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Frontiers in the Psychotherapy of Trauma & Dissociation

*The Official Clinical Journal of
the International Society for the
Study of Trauma and Dissociation*

**From Proximity Seeking to
Relationship Seeking:
Working Towards
Separation from the
"Scaregivers"**

Orit Badouk Epstein

Frontiers in the Psychotherapy of Trauma & Dissociation

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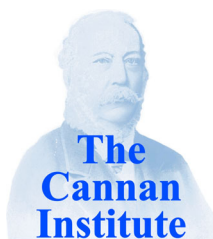
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ARTICLE

FROM PROXIMITY SEEKING TO RELATIONSHIP SEEKING: WORKING TOWARDS SEPARATION FROM THE “SCAREGIVERS”

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“If you press me to tell you why I loved him, I feel that this cannot be expressed except by answering because it was he, because it was I.”

Michel de Montaigne (1580),
(Bakewell, 2011, p. 94)

Traditionally psychoanalysis showed interest in the child’s ambivalent relationship towards the object. Psychoanalysis also did not put great emphasis on the role of fear in a child’s life, in particular fear that has been inflicted by the caregivers (Slade, 2013). It was Mary Main who placed fear in the face of attachment needs and named it as disorganized attachment style. The research findings have given us a new lens into the way we see human behavior as displayed in many of our traumatized clients. The child’s need for both protection and autonomy are universal and has been at the heart of object relations and attachment theories. It is there where matters of core-relatedness and a developed sense of self are most involved. This paper discusses a client who suffered extensive sexual abuse. Her attachment to her mother, who I called her “scaregiver,” was preoccupied, enmeshed and coercive as well as being disorganized. The lack of boundaries and the controlling relationship the client had with her mother was re-enacted in the therapeutic dyad. This paper explores these dynamics and how attachment-based psychotherapy enabled a move towards safety for the client followed by better functioning, and more so enabled her to move towards intersubjectivity, a

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deeper understanding of her lack of boundaries, separateness and need for autonomy.

KEYWORDS *disorganized/preoccupied attachment style, fear, abuse, proximity seeking, proximity maintaining, proximity promoting, control, care seeking, scaregivers, dissociation*

INTRODUCTION

In his seminal trilogy on Attachment, Separation and Loss, John Bowlby (1969, 1973, 1980) identified two distinct sets of stimuli, namely separation and loss of or from the caregiver, usually eliciting fears in children which led them to steer towards object seeking. Thus, from its inception, attachment theory has been concerned with three key issues:

1. Proximity seeking – for reasons of survival, a child needs the physical closeness of others.
2. Proximity maintaining – good or bad caregiver, the child will attach to those he/she is familiar with.
3. Proximity promoting – the defenses that we develop after conditions of proximity seeking and proximity maintaining are not ideal or have failed altogether (Badouk Epstein, 2017).

In her paper on the place of fear in attachment theory, Arietta Slade explains how, “The human infant is hard-wired for attachment in service of survival” as opposed to psychoanalysis, and that “Bowlby privileged fear of loss and danger because these elemental reactions drive and organize the activation and deactivation of the attachment system, regulate physical and psychological proximity seeking and contact maintenance and shape the organization of mental health. Therefore, it is important to acknowledge fear and recognize that all insecure attachment is an adaptation which is geared to facilitate our physical and psychological survival” (Slade, 2013, p. 39). Thus, in insecure attachment we see familiarity preserving behavior followed by increased stress which is antithetical to exploratory- and information-seeking behavior. In contrast, secure attachment is defined by familiarity preserving followed by stress reduction which then leads to a well-developed exploratory- and information-seeking behavior.

The history of psychoanalysis is essentially about the object internal world and its ambivalent feeling towards the object (Bretherton, 1995). Psychoanalysis did talk about anxieties, but not in the way Bowlby recognized it. With the help of the advanced empirical research on Bowlby’s original ideas of attachment theory, the findings showed that individuals never outgrow their attachment, on the contrary, attachment is a lifelong need. I will cover some aspects of this later in this paper.

