



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

How do attachment, trauma and anxiety disorders interact ?

Doris D’Hooghe

[www.traumacentrum.be](http://www.traumacentrum.be)



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## Workshops

There is also possibility to customized workshops

Mom there's a monster in the closet

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**ATTACH**  
Teaching the World to Heal  
30th Annual Conference  
**VIRGINIA BEACH**  
October 4-6, 2018

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**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



# Ice breaker activity: Attachment



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# Theory





# TRAUMA

# 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



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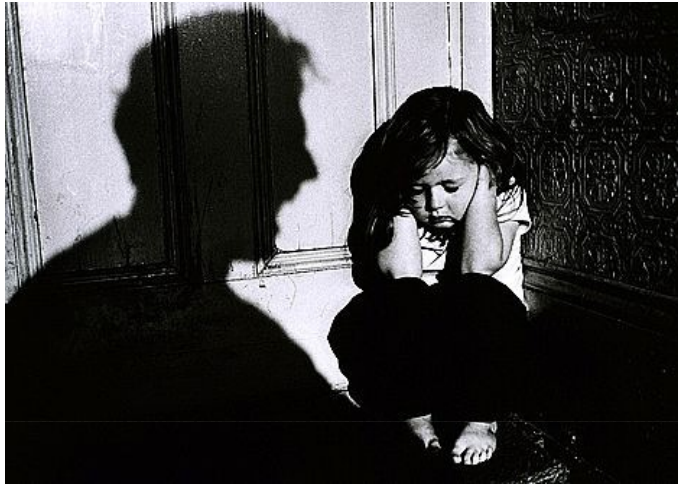
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# Personal stressors





# 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 responsiveness



she appraises the nonverbal expressions of



infant's internal arousal

affective states



regulates them



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.

