxiety disorders

• Be able to integrate the presented treatment possibilities in the daily practice
Ice breaker activity: Trauma

What has been seen

Cannot be unseen
Ice breaker activity: Attachment
Theory
Trauma?

• The classic vision of trauma

• from the perspective of a traumatizing event

• characteristics
Trauma?

– PTSD (Posttraumatic Stress Disorder)
  • Criterion A: (traumatic event)
    “exposure to actual or threatened death, serious injury, or sexual violence”

– Leonore Terr
  “a sudden, unexpected, overwhelming intense emotional blow or a series of blows assaults the person from outside”
Trauma?

– Van der Kolk: Developmental trauma disorder
  • “Significant disruptions of protective caregiving as the result of repeated changes in primary caregiver, repeated separation from the primary caregiver, or exposure to severe and persistent emotional abuse”

– Bowlby
  • “any event that seriously threatens the attachment relationship”
Impersonal stressors
Personal stressors
Attachment trauma
Attachment
Attachment

• Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969).
  – Persistent and ongoing (from the cradle to the grave)
  – Directed toward a specific person
  – Emotionally significant
  – Characterized by seeking security, comfort and pleasure
THE ABC OF ATTACHMENT
(Siegel & Hartzell, 2004)

**Attunement**
- parents use of their own internal state to help regulate the infant

**Balance**
- a child’s achievement of balance between its body, emotions and state of mind

**Coherence**
- sense of internal integration and interpersonal connectedness to others acquired by the child through its relationship with its parents
Attunement
Attunement

• Sensitive responsiveness
• Mentalization
• Reflective functioning
• Containment
• Shared pleasure/ play
Sensitive responsiveness

Ainsworth and others (1974)

• The infant’s point of view

– Four essential components:
  • Her awareness of the signals
  • An accurate interpretation of them
  • An appropriate response to them
  • A prompt response to them
Mentalization

Peter Fonagy

• A theory of mind (internal world)

• Oneself and others as psychological

• Mirroring

• Sense of self
Reflective functioning

• Reflect upon their own history (trauma, attachment)

• Influence

• Trigger

• “Ghosts in the nursery” (Selma Fraiberg)
Containment

– (Bion, 1959)

• Receive and understand

• Without being overwhelmed by it

• Communicates back
Shared pleasure/ play

Confidence, trust, security

Communicate and connect

Reduce stress

Strengthens attachment
Balance
Balance
Mother as external regulator

growth-facilitating emotional environment

⇒

a child to develop an internal system

⇒

adaptively regulate

⇌

arousal

psychobiological states
(affect, cognition, and behavior)
Balance
Mother as external regulator

Contingent responsivity

\[ \downarrow \]

she appraises the nonverbal expressions of

infant’s internal arousal

\[ \Leftrightarrow \]

affective states

\[ \downarrow \]

regulates them

\[ \downarrow \]

communicates them to the infant
Coherence
Coherence
Sense of self

The availability of a reflective caregiver

Secure attachment

Facilitates the development of theory of mind

"She thinks of me as thinking and therefore I exist"

Child "find itself in the other"

"giving back to the baby the baby's own self"

(Winnicott, 1967)
“Invisible” Attachment Trauma
“Invisible” Attachment Trauma

The form of traumatization

↓

Child’s experience of threat

↓

Totally dependable on his caregiver

↓

limited behavioral and cognitive coping capacities
“Invisible” Attachment Trauma

Experiences of threat include the threat of

- separation from the caregiver
- having little response to the signals of distress.