FEAR IN THE CONTEXT OF DISORGANIZED AND PREOCCUPIED ATTACHMENT STYLE

Bowlby's emphasis on fear and the child's need to seek safety has been largely ignored in the world of psychoanalysis. Traditional psychoanalysis also did not acknowledge that aggression and sexuality all emerge within the context of disrupted attachment and dysregulated relationships. In his last interview Bowlby asserted: "There's been a very strong tradition in psychoanalysis to emphasize phantasy and to underplay the importance of real life events" (1990 Bowlby interview transcribed by Oskis, 2015, p. 139). "Real life, the importance of real life events is a principal one" (Oskis, 2015, p. 148).

"Bowlby's (as well as Mary Ainsworth and Mary Main's) crucial emphasis on fear systems and its regulation remains largely unappreciated" (Slade, 2013, p. 40). For Bowlby, the need to survive physically as well as psychologically is the key to understanding the organization of mental life. "We survive by forming relationships and adapting to the mind of others. Relationships are the remedy for fear – of loss, of annihilation, of psychic emptiness – and offer us the deepest expression of our humanity" (Slade, 2013, p. 41).

Bowlby (1973) also emphasized the significance that separation carries for humans as a sign of increased risk. Here, fear and attachment, which are both necessary for survival, are contradictory. This is the paradox of attachment where "the clinginess of a child who has been separated or has a fear of abandonment is a concrete attempt to guarantee the availability of an attachment figure by maintaining proximity" (Bowlby, 1973, p. 213).

These dynamics have often been seen particularly in the coercive attachment that is significantly displayed in the ambivalent and disorganized attachment styles. In contrast, the person with an avoidant attachment style has learned to deal but stopped relying on how he/she feels. Therefore, sometimes the avoidant gives the illusion of being autonomous and resilient.

When Mary Ainsworth produced her research findings through detailed observation of infants and in the SSP (strange situation procedure), her coding systems helped us understand that fundamentally we respond relationally to the way our caregivers attend to us (Ainsworth, Blehar, Waters, & Wall, 1978). This method of assessing babies, and later adults, for their attachment style provided the first three classifications: autonomous secure, avoidant, ambivalent and only later did Mary Main and Judith Solomon (1986) come up with the "D" disorganized attachment classifications. It is with these observational findings that we painfully witness real evidence about how these babies expressed their feelings about real fear of separation, loss, abandonment and rejection at the hands of their caregivers. The findings generally showed that when the attachment

figure has acknowledged the infant's needs for comfort and protection whilst simultaneously respecting the infant's need for independent exploration of the environment, then the child is likely to develop an internal working model (IWM) of self as valued, reliable and regulated. These parents not only tend to engage in honest communications of their own but are also open to respect difference, questioning and revision. Conversely, if the parent has frequently rejected the infant's bid for comfort or for exploration, the child is likely to construct an internal working model of self as unworthy, incompetent and anxious. The need for exploration as seen with securely attached children therefore will be compromised.

"The experience of fear and the search for safety and comfort in relationship are core human experience" (Slade, 2013, p. 51). The securely attached child thus experiences fear within the context of knowing that her caregiver will:

1. Upon separation, be back—implicitly the child feels "I don't mind you disappearing when I know that you can be found."
2. Will provide comfort and safety in time of distress.
3. Will not ridicule and shame in times of difference.

Therefore, it is important to acknowledge that when we talk about secure attachment, we are actually talking about adjusting the distance such as when the infant sends her cues of neediness to her caregiver, the caregiver in return will respond with attunement, not "too close – too far" (a term borrowed from family therapist J. Byng-Hall, 1980) i.e., not too intrusive and not too detached. Optimally finding the balance between the degree of closeness the child seeks from their caregiver, versus the degree of separateness the caregiver offers the child, is what constitutes secure attachment. By contrast, for the insecurely attached child, the fear of losing the parent emotionally or physically is real and a child, in order to survive, will do anything to preserve proximity to her caregiver, even at the cost of losing a sense of self as we see in dissociative clients and extreme pathologies. "Therefore, the avoidant individual often ends up by choosing limited autonomy over intimacy, the preoccupied ends up with fraught intimacy over autonomy and the disorganized find safety in neither" (Slade, 2013, p. 43). As with most insecure clients, coming to grips with their fear of separation and loss during therapy is what can help bring a change to a person's affects dysregulation and be defined as earned security.