# “Invisible” Attachment Trauma

In the interaction between child and caregiver



*Not an obvious event*

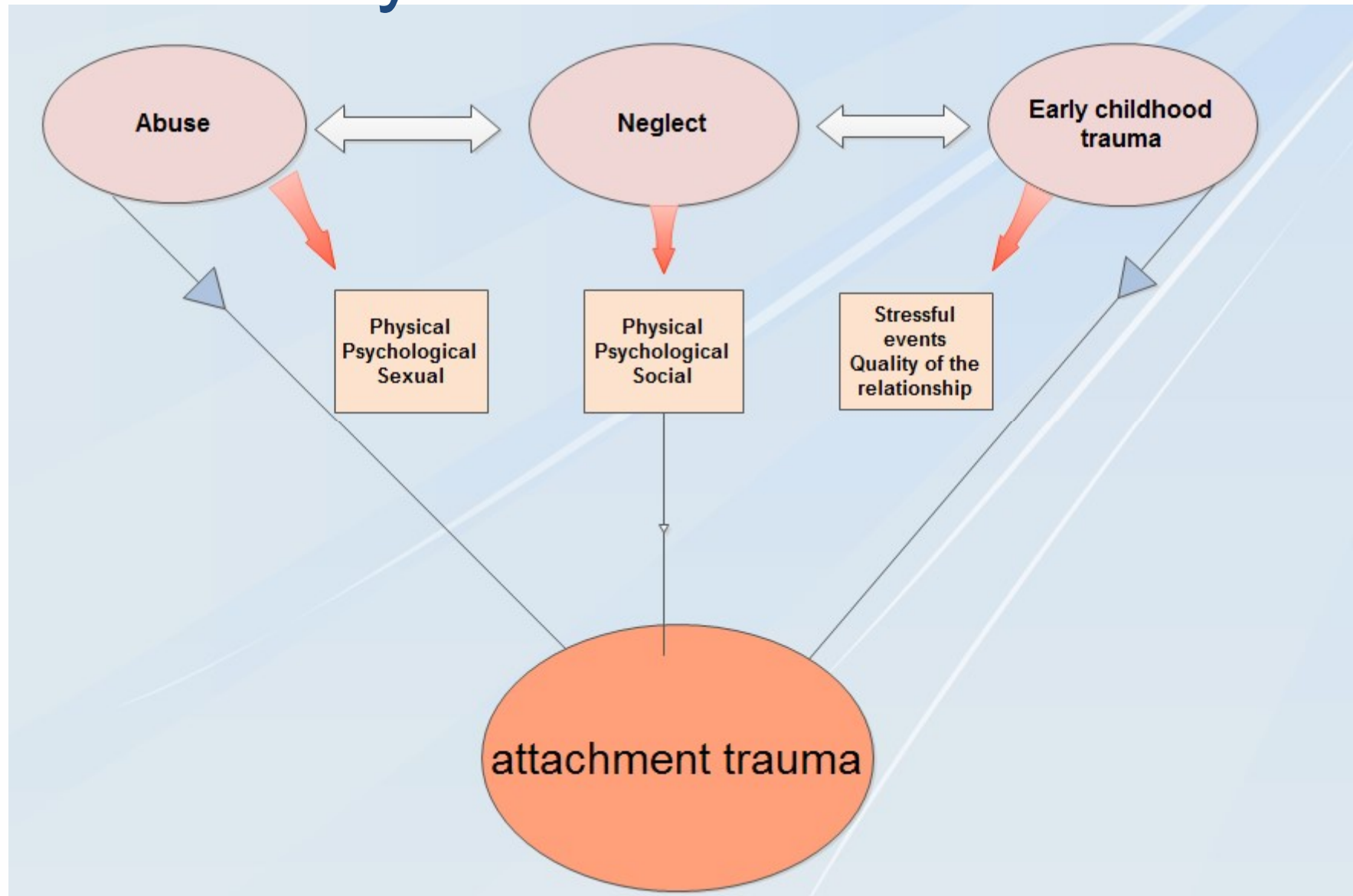


Caregiver's  
unavailability

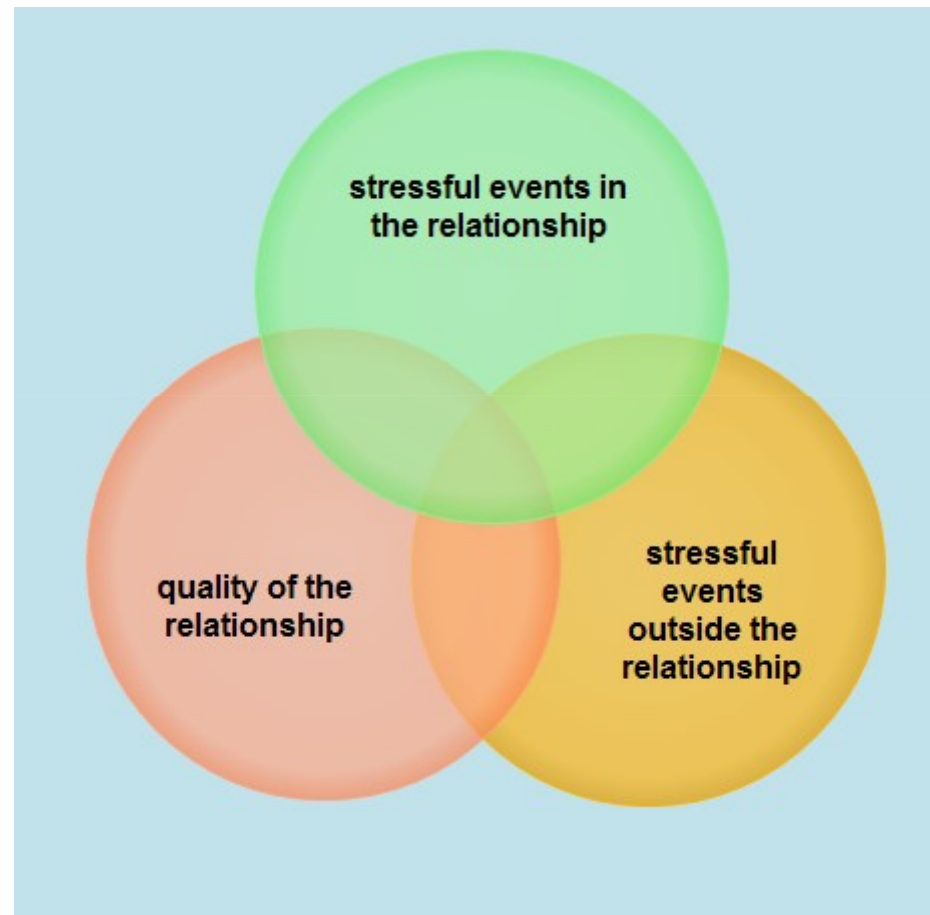


Caregiver's  
inability to  
modulate  
the  
affective  
dysregulation

# Early attachment trauma



# Early attachment trauma



# Stressful events in the relationship: 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

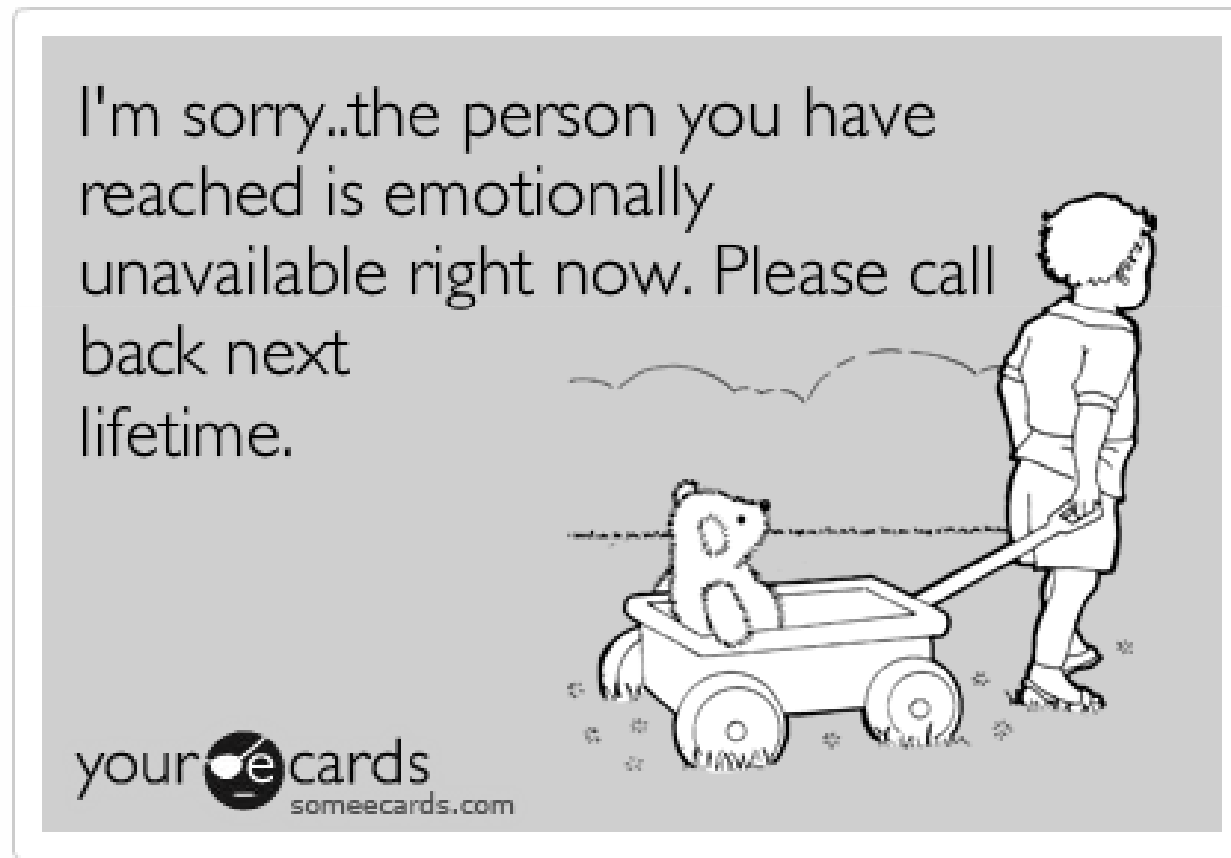