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“Invisible” Attachment Trauma

In the interaction between child and caregiver

Not an obvious event

Caregiver’s unavailability

Caregiver’s inability to modulate the affective dysregulation
Early attachment trauma
Early attachment trauma

- Stressful events in the relationship
- Quality of the relationship
- Stressful events outside the relationship
Stressful events in the relationship: Pre-natal trauma
Stressful events in the relationship: Birth trauma

- C-section/ long or short labor/life threatening experiences/ vacuum extraction etc.
Stressful events outside the relationship

• Frequent moves or placement.
• Undiagnosed or painful illness.
• Early medical interventions.
• Absence of the father.
• Bereavement.
• Parental stress.
• Fearful or chaotic environment.
• Traumatic childbirth.
Disruptions in the attachment bond
Physical inaccessibility
Disruptions in the attachment bond
Emotional inaccessible/ unavailable

I'm sorry.. the person you have reached is emotionally unavailable right now. Please call back next lifetime.

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Quality of the attachment relationship
The quality of parenting

– Attunement
  • Sensitive responsiveness
  • Reflective functioning
  • Mentalization
  • Containment
  • Play

– Balance
  • External regulation
Features of EAT?

• Early attachment trauma?
  – Caregiving relationship
  – Early
  – Repetitive
  – Chronic (over time)
  – Multiple

• EAT and the overlap with complex trauma
  – Interpersonal stressor
  – Multiple
  – Repeated
  – Cumulative
  – Developmentally vulnerable times
Developmental Consequences of EAT

- Developmental immaturity along five core dimensions of development: (Pia Mellody)
  - self esteem (less than versus better than),
  - boundaries (too vulnerable versus invulnerable),
  - reality issues (bad/rebellious versus good/perfect)
  - dependency (too dependent versus needless/wantless)
  - moderation (too little versus too much self-control)
Consequences of EAT

- Affectregulation
- Attachment style (IWM)
- Body
- Neurobiology
- Sense of self
- Cognition
- Dissociation
EAT and affectregulation
EAT and affect regulation

- Jaak Panksepp
  - Estonian neuroscientist and psychobiologist
  - Affective Neuroscience
  - 7 emotional circuits at birth (seeking/rage/fear/panic and loss/play/mating/care)
  - Subcortical neurocircuitry of the mammalian brain
  - Environmental experiences.

  - EAT ➔ the circuits don’t flow
  - EAT ➔ no integration ➔ dissociated states
  - EAT ➔ no coherent self
  - EAT ➔ no embodiment (bodily self)
EAT and Internal Working Model
EAT and Internal Working Model

– Internal working model (IWM)
  • Memories of attachment interactions → accessibility
  • Mental representations of self/others
  • Cognitive structure
  • Typical emotions
  • Implicit memory
  • Open to modification
EAT and cognition
EAT and cognition

• Negative IWMs of self:
  – Increased appraisals of normal life circumstances as threatening
  – Difficulty in suppressing thoughts
  – A tendency to devalue oneself in threatening situations

• Negative IWMs of others:
  – Failure to suppress when the individual is experiencing high cognitive loads
EAT and the body

HEALING THE WHOLE BODY

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EAT and the body

• Attachment dynamics play out at the physical level
• Via the body-to-body communication
• The nature and quality of the attachment relationship.
• Ways in which a mother relates to and responds to her own physical and bodily needs
• The child relate to his own body.
• Sense of bodily sense
EAT and dissociation
EAT and dissociation

Early attachment trauma

Attachment insecurity

Disorganized attachment

Dissociation
Dissociation

• Liotti’s:

“Failure in organizing multiple and incongruent models of the self and other into unitary mental states and coherent behavioral states rather than an intrapsychic defense against unbearable pain and severely traumatic experiences”
EAT and needs

• Babies require a constant stream of “emotional, spiritual, psychological, and physical inputs” (Mary Jo Barrett)
• Left without this input stream learns that its own hard-wired biological needs are terrifying. (Dr. Daniel Siegel)
• Babies are also hard-wired to be flooded with stress chemicals when those needs are not met, (Dr. Bruce Perry)
• The emotional pain and terror are so intense that the child will do anything to distract itself from those needs
• The fight-or-flight stress chemicals flood the bloodstream at a level which feels so terrifying.
ANXIETY
Anxiety