Disorganized attachment tends to appear with three subcategories: secure, avoidant, preoccupied (Main, Goldwyn, & Hesse, 2002). And in recent years Hesse (2016, p. 568) has come up with a D/U classification (disorganized and unresolved). In this paper I will discuss a client who came from D/U attachment with a subcategory of preoccupied/enmeshed

attachment style. When George, Kaplan & Main (1996) conducted the Adult Attachment Interview (AAI), they found that if the pathways towards earned security were difficult to attain, the ambivalent group was classified as preoccupied/anxious resistant in adulthood.

Ambivalent attachment relationships are characterized by:

- Exaggerated expressions of attachment needs.
- In the presence of their caregivers these infants are reluctant to explore their environment; they pay little or no attention to toys and seem focused in a distressed manner upon the parent whether present or not.
- Reunion does little to alleviate their distress. When held by the caregiver they both seek and resist contact.
- When they do seek contact, they have difficulty settling down and do not respond well to their caregiver's attempts at soothing.
- The caregivers are available inconsistently to the infant signified by the infant's protests manifested in their approach, clinginess, withdrawal and confusion towards the caregiver.
- Conversely, the caregiver will also seek care from the child.
- In the presence of their caregivers they emphasize hurt and neediness so as to secure the caregiver's engagement.
- Later in adulthood, extreme preoccupation is typified by incoherence, a sense of helplessness, and affect dysregulation as seen in the AAI.

Bowlby (1980) saw ambivalent attachment as being characterized by chronic mourning where the child, in her attachment to her caregiver, is cyclically bound by yearning, searching and despair. "Since the goal of attachment behavior is to maintain an affectional bond, any situation that seems to be endangering the bond elicits action designed to preserve it; and the greater the danger of loss appears to be the more intense and varied are the actions elicited to prevent it. In such circumstances, all the most powerful forms of attachment behavior become activated – clinging, crying and angry coercion. This is the phase of protest and one of acute physiological stress and emotional distress" (Bowlby, 1980 p. 42). He also wrote: "In attempts to account for the painfulness of mourning, two main hypotheses have been advanced: because of the persistent and insatiable nature of yearning for the lost figure pain is inevitable. Pain following loss is the result of a sense of guilt and fear of retaliation" (Bowlby, 1980, p. 26). Therefore, clinging behavior is not indication of a secure bond, rather the child is signaling anxiety about receiving inconsistent security and support.

In my clinical practice, I often witness this level of unresolved mourning in all insecure attachments, and not necessarily mourning that is marked by death but also one which results in profound fear of separation, leading to rejection and the continuous emotional and physical unavailability of the parent towards the client. During therapy we also meet with the generational impact of the parent's own unresolved chronic, or in some cases pathological mourning occasioned by death, abuse or other forms of trauma. What feels particularly unique to individuals with the preoccupied and disorganized attachment style, however, is the feeling of being stuck in the despair and protest parts of the mourning cycle. For example, thinking, "this Christmas I'm going to get my mum something she really likes" only to find out that this time it is not the Christmas gift that is not good enough, but the fact that they have put on weight. These dynamics leave the client always yearning and longing for something else, be it self-improvement, a change of jobs, friends, therapists, you name it. Sometimes this happens to the point that they become demotivated in their everyday life.

It is also important to note that these dynamics stem from the caregiver's preoccupied state of mind which is cyclically needy for their offspring to take care after them and affirm their own low self-esteem. Therefore, the preoccupied client tends to oscillate between being a helpless care seeker and a controlling caregiver.