## Physical inaccessibility





# Disruptions in the attachment bond

## Emotional inaccessible/ unavailable



# 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



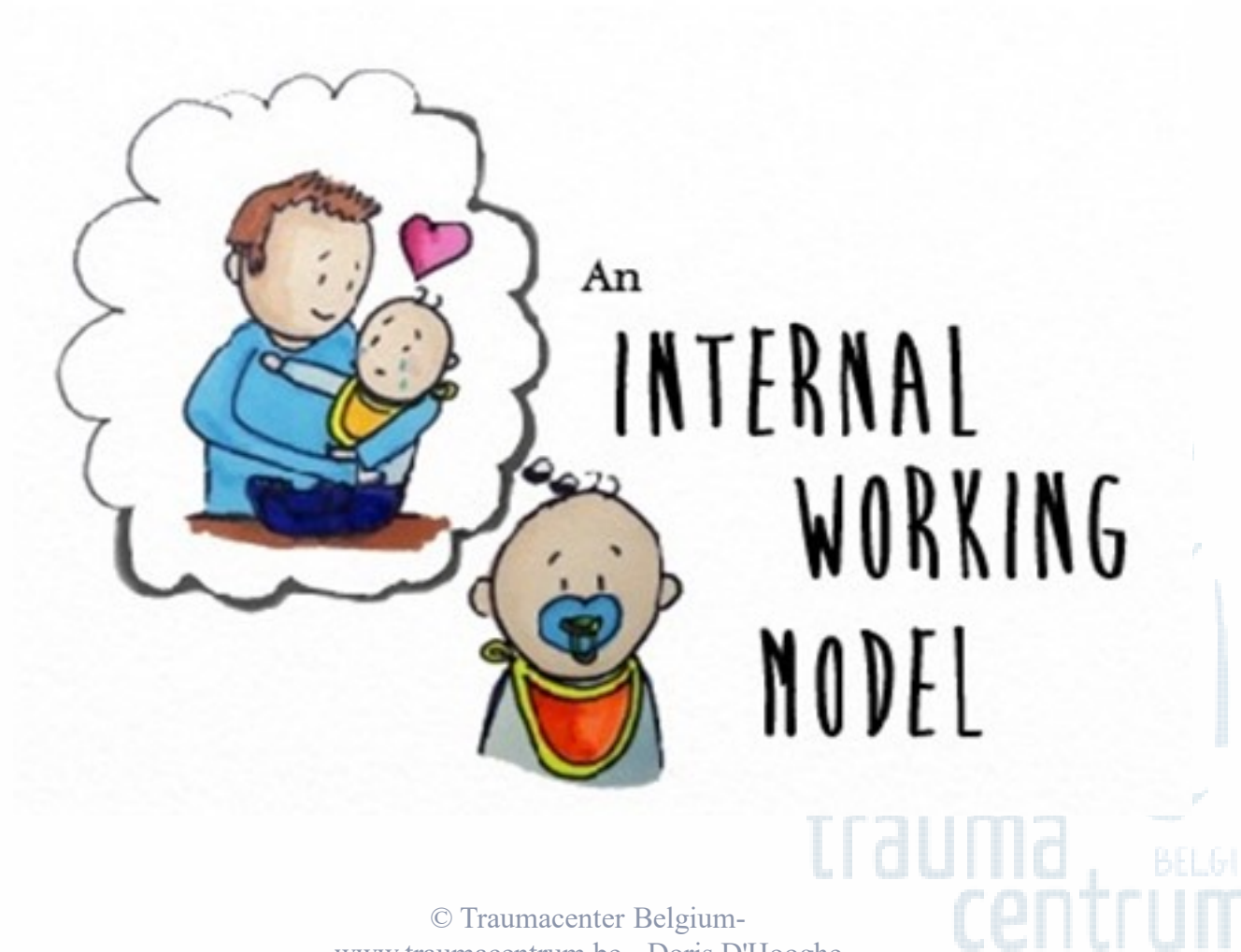
# EAT and affect regulation

- 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

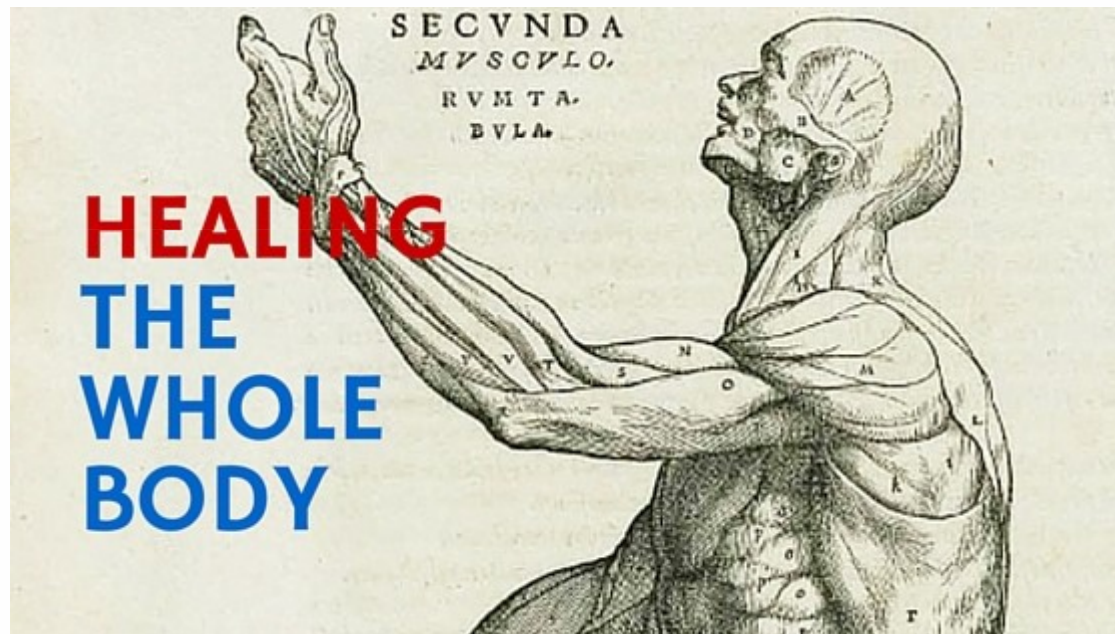
# EAT and cognition



# 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