- “Anxiety” and “fear”
- Separate entities in the neuroscientific community.
- Fear is the physiological reaction to something in our external or internal environment.
- Anxiety on the other hand is the psychological and emotional reaction to the afore mentioned environmental stimulus.
- Anxiety is the conscious worry and sense of subconscious unease
Consequences of EAT resulting in anxiety disorders

- Affect dysregulation → Affect phobia
- IWM → Social Phobia/ Fear of failure
- Cognition → OCD
- Body → Hypochondria/ Health anxiety
- Dissociation → Anxiety disorders
EAT ➔ Affectdysregulation ➔ Affectphobia
EAT ➔ Affectdysregulation ➔ Affectphobia

• Affect regulation
  – awareness of the feeling
  – identifying what it is/ name it
  – the modulation of that affective experience

• When not achieved
  ➔
  the arousal generated by that affect remains unmodulated as well
  ➔
  Anxiety
EAT ➔ Affectdysregulation ➔ Affectphobia

• EAT = lack of contingent and responsive mirroring
• Affectdysregulation
• Emotions are feared
• Anxiety prompts an defensive reaction
• Defense push the feeling back down
• Safety is restored
EAT ➔ Affectdysregulation ➔ Affectphobia

• Triangle of conflict (Malan, D. 1979)
EAT ➔ IWM ➔ Anxiety
EAT ➔ IWM ➔ Anxiety

- Dismissive style and anxiety = dealing but not feeling
  
  Sacrifices his affective life
  
  Minimize the importance of the relationship
  
  Fear of closeness
  
  Suppressing his emotional charge

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EAT ➔ IWM ➔ Anxiety

• Preoccupied style and anxiety = “feeling but not dealing”

  Cannot let go relationnaly
  Cannot modulate own affect
  ↓
  Relational maintenance
  ↓
  Cost his independent functioning and exploration
  ↓
  To much anxiety
  ↓
  Separation anxiety
  ↓
  Grief, anxiety and defensive exclusion of anger
EAT $\Rightarrow$ IWM $\Rightarrow$ Anxiety

- Fearful style and anxiety = “not feeling not dealing”
  - Intense anxiety
    - Rupture the organization of:
      - cognition
      - Behavior
    - Fragment the integrity of the self
      - Dissociation and splitting
    - Prevent more dis-integration
BLOWFISH WITH SOCIAL ANXIETY DISORDER

DON'T BUFF UP LIKE AN IDIOT.
DON'T BUFF UP LIKE AN IDIOT.
DON'T BUFF UP LIKE AN IDIOT.
EAT ➔ IWM ➔ Social Phobia

• EAT
• Lack of appropriate response when the child is
  – Frightened
  – Threatened
  – Seeks proximity
• World = threatening and unsafe
• Self = incompetent in different life domains
EAT ➔ IWM ➔ Social Phobia

• Attachment anxiety
  • Negative feelings about the self
    – Low self esteem/Worthlessness
    – Incompetence
    – Danger
    – Shame/Quilt
  • Negative feelings about others
    – Others will lack acceptance and support
  – Give rise to perfectionism
    • Perfect social performance
      – To assure acceptance
      – To ensure loss will not happen
  • Hypervigilance to threat
EAT ➔ IWM ➔ Social Phobia

• IWM:
  – Feelings
  – Thoughts

• Projection of feelings and thoughts to another person

• Believe the other feels/ think that way about you

• Causes anxiety

• Withdrawal and avoidance

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EAT ➔ Insecure attachment ➔ Fear of failure
EAT ➔ Insecure attachment ➔ Fear of failure

- Lack of secure base
- Ongoing concerns about attachment security
- The caregiver not being available, accepting or unconditionally responsive
- Not safe enough to explore
- Avoidance of danger
- Avoidance of failure
- Fear of failure
EAT ➔ Parent-child role- confusion
EAT ➔ Parent-child role-confusion ➔ Fear of failure

