Attachment Discussions

Rupture and Repair

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Mutual Regulation

“There is rhythm to dialogue” (B. Beebe)

Attachment is a dyadic process

Figure 1. Brain–brain interactions during face-to-face communications of proto-conversation, mediated by eye-to-eye orientations, vocalizations, hand gestures, and movements of the arms and head, all acting in coordination to express interpersonal awareness and emotions. Adapted from Aitken & Trevarthen (1993) and used with permission of Cambridge University Press.
Trauma creates a dys-regulated internal state within the client

• “Therapists must help people regulate their affective states.” (Bessel van de Kolk)
Effective Trauma therapy

• Trauma therapist needs to “do” something
• Value on warmth, empathy, compassion- not sufficient
• Therapist needs to “regulate” the psychophysiological state of the client into an optimum condition so the client learns how to self-regulate their affective inner states
Rupture and Repair
Therapist

Mutual regulation-dyadic exchange

Client

Psychobiological Regulation

Self-Regulation

Learned and Internalized Self-Regulation

MMR
Optimal Window for Relationship Building based on E. Tronick Model

match

mismatch

match

mismatch

Optimal Window of arousal

Resiliency
Attachment key to trauma

A disrupted attachment relationship in the sensitive period of a child’s development can be a source of significant relational trauma.

An healthy attachment relationship can restore the feeling of safety when there has been a potentially traumatic event.
Attachment Trauma

• Attachment trauma can include:
  physical, emotional, sexual and psychological abuse

• Attachment trauma in childhood is especially impactful on the development of a growing brain and body because of its ongoing influence on psychological, social, emotional and physiological development over one’s entire lifetime.
Match and Mismatch

• With dismissive attachment the Therapist helps to create a coherent story.
• With anxious attachment the therapist helps interrupt the negative narrative in both cases therapist regulates and helps recreate a more updated, coherent and balanced narrative

“Storymaking and Storybreaking” (Jermey Holmes)
Present Moment

• Hakomi creates new experiences in the present moment, thereby engaging the right brain’s emotional dysregulation and regulation mechanisms to change habitual neural patterns
Shared Interactions

• Hakomi works in present moment- creating new shared interactions, therapist as psychobiological- regulator
• Each new moment felt and sensed becomes a moment of true meeting and healing
• In shared interactive moments are where new meaning is created, updating the old narrative
Hope

• Help the client find new meaning
• Set up experiences for the client to develop a sense of benevolence in the world
• Help the client to cultivate a feeling of self-worth
Pointers for Therapists

• Incorporate a more body-oriented approach, the language of attachment is in the non-verbal exchange
• Practice neurological self-regulation and teach it to the client as a tool
• Appreciate the value of resistance in therapeutic process—engage with it as an intelligent expression of the client’s safety needs
• Track your communication interactions on nonverbal cues
• Focus on the relational element to elicit brain change
• Take cues from the client: client leads, not the therapist
• Introduce playfulness into the therapeutic process as a way to enhance the learning and brain activity
Sources

• E. Tronick
• A. Schore
• Hakomi Training Materials