# 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” 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

- Affectdysregulation → Affectphobia
- 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

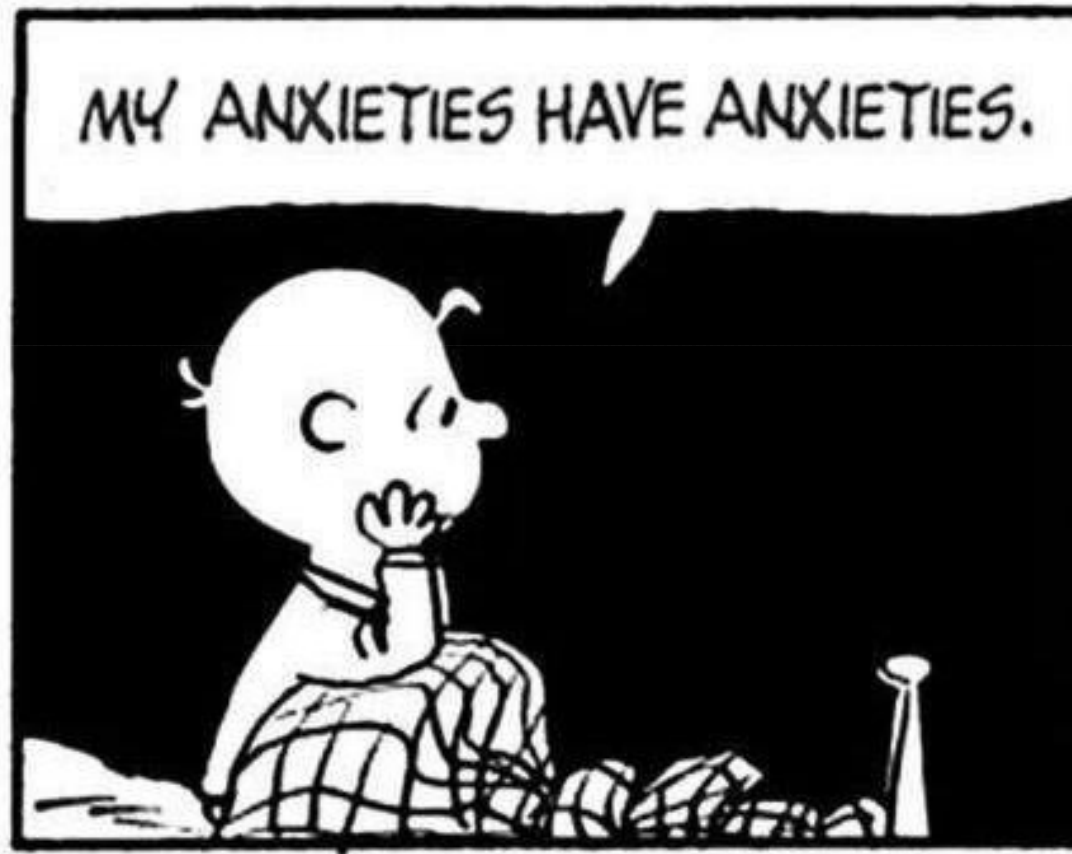
- EAT = lack of contingent and responsive mirroring
- Affectdysregulation
- Emotions are feared
- Anxiety prompts an defensive reaction
- Defense push the feeling back down
- Safety is restored