- EAT
- Lack of secure base
- Disorganized attachment
- Role reversal (the child behaves like a parent towards the caregiver)
  - Punitive behavior
  - Caregiving behavior
    - e.g., the child assists, guides, encourages, soothing, or is overly cheerful or solicitous
- Failure experiences
EAT ➔ Parent-child role-confusion ➔ Phobia

- EAT
- Withdrawn behavior caregiver
- Child as parent
- Stay close to the parent
- To comfort, guide, soothe…
- Social phobia
- Schoolphobia
EAT and health anxiety
EAT and health anxiety

• Caregiver not securely attached to his body
  – Negative body image with rejection
  – Neglecting the body needs
• Child is deprived of the safety, security, and containment
• Physical needs left unattended
• Resulting in an insecure body attachment
• Vulnerability to concerns about bodily functioning
• A way to seek help from those who were unresponsive (‘attachment cry’)
EAT and Obsessive Compulsive Disorder (OCD)

- OCD ➔ Intrusive thought
  ➔ appraised as dangerous or threatening
  ➔ need to be neutralized
  ➔ obsession

- Attachment is fundamental in formation of IWM of self and others.

- May influence the development of obsessive beliefs
EAT and Obsessive Compulsive Disorder (OCD)

- IWM: 4 domains
  - Self-esteem:
    - I’m bad
    - I’m worthless
  - Competence
    - I’m a failure
    - I can't do it
  - Safety
    - I’m in danger
    - I will die
  - Responsibility
    - It is my fault
    - I am guilty
Psychotherapy

- Psychoanalysis
- Gestalt Therapy
- Behavioral Therapy
- Cognitive Therapy
- Behavior Therapy
- Hypnotherapy
- Narrative Therapy
- Expressive Therapy
- Group Psychotherapy
Anxiety treatment = Trauma treatment

• **Phase-oriented:**
  – Stabilization phase
  – Confrontation phase
  – Integration phase

• **Anxiety = 4 levels**
  – **Physiology:** Heart rate/ fatigue/ stomach pain/ muscle tension/ numbing/ nausea
  – **Cognitive:** Self- critical/ fearful/ catastrophizing/ forgetfullness/ concentration
  – **Emotional:** Fear/ worry/ anger
  – **Behavioral:** Avoidance/ impulsivity/ trembling voice/ avoiding eye contact/ fiht- flight- freeze
Case

• Child (8 years) was referred to me for:
  – anxiety especially in his room with nightmares and frightening dreams
  – Another aspect of the anxiety was fear of failure which manifests itself in the school
  – separation anxiety, he doubt whether his mother loves him
Phases of the treatment model

- Assessment parents
- Assessment child
- Inventory
- Case-conceptualization
- Treatment plan
- Treatment
- Evaluation
- Closure
Case-conceptualization

Child
- pre-natal
- birth
- attachment

Mother
- attachment history
- traumatic childbirth

Father
- attachment history

Relationship parents

Consequences
- anxious AS
- self esteem
- self regulation
- IWM

Consequences
- quality of parenting
- information processing
- IWM

Consequences
- stress coping
- dysregulation
- absence

Consequences
- insecurity
- unstable
Early attachment trauma

- Stressful events in the relationship:
  - birth trauma
  - disruptions in the attachment bond

- Quality of the relationship:
  - quality of parenting
  - dismissive attachment style of the mother

- Events outside the relationship:
  - traumatic childbirth mother
  - relationship problems
  - absence of the father
  - loss experiences
Stabilization
Therapy: Calming the physiology

• Recognizing the anxiety symptoms in the body.
• Write down what you feel in your body when experiencing anxiety.
Therapy: Calming the physiology

- Early Warning Signs
  - goosebumps
  - hair on end
  - butterflies in tummy
  - wobbly knees
  - stuck feet
  - tears
  - shaky body
  - tight throat
  - sweaty palms
  - thumping heart
  - feel like going to the toilet
FAFA: First aid for anxiety

- Grounding
- Breathing
- Here and now

- Dual awareness
- Safe place
Therapy: calming the physiology

• Grounding:
Therapy: calming the physiology

- Grounding: the tree exercise
Therapy: calming the physiology

• Grounding:
  – Eat or drink something
  – Nature
  – Chewing gum
  – Gardening
  – Cooking
  – Drumming
Therapy: calming the physiology

• Diafragmatic breathing
Therapy: calming the physiology

• Diafragmatic breathing
Therapy: calming the physiology

Feeling anxiety? Do a "grounding" tool.

