Healing Attachment Trauma With Attachment (. . . and then some!)

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With attachment trauma, the good news is the bad news—as Bob Dylan sang, "What drives me to you is what drives me insane" (Dylan, 1976). Attachment—wired-in and salient "from the cradle to the grave" (Bowlby, 1977, p. 203)—is a powerful force: for good when secure, problematic when not. Whereas secure attachment is foundational for resilience and optimal development, disrupted attachment wires in a vulnerability to trauma. In therapy, however, when explicitly worked with and experientially entrained, attachment can be a powerful force for healing and repair once again.

PEARLS

Reflecting an understanding that moment-to-moment dyadic affect regulation and the adaptive processing of emotion are not just important to attachment, but, in fact, are the very constituents of it (Schore, 2001), my three clinical offerings are all under the aegis of an attachment-informed therapy. They address and seek to redress the twin issues of attachment trauma: affect dysregulation and the drenching of the self in shame. What I am writing about here is best understood in the context of an approach I have developed called "accelerated experiential-dynamic psychotherapy" (AEDP). You can learn more about AEDP in published work (e.g., Fosha, 2000, 2003, in press a, in press b) or by going to the AEDP website (www.aedpinstitute.com).

Pearl #1. Surprise the unconscious: Be a detective for transformance strivings.

Given that we are wired for growth, for healing, and for self-righting (Doidge, 2007), we might as well put that wiring to good use in treatment. Until recently, the mental-health field, hyperfocused on pathology, lacked concepts to guide clinical use of these powerful motivational strivings. “Transformance” is a construct that seeks to rectify that lack—it is the motivational counterpart of resistance, driven by hope and the search for the vitalizing positive affects that accompany all affective change processes (Fosha, 2008).

Thus my first “pearl”: Be on the lookout for transformance, and make use of it when you detect it. Your job as a transformance detective will be immeasurably assisted by the fact that transformance at work is visible: It is invariably accompanied by positive affective markers. By “positive” I do not necessarily mean happy, but rather that whatever we are feeling, even if painful or difficult, feels right and feels true, and is full of vitality (Fosha, 2008, in press a, in press b). As an AEDP therapist, I am an assiduous detective for evidence of transformance in glimmers—or actual rays—of resilience, strength, courage, hope, integrity, curiosity, and unsuspected capacities. Healing is a force that operates moment to moment; it is not just the outcome of a successful therapeutic process. From the get-go, I invite my clients into a healing relationship: Compassion toward suffering, delight in the person of the client, and empathy for his or her experience are all part of that invitation. The welcoming and valuing of emotions is another important part.

Mary Main spoke about the efficacy of the Adult Attachment Inventory (AAI), one of the most robust research tools ever developed, as being based in “surprising the unconscious” (Main & Goldwyn, 1998). One way to get a lot of therapeutic traction is to surprise the client’s unconscious, conditioned as it is by past experience. Their resources

overwhelmed, clients come into therapy prepared to have the worst in themselves exposed. To be met not only with compassion and empathy but also delight and appreciation of their strengths and qualities is the last thing that a client—down and out, feeling scared, overwhelmed, and defeated—expects. To do so is disarming and rapidly undoes defenses, yielding access to more viscerally felt, right-brain-mediated emotional experiences, which, in my work, constitute the stuff of therapy.

Pearl #2. Undo the client's aloneness in the face of intense emotional experience. Aloneness—unwilled and unwanted aloneness—in the face of unbearable emotions is central to AEDP's understanding of how psychopathology develops and a fortiori to how attachment trauma comes to burrow its way in the psyche.

When the parent can support and help the child deal with intense emotions, secure attachment is the result. Secure attachment reflects the capacity to "feel and deal" (Fosha, 2000, p. 42). If the parent is accepting and there to help, the child feels secure that his or her emotions will be met and not experienced as being "too much" or "weak," "disgusting" or "shameful," "evil" or "destructive." The latter is precisely the experience of kids whose attachment figures are undone by their emotions: Because the parents themselves cannot feel and deal, they cannot help their kids do the same.

Kids with insecure or disorganized attachment learn that their emotions trigger their attachment figures' own attachment trauma. The child's emotions not only render the attachment figure incapable of helping, but may also sometimes lead to outright attack, rejection, or neglect. If the attachment bond is to be salvaged, the child has to institute what Bowlby (1980) called "defensive exclusion": He or she must exclude from

his or her repertoire any emotions that dysregulate the attachment figure. Doing so preserves the attachment bond but at a cost. The child is left alone with emotions that were overwhelming to begin with, and that become even more so, compounded as they are by disruptive attachment experiences. Compensatory protective mechanisms emerge in the context of such affect regulatory lapses. Insecurely attached kids institute defenses that lead them to either "feel but not deal" (resistant attachment; Fosha, 2000, p. 43) or "deal but not feel" (avoidant attachment; Fosha, 2000, p. 43). In disorganized kids, these strategies eventually fail and "not feeling, and not dealing" (Fosha, 2000, p. 44) turns into disorganization or dissociation.