# 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

# 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 → IWM → Anxiety

- Fearful style and anxiety= “not feeling not dealing”

Intense anxiety



Rupture the organization of:

→ cognition

→ Behavior



Fragment the integrity of the self



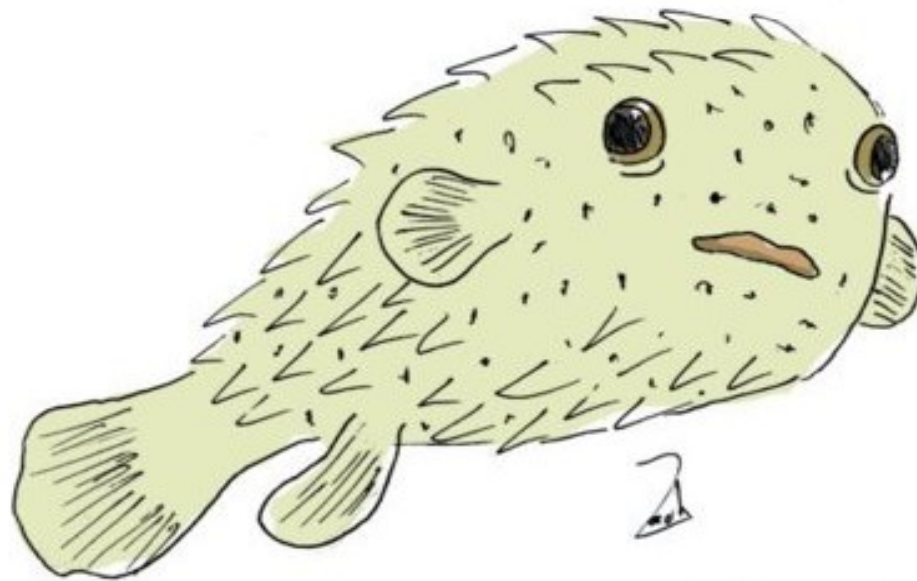
Dissociation and splitting



Prevent more dis- integration

# BLOWFISH WITH SOCIAL ANXIETY DISORDER

DON'T PUFF UP LIKE AN IDIOT.  
DON'T PUFF UP LIKE AN IDIOT.  
DON'T PUFF UP LIKE AN IDIOT.



[www.animalshaveproblemstoo.com](http://www.animalshaveproblemstoo.com)