There are many overlaps between preoccupied and disorganized attachment patterns. The main difference between the two lies in the extent of fear and the unpredictable behavior inflicted upon the child by their caregivers, or as I call them, their "scaregivers" (Badouk Epstein, 2015). With preoccupied attachment, levels of fear are often linked to a tantalizing parent who continuously threatens the activation of the attachment system to both attend to the child, as well as reject and abandon her. This is what Fairbairn (1954) saw as the exciting and rejecting object that at first offers the enticing promise of something good and then fails to deliver it. With disorganized attachment, it is more a terrifying, unpredictable and untenable fear that fuels the relationship where the caregiver is both a "source of and the solution to its alarm" (Main & Hesse, 1990, p. 163). I tend to see the ambivalent attachment style as "confusion without solution." The therapeutic journey, therefore, is one of intersubjective relatedness, coregulation and reorganization. Now that I have set the scene for this drama, I'll go on to tell you about a case that I have called: "the letter."

THE LETTER

The first thing Annabelle told me was: "I wasn't sexually abused." I had been seeing Annabelle for over four years. She spent many years with other therapists, all of whom had worked on grounding and stabilizing her from

self-harm. These interventions had helped her reach a better functioning, yet her depression and suicidal ideation remained severe, and she was on the verge of sabotaging her work and the intimate relationship with her partner. Annabelle arrived at therapy holding crutches as she claimed she was suffering from severe pain in her lower body parts, that had left her almost unable to walk. She also suffered from regular bouts of depression, sometimes spending three days at home whilst unable to stop crying.

From the start, my alliance with Annabelle felt chaotic, challenging, intrusive, and at times her boundary violation felt overwhelming. The countertransference was of feeling devoured and controlled. She would regularly push the boundaries, asking me questions such as: "Does your husband rape you at night?" or "Did your father fuck you as a child?" In contrast to that, in other sessions, she would appear looking centered, intelligent and professional. Soon after beginning therapy, a young part started appearing: she would often suck her thumb and with a tiny voice would reveal secrets she was not supposed to tell anyone. I then learned that Annabelle's abusive and neglectful childhood had left her with dissociative parts and what Bowlby (1980) saw as "segregated systems of behavior, thought, feeling and memories" (p. 345). Later Liotti (2009) reported that the study of attachment suggests that dissociation during personality development concerns primarily a failure in the integration, into unitary meaning structure of memories concerning attachment interactions with a particular caregiver (p. 59), which Nijenhuis and Van der Hart (2011) refer to as: "Dissociation in trauma entails a division of an individual's personality, that is, of the dynamics, biopsychosocial system as a whole that determines his or hers characteristic mental and behavioral actions" (p. 418). "The more complex levels of structural dissociation in adults who were chronically traumatized as children are thus developed within a personality that lacks the normal cohesion and coherence of the healthy adult" (Van der Hart, Nijenhuis, & Steel, 2006, p. 7).

Annabelle was born to alcoholic and violent parents. From an early age, she regularly witnessed severe violence from her dad towards her mother. After each violent attack, her mother would scream for Annabelle to come and rescue her, but later she would reunite with her husband and ask Annabelle to leave them alone. As a seven-year-old, Annabelle remembered herself feeling numb and aimlessly wandering through the streets for hours on end waiting until things at home had calmed down for a bit. This kind of "physical numbing," according to Frewen and Lanuis (2015), "during dissociative states including analgesia, often coincide with emotional numbing and therefore provides an objective marker of the latter" (p. 259).

Offering the client persistent empathic attunement resulted in Annabelle's hypervigilance decreasing dramatically and memories of sexual abuse began to flood back, in the form of body memories, flashbacks, and vivid and graphic nightmares. It became clear that she had been sexually

abused by members of her family, and family friends. Later we discovered this group was organized and involved in pedophilia, child pornography and other extreme abuse with ritualistic elements. She also remembered clearly that from the ages six to eight she had been groomed and sexually abused by a male child minder who was their neighbor at the time. Annabelle's mother never offered protection and, in fact, turned a blind eye to many of her daughter's pleas for help. At the age of 14, Annabelle told her mother about the neighbor's abuse. Her mother then became violent and asked her not to mention this ever again. Later at 16, when Annabelle took an overdose, her mother never visited her in hospital nor acknowledged her daughter's ordeal.