Clinically, in order to render defense mechanisms no longer necessary and to gain access to the emotions that have gone offline, it is crucial to undo the client's unwilled and unwanted aloneness. With traumatizing experiences, "being with" is necessary but not sufficient. When it comes to the regulation and processing of heretofore feared-to-be-unbearable emotions, active engagement—that is, sleeves-rolled-up feeling and dealing right along with the client—is what is required. This active engagement on the part of the therapist has two components: One is the armamentarium of experiential and emotion-processing techniques; the other has to do with the judicious, mindful use of the therapist's own affect. Dyadic affect regulation means exactly what it says: It takes two to tango. As the attachment-figure partner of the therapeutic dyad, the therapist cannot do adaptive dyadic affect regulation with a "still face" (cf. Tronick, Als, Adamson, Wise, & Brazelton, 1978). The therapist's affective engagement and affective responses to and along with the client are integral to dyadic affect regulation, which in turn is central to healing attachment trauma.

Pearl #3. Promote the client's felt sense of "existing in the heart and mind of the other."

It is not enough for you to feel empathic; for it to count, the client must receive and experience that empathy. Peter Fonagy has written eloquently of how feeling understood is a biological imperative (Fonagy et al., 1995). The child's sense of "existing in the heart and mind of the other" (Fosha, 2000, p. 57)—and doing so as oneself (i.e., not as a projection), I might add—is foundational to an individual's sense of security of attachment and thus resilience in the face of adversity. The child internalizes this sense of existence when all goes well in secure attachment through dyadic affect regulation and a million shared experiences. It is this sense of ourselves existing in another's heart and mind that is at the root of what allows that other to respond sensitively, empathically, and contingently just right to our needs, experiences, and communication.

In individuals with attachment trauma Lipton & Fosha, in press), that felt sense can't be had: Their felt sense is more that they or their feelings don't exist for the other (avoidant attachment), or that they exist only as a projection (disorganized attachment), or as a narcissistic extension (ambivalent attachment) of the caregiver. Recipients of such disturbing responses need to erect defensive barriers to protect their core from corrosive shame and from being overwhelmed. It is precisely these defensive barriers, their usefulness long gone, that need to be addressed if the security-engendering qualities of the therapist—assuming that they are in operation—are to be taken in by the client and put to transformative use.

Thus, my third clinical offering has to do with exploring the client's receptive affective experiences of the therapist's presence, care, compassion, and love—in other words, what it feels like to feel understood, cared for, or delighted in (Lamagna, in press). Crossing that receptive barrier requires that you challenge taboos against self-disclosure (Prenn, 2009; in press). It requires that you (a) explicitly express how the client exists in your heart and mind, and (b) actively explore the client's experience of you—all the more so when the experience is positive, as secure attachment-engendering experiences are (Schore, 2001). A simple way of doing this is through raising the question "what is your experience of me?" and then experientially exploring *that* experience with the same interest, curiosity, and rigor as you would any other emotionally laden experience.

CASE EXAMPLE: SALLY

Sally, a single professional 35-year-old, sought treatment when her chronic depression exploded into acute feelings of pain, despair, and hopelessness, accompanied by suicidal ideation. Though she had always had friends, she had never had an intimate relationship. As she put it, "I've never even been kissed."

Sally manifested her avoidant-attachment dynamics from the start. Intimate contact was fraught with danger and thus avoided. Her feelings and her yearnings for emotional connection had been met with dismissal and disgust by her parents. Wary of the pain and shame that, in her past experience, invariably accompanied emotional closeness, Sally banished her emotions and yearnings for connection. She developed a brittle self-reliance that, in turn, led to the isolation and crushing loneliness that brought

her to treatment. The following vignettes, transcribed from a videotape of the session, are from my ninth session with Sally.

Vignette #1. Dyadic Affect Regulation of Painful Feelings (Not Being Alone)

In this segment, Sally approaches very painful dark feelings, which are both expressed and defended against. My tone, affectively congruent with the experiences Sally described, bypassed her defenses. A deeper affect was entrained, allowing Sally greater access to right-brain-mediated affective experience.

"Life is just empty for me," Sally said in a disconnected, matter-of-fact tone of voice. "Is there more than this? And if there is no God . . . that's my light at the end of the tunnel. . . . If you take this light away, it's pretty dark."

"It's dark," I said, in a soft, deep, somber tone.