# 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



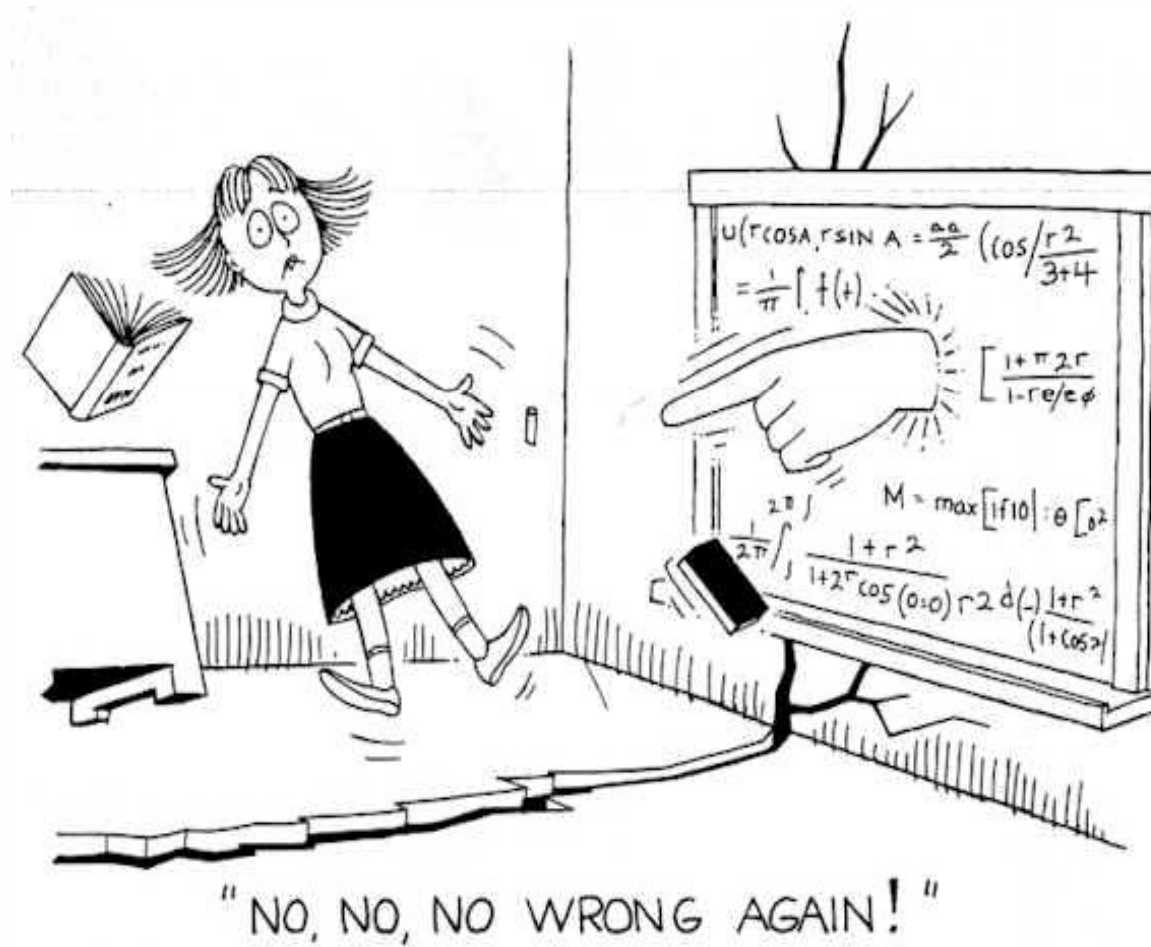
# EAT → IWM → Social Phobia

- 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

# 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 not do it
  - Safety
    - I'm in danger
    - I will die
  - Responsibility
    - It is my fault
    - I am guilty