Yet, Annabelle's attachment to her mother was overly preoccupied, enmeshed and disorganized. She remembered how her mother beat, force fed, and punitively potty trained her to the point where she ended up holding her bowels for days. Sometimes her mother would just stare at her with a sinister grimace while tormenting the pets in the house. But, then again, according to Annabelle, her mother was not all bad: "Sometimes she cooked yummy food and we used to watch favorite films together just like best friends do." Searles (1986, p. 222) saw "that the loved feelings may be sensed as dangerous to the child because these feelings are so capricious: since they are not reliably available to the mother herself, she cannot make them dependably available to her child; hence her expression of them, fleetingly to the child, inflicts upon him the hurtful experience of feeling loved momentarily, only to find himself, suddenly and unexpectedly being hated or rejected by the mother who only a moment ago was being warm and loving to him" (Searles, 1986, p. 222).

In her plea for proximity-seeking, as seen in the case of Annabelle, there is no true otherness, and the child remains preoccupied with the parent's wellbeing. A child will be whatever her caregivers want her to be in exchange for attention and protection. As a child, Annabelle spent her days in fear "walking on egg-shells" always trying to please her parents. For example, she made sure that the house was spotless, polishing and tidying every corner so when her mother returned from work, she would not have any reason to be angry. Yet her mother would be back violently shaking her while waking her up from her nap and screaming at her for leaving a stain on the door. Later, her mother would turn nice and sweet and insist on sharing a bed with her. Annabelle reported feeling repulsed by her mother's body. Annabelle's mother would often fluctuate from being a "scaregiver" to a helpless care-seeker. According to Liotti (2016), "the disorganized child will develop controlling punitive strategies towards the caregiver or become a child who inverts the attachment relationship and display a precocious caregiving, controlling-caregiving strategies. These strategies mitigate and compensate the level of hyperarousal and disorganization in the child's attachment system" (p. 29). Annabelle's mother also made sense of her world

through magical thinking and mystical ideas which Annabelle found to be terrifying. On the whole, whenever Annabelle needed something from her mother it would end up with disappointment and rejection. Yet, Annabelle has an eight-year-old part that is very protective of her mother and has promised never to leave her and to care for her for the rest of her life. This part is very loyal and occasionally misses her. Another part in a child's voice would often leave me phone messages, pleading with me not to allow Annabelle's apparently normal part (ANP) to get in touch with her family, in particular her mother as they were so terrified of her. So, here we face the paradox of attachment yet again, when the child quickly learns that the people dearest to them are also the ones who can cause them the greatest anxiety and pain. The child's sense of self and trust in others thus becomes permeated with fear, anger, mistrust and hypervigilance and their capacity for exploration remain compromised, as seen in children with extreme pre-occupation and disorganized attachment styles. These responses are often in conflict with the child's need for closeness with the parent.

Frozen in despair, the preoccupied relationship is typified by feeling stuck between the fear and confusion of the client's child part wanting to let go of the parent, and the urge to rescue their needs, in the hope that this time the parent will be accepting, available and loving forever. But then she equally finds herself coerced in internal conflict and resentment, feeling compromised and outraged towards the parent. In many cases any form of expression of rage against the parent is forbidden. On this carousel of confusion without solution, feeling stuck in repetition, blaming the other is a likely outcome. Rich Chefetz (2015) coined this kind of behavior as "attackment" when "The victim thus creates a safe and paradoxical destructive assertion of agency right under the nose of the perpetrator by adapting negativity, a stealthy recouping of lost power. This is at the core of an 'Attackment' relationship" (p. 287).

Another factor is added to the disorganized and preoccupied child which Fonagy, Gergely, Jurist, and