"Yeah." Sally's tempo was slow, and her despairing affect deepened. But then her defenses kicked in: Her speech sped up and took on a pressured, cynical tone. "So what's the point? You go through life proving, you go through life working. I mean this is . . . . "

I slowed down the pace again. "Okay . . . if for a moment . . . if you let yourself stay with this feeling, the sense of emptiness, this inner sense of . . . " I took a deep sigh and maintained a grave tone of voice, "having to work *so* hard to keep something away . . . . "

"Yeah. . . . " Sally slowed down again and sobered. "It's tiring." (This reflected a deepening of the experience.) "I don't know . . . sometimes I wonder, *Is this it? Is this what life is about?* . . . It feels empty," she said, in a pained tone.

I matched her slow, pained tone of voice. “In this dark moment, what is that emptiness like?”

“It’s black,” Sally said. She paused for a long moment, with a deep affect of despair.

“Black. . . . ”

“It’s like . . . I don’t have to be here . . . if I thought of it that way.” (This was a reference to her suicidal ideation.)

Vignette #2. Transformance in Action

Having bypassed Sally’s defenses against these painful emotional experiences, I made explicit that something significant had happened: Not only had Sally experienced her painful feelings, but she also had shared them with another, who received them. I asked her what it was like for her to share these feelings with me.

Immediately upon the asking, there was a transformation: Sally’s affect brightened considerably as she spontaneously initiated an experiential exploration of togetherness. Little in her procedural past indicated prior experiences to support such intimate and confident relating. (This was pearl #1—surprise the unconscious.) Nonetheless, in response to my invitation to explore, Sally issued an invitation of her own. She beckoned me to join her in her transformational journey of sharing her darkest places with another, and she affirmed that it was a positive, acceptance- and curiosity-filled experience. The positive affect that lit up the way was a marker of the transformance strivings in action (Fosha, 2008, in press a, in press b). So was the initiative and creativity evident in this exploration.

“This profound dread-filled place,” I said with a deep sigh, “this blackness . . . this isolation . . . what is it like to talk about it with me? What’s it like for you?” (This was an invitation for Sally to elaborate her experience of what it was like to share her until-now-private pain.)

“Well, it’s sort of like . . . it’s like we are walking or hiking,” she replied, beginning to brighten, “and we are walking through this cave that’s get darker and darker, and gets really, really dark.” (This was an acceptance of my invitation.)

“Mm-hmm . . . ”

“And . . . there is this little hole in the wall maybe.” She made a circle shape with her hands. “And I kind of like go like this to you,” she said, making a beckoning motion with her hand.

“Uh-huh.”

As she continued, Sally became more animated. “And I open this door and it already feels like we are crowded in like this, and there is this tunnel with this wide opening that’s getting narrower and narrower, and there is a door to that hole and I am opening this door and I am telling you, ‘Dr. Fosha, look inside, open the door.’”

“You’re inviting me to share where you live . . . inside.”

“Yeah, that’s how I feel. . . . I guess it’s nice to show someone that this is how I feel. . . . I guess since you sort of made me think more about who I am, I feel you are a part of it too because you sort of sparked it in me. . . . So I feel like you are part of it, part of the process of me showing you me, putting the mirror in front of my face, and me even looking at myself and examining.”

Vignette # 3. The Felt Sense of Existing in the Heart and Mind of Another

Given how attachment trauma compromises the transfer of information between the hemispheres (Schore, in press), it is not enough just to have a new experience; the client needs to know that he or she has had it. That is the aim of the therapeutic work that follows. Note Sally's focus on my not only being willing to be with her and her feelings, but also actually actively *wanting* to do so. The child's feeling that the parent wants to be with him or her is a key antidote to experiences of shame (Hughes, in press; Kaufman, 1996; Trevarthen, 2001).

"Where am I?" I asked, in a slow, deep tone. "How am I in this journey?"

"In this whole scenario?" Sally asked.

"Uh-huh."

"You're sort of right behind me," Sally replied. (This comment indicated that she was in charge of the process.)

"So what does that feel like?" I asked. "At this time when we're in this cave, going to this place that's darker and darker and darker . . . you turn and I am there behind you, and you are telling me about it, and I . . . I see it with you."

"Yes, it's the first time, you're the first. . . . And it feels like you don't mind seeing it, I feel you are not offended, you are not taken aback by it. . . . You want to see it, and I am showing it to you, so there is an understanding I get from you that this is where I am coming from. . . . I guess there is a nurturing understanding about my situation. . . . you are trying to get a better understanding of who I am, so I am allowing you to look at it." (This was an articulation of her new experience of being with an other who wants to be with her.)

“Yeah.”