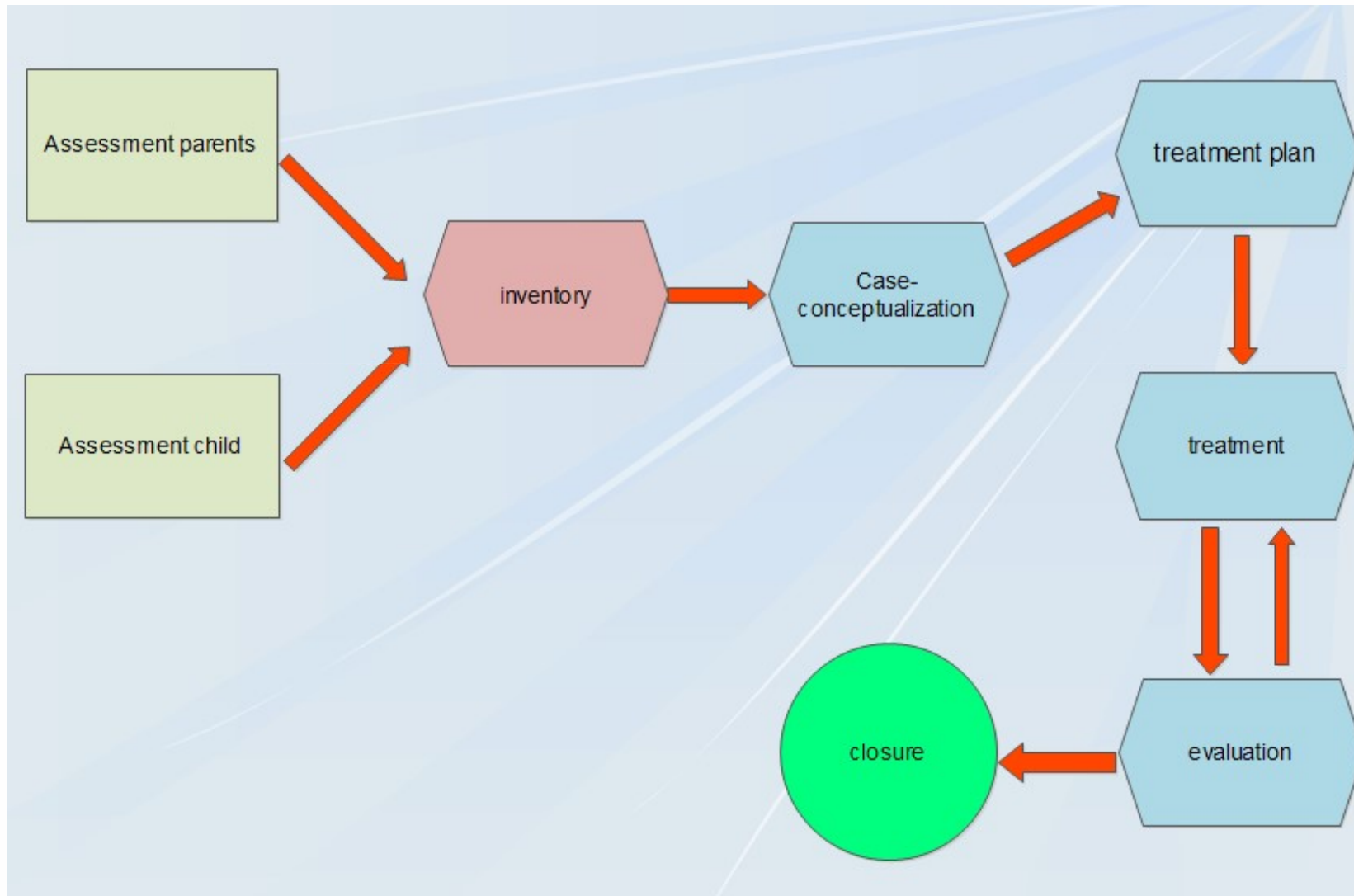
# Anxiety treatment = Trauma treatment

- **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/ forgetfulness/ concentration
  - Emotional: Fear/ worry/ anger
  - Behavioral: Avoidance/ impulsivity/ trembling voice/ avoiding eye contact/ fight- flight- freeze

