Component-Based Psychotherapy
Attachment and the Therapeutic Relationship

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Why This Population?

- No other book or article primarily addresses this group.
- The associated issues are pervasive among Trauma Center clients, even if they also have had some physical and/or sexual abuse in their lives.
Why This Population, cont.

- The symptoms significantly interfere with people’s ability to function:
  - Inability to tolerate difficult emotions
  - Severe emotional disregulation
  - Dissociation
  - Somatic symptoms
  - Difficulty forming trusting relationships
  - Problems with development of self and identity.
Component-Based Psychotherapy

Treating adult survivors of childhood abuse and neglect

Model Overview

- Overarching perspective: primarily relational, therapists’ (multiple) selves are as much in the room as the clients’ selves.

- No single technique is sufficient
The therapy is co-constructed by therapist and client.

Much of that process is out of the conscious awareness of either client or therapist. (About 70% of interpersonal communication in general is nonverbal.)

The process and the change is often “messy” and unpredictable, often with many aspects of the process going on simultaneously.
Four Components

- Relationship
- Regulation
- Narrative
- Parts
Overview of presentation

- Attachments and the therapy relationship

- Dissociative parts

- Enactments and how to deal with them

- Case example
The relationship key to healing with these types of clients

Early attachments (Bowlby, Winnicot), good enough and not good enough
Client’s Attachment Style

We learn styles of attachment from our earlier relationships (e.g. Bowlby, 1973).

Winnicott (1965) taught us about good-enough care takers.

Consequences of problematic early attachments, (e.g. Lyons-Ruth and Jacobvitz, 1999)
Attachment Styles

- Secure
- Anxious/avoidant
- Resistant/ambivalent
- Disorganized
Therapy Outcome Research

- All emphasize centrality of the therapeutic relationship, (reviewed in Nissen-Lie, Havik, Hogland, Monsen, & Ronnestad, 2013)
  - Warmth and empathy
  - Boundaries and trust
  - Encouragement
Why these clients have difficulty with relationships

These clients are particularly impaired in the capacity for close relationships, because:

- lack of certain kinds of brain development due to attachment difficulties
- lack of experience and therefore lack of skills for good attachments
- deep mistrust of connections
- very undeveloped sense of self
- lack of ability to participate in rupture and repair
Building a new relationship with these clients

- Much of early work revolves around developing and maintaining the relationship
  - a) Requires really listening to the client’s verbal and non-verbal communications
  - b) attending to subtle and usually indirect signs of an empathic rupture and processing it with client
  - c) continuing psycho-education about the effects of neglect and emotional abuse and the therapy process
More thoughts about Building Relationships

- Much of the early work may be non-verbal
- Need to attend to developmental stage of client
- Central importance of authenticity of therapist
- Both client and therapist have relational parts of themselves that come into play
Therapists own relational capacities

- Therapists need own therapy to learn about attachment styles and relational capacities
- When therapists have a trauma history
Ideal therapeutic stance in CBP

- Such a stance establishes a relational culture, models and invites deep and genuine connection, and opens the door to reciprocal influence and transformation of both client and therapist.
Parts Work Outline

- What are dissociative parts
- What do they look like
- Naming and describing parts
- How parts develop
Working with parts (states) of clients is central to our work and model.

Parts are organized, integrated neural pathways of mood and thought, and can’t be eliminated.

Everyone’s personality is composed of separate parts.
Characteristics of Dissociated Parts and their Systems

- Frozen in time
- Can’t be eliminated
- Can change, heal
- Systems inevitably in conflict
- Have a sense of “I”
- Have their own histories
Naming and describing parts

- Child parts
  - Kid Parts – Grossman
  - “Exile” – Schwartz
Types of Parts (cont.)

- Adolescent parts
  - “Managers” & “Firefighters” – Schwartz

- Adult self, most grownup part
  - “Self” – Schwartz
  - “ANP” – Apparently Normal Personality, van der Hart, et al.
Development of Parts

- Bowlby, Internal Working Models
- Bromberg, 2001; Chefetz & Brombert, 2004; Lyons-Ruth et al., 2009; & Siegel, 1999. Internalization of attachment relationships
How Parts Develop

- Traumatic experiences not held by the family, e.g. of boy who is hurt
- Attachment trauma
- Trauma perpetrated by family or important others
- States that are never formulated - “dissociation in the weak sense” (Stern, 2009)
Three Levels of Parts Work in CBP

1. Psychoeducation

2. Identifying parts, getting to know their characteristics, when they emerge

3. Going into the part
Enactments – Key healing moments in psychotherapy

Transference
- countertransference
  - unconscious thoughts and feelings clients and therapists have to one another’s unconscious

Enactments:
- process in which a dissociative state of the therapist or the client evokes a dissociative state in the other (Bromberg, 2009, Standing in the Spaces)
Client replays events from their traumatic history in the real world (van der Kolk)
What enactments feel like in the moment

- Therapist and client might both feel stuck, confused, frozen.
- Neither has any idea what is going on.
- Neither knows what to do or say next.
- Can be intensely uncomfortable.
What to do when you know you are in an enactment

• First must recognize the fact
• Comment to client that something is going on between you
• Ask if they notice anything
• Offer to describe your experience
• Ask for their experience
• Recreate together an understanding of what occurred
Effects of processing enactments successfully

- Deepens the relationship
- Allows for repair of ruptures
- Unique experience in clients’ lives
- Helps clients build empathy for child that they were
- Helps build brain pathways
Therapists must be able to acknowledge and explore their own missteps in the therapeutic relationship.

Requires deep self-knowledge.

Requires an openness in sharing some vulnerabilities.

Payoff is enormous.
Selected References


Selected References cont.