“And you’re a very safe person to show it to because . . . because you try to understand and you don’t make light of it. It’s okay for me to show you. . . . It makes me feel that I can show it to somebody, so it makes me feel like there is someone with me. . . . Maybe you don’t quite understand what’s happening when I open the door, but . . . I am sharing with someone that ‘this is what I have to live with, this is how I really feel.’ . . . And I never show people that side of me so . . . I don’t know, it just feels . . . ” (at this point she had tears in her voice) “ . . . comforting. It feels like a little bit of a relief too.” Fighting back tears, she continued, “Like maybe there is somebody else in this world who might have an understanding of who I am.” She cried as she finished the sentence.

“You are telling me . . . that what is developing is the sense that, in a way, this is your journey, but in a way it’s our journey and I am there with you in some way.” (This was pearl #2: Undo the client’s aloneness in the face of intense emotional experience.)

“Yeah, definitely,” Sally replied, nodding through her tears. “I couldn’t put it into words but . . . it’s like you just said, that we are going through this thing together.”

“I wonder what you see . . . what you see in my face, what you see in my eyes in response to what you are telling me.” (This was crossing the receptive barrier of the client’s perception and experience of the other.)

Sally looked very carefully at my face, much like a baby surveying the mother’s face. “Oh, it’s like we are in this trip together so . . . I feel like there is a connection, you know . . . a connection, and there is an understanding . . . a compassion. I feel a certain amount of . . . the feeling of trust. . . . Because honestly, your face, you know, like every time I talk to you, you look like you’re really feeling it.” At this, Sally laughed,

scrunching up her face in imitation of my expression. “Like you really get a good feeling for where I am coming from, it’s like you almost got a pained look on your face.” (Here the negative affect became transformed into positive affect.) “It’s funny though, but it makes me feel like someone out there understands, so I don’t have to dwell on it.” Sally smiled, and her tone was upbeat.

“Mm,” I matched her mood, with a smile in my voice.

“It’s a relief, thinking that there is another someone in this world who understands where I am coming from. . . . It feels good.” Now her voice was energetic, and her mood became increasingly bright. “I don’t feel all alone in that world, someone’s looked at it, so that I am not by myself. When I discovered that this is how it made me feel, I told my friend, it’s weird, but I was all happy after last session. . . . Because it’s like, ‘Oh, someone knows, I don’t have to hide it all the time, someone else knows out there.’” Sally let out a big sigh of relief and flashed me a bright smile. “And I can move on. . . . It’s nice that I can be real with you—I don’t have to be anything I don’t want to be. I can be me. I can be myself.” (This was Sally’s experience of pearl #3: promoting the client’s felt sense of “existing in the heart and mind of the other.”)

“I know what you mean,” I replied.

“I can be myself and it makes me feel. . . . It feels a little like when you show people this side of you, this private part of yourself, it makes you feel a little bit lighter.” She took a deep breath. “You know, I can breathe a little bit better too.”

[one line space]

This session with Sally proved to be pivotal. Her new experiences with me, marked by the positive affects associated with transformance strivings, led to a more consistent

willingness to be open, which enabled us to stay connected and endure the emotional storms associated with working on the painful aspects of her past. It also inspired Sally to work hard to overcome her fears of rejection and have the courage to risk being in a relationship.

Reflecting the consequences of an avoidant attachment style, Sally was isolated, lonely, depressed, and intimacy-phobic when she started therapy. She developed a secure and resilient therapeutic relationship early in the treatment, which deepened over time. At termination, she was involved in a loving, committed relationship.

One of the last pieces of therapeutic work involved helping Sally share with her partner the nature of her struggles and enlist her partner’s help in countering her avoidant tendencies. Her partner not only was willing to lend a hand, but also felt moved and honored by the trust. At follow-up, a year after the termination of treatment, Sally continued to be free of chronic depression; occasional bouts of depressive feelings were short-lived. She continued to be deeply involved in her relationship, where emotional communication and closeness were valued by both partners. The sharing of emotional experiences to deepen intimacy and solve problems, initially a new experience with me, became an ongoing aspect of Sally’s everyday interpersonal life.

CONCLUDING COMMENTS

Transformance strivings are everywhere, and a theory informed by transformance allows a knowledge of and sensitivity to markers of health and healing, thus making the most of them. In my work with Sally, her explorations and her positive feelings were taken to be

substantive and important markers of healing and self-righting, not to be avoidance of the darker side.

The pivotal moment that captures the healing mechanism is when clients, despite a lifelong avoidant attachment style, initiate close emotional contact and actually beckon their companion to accompany them on a journey where they will share the darkness that they live with. In that moment, transformance in full operation: Confident that they exist—as themselves—in the heart and mind of the therapist, clients find that their aloneness in the face of unbearable emotions is undone. The therapeutic relationship acquires the features of security that allow us to do the hard work of processing previously unbearable emotions until they too are transformed and yield their gifts of adaptive action and resilience for clients to make use of moment to moment, day to day in their lives.

BIOGRAPHY

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