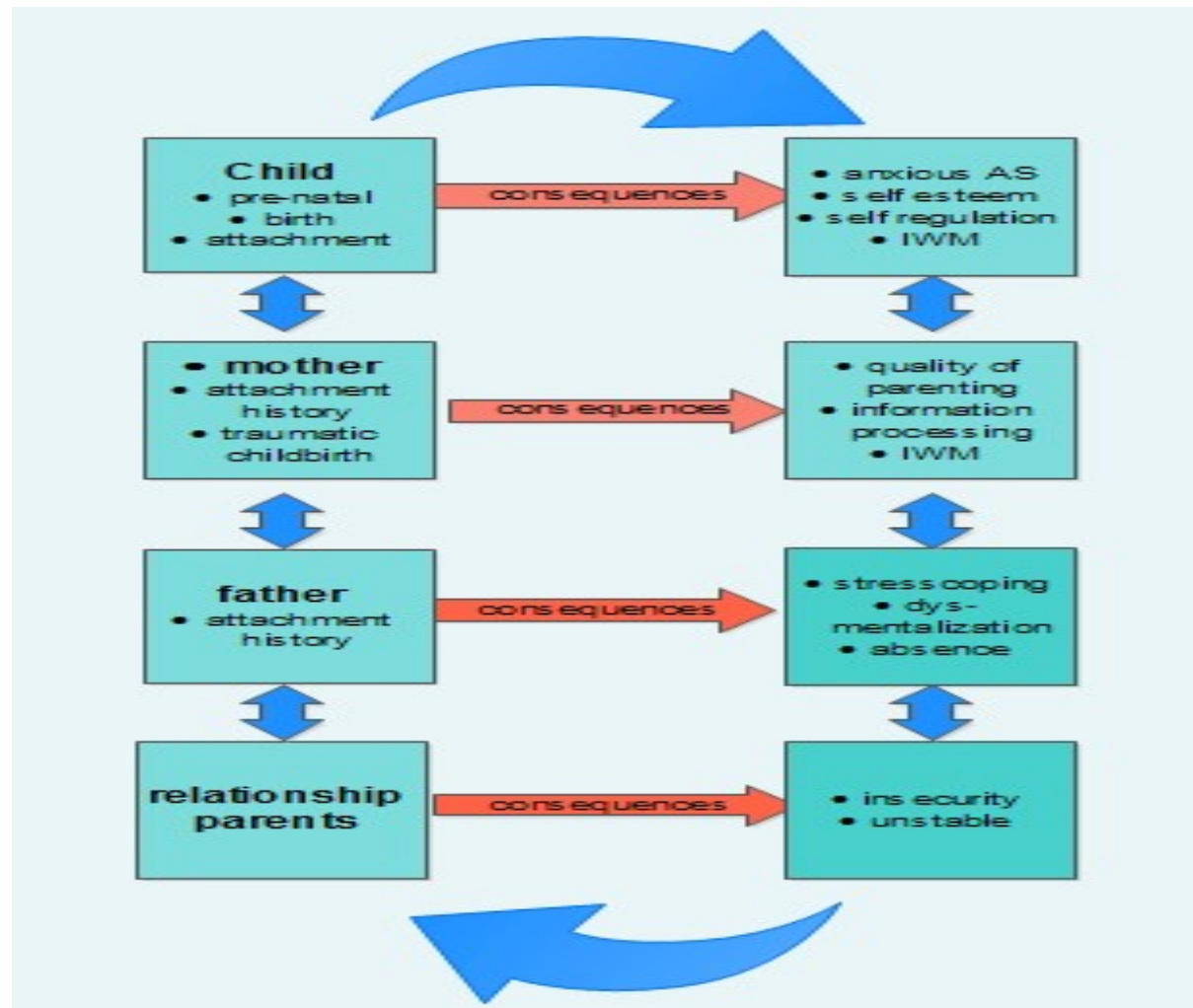
# Case

- 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



# Case- conceptualization





# 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



# 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



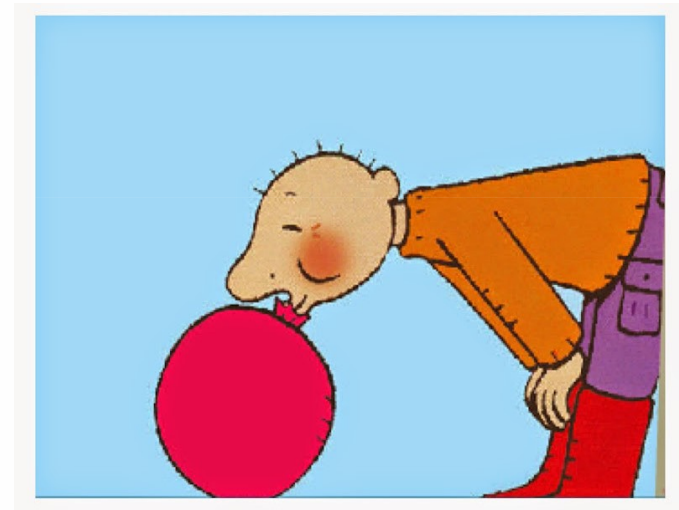
# Therapy: calming the physiology

- 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.**

©NotSalmon.com

# Dual awareness

## Another Grounding Technique

### Dual Awareness Protocol

Right now I am feeling ... <i>Current emotion</i>
And sensing in my body ... <i>3 sensations</i>
Because I am remembering ... <i>Name only</i>
However, I am here now ... <i>Place, date, time</i>
And I can see ... <i>3 things you can see around you</i>
And I can hear... <i>3 things you can hear around you</i>
And I can feel ... <i>3 things you can feel on your body</i>
So I know that ...name only.. is not happening anymore.

# 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 safe”
- 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



# 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!)

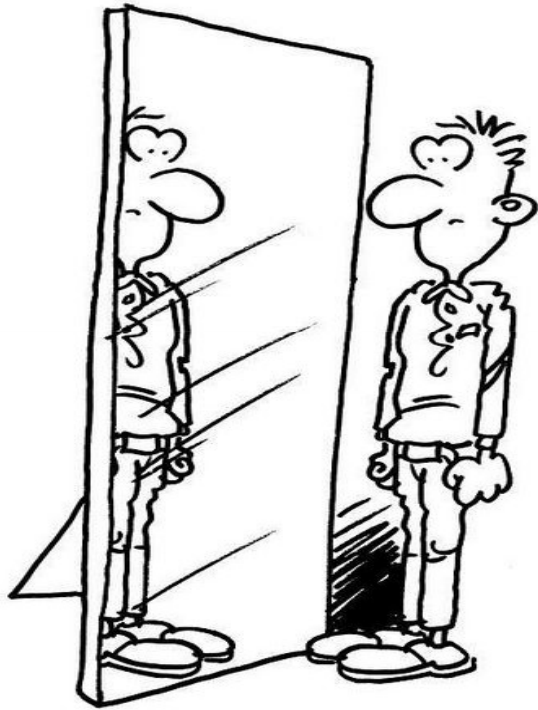


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- Another thought



# 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 ( Sensorimotor Psychotherapy)
- Babette Rotschild ( Somatic trauma Therapy)



# Somatic experience/Peter Levine

- Self- holding



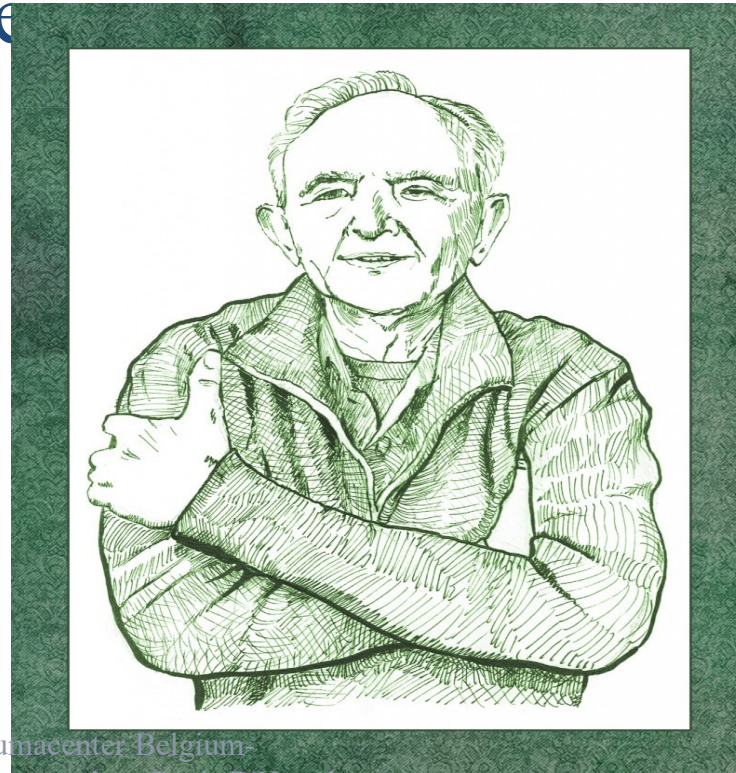
# Reconnecting with the body/ Peter Levine

- 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?

via LoveThisPic.com