Look around you. Find 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell, and 1 thing you can taste. This is called "grounding." It’s helpful to do whenever you feel anxious.

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**Dual awareness**

Another Grounding Technique

**Dual Awareness Protocol**

<table>
<thead>
<tr>
<th>Current emotion</th>
<th>3 sensations</th>
<th>Name only</th>
<th>Place, date, time</th>
<th>3 things you can see around you</th>
<th>3 things you can hear around you</th>
<th>3 things you can feel on your body</th>
<th>is not happening anymore.</th>
</tr>
</thead>
</table>

Right now I am feeling ...

And sensing in my body ...

Because I am remembering ...

However, I am here now ...

And I can see ...

And I can hear ...

And I can feel ...

So I know that ...
Safe place
Safe place script

- Image an Actual or Imaginary place with positive associations, where s/he feels safe, comfortable, peaceful or calm.
- Enhancement
  - What do you see/ hear/smell/taste/feel
- Say: “I know that I’m save”
- Say: “I feel safe”
- Which sensations do you experience in your body right now?
- Cue word
Safe place
Therapy: calming the physiology
Long term

- Meditation
- Relaxation
- Yoga
- Safe touch
- Sports/ movement
Therapy: Affectregulation
Affectregulation: Awareness of the feeling/ name it

WHAT’S GOING ON INSIDE ME AT THIS MOMENT?

Don’t analyze, just watch. ~Eckhart Tolle
Emotional flooding
Down regulation

- Perceive bodily signals (interoceptive sensitivity)
- Use reappraisal
- Name the emotion
- Increase the opposite feeling
- Changing our bodies (rest)
Emotional blocking
Up- regulation

- Focus on humor
- Think about a positive experience
- Focus on a certain aspect of the situation
- Express positive feelings
- Share your feeling with others
- Build on positive experiences
- Increase the number of pleasant things
- Focus on goals
- Build a life worth living
- Changing our appraisals of a situation.
- Modulating our responses in the situation.
Therapy: Cognition
Therapy: Cognition

• Stop!

• Container exercise
Sorrow eater
Therapy: Cognition

• Distraction (do something!)

• Another thought
Restructuring the internal working model: Dis-identification
Dis- identification

• I have a body, but I am more than my body. I am the one who is aware: the self, the center. My body may be rested or tired, active or inactive, but I remain the same, the observer at the center of all my experience. I am aware of my body, but I am more than my body.

• I have emotions, but I am more than my emotions. Whether I feel excited or dull, I recognize that I am not changing. I have emotions, but I am more than my emotions.

• I have an intellect, but I am more than my intellect. Regardless of my thoughts and regardless of how my beliefs have changed over the years, I remain the one who is aware, the one who chooses--the one who directs my thinking process. I have an intellect, but I am more than that.

• I am a center of pure awareness. I am the one who chooses. I am the self.
Reconnecting with the body
Reconnecting with the body

- Safe touch
- Bodyscan
- Chacrawork
- Peter Levine (Somatic Experience)
- Pat Ogden (Senosrimotor Psychotherapy)
- Babette Rotschild (Somatic trauma Therapy)
Somatic experience/Peter Levine

• Self-holding
Reconnecting with the body/ Peter Levine

• The goal of Self-Holding:
  – To calm the nervous system
  – Bring the Self back into the body
  – Develop more body awareness
  – Train one’s own nervous system to remember what normal is like.
Somatic experience/ Peter Levine

• Self hug

• **Goal:** To feel the body as container. To develop our container.
It's been a rough week, but I made it...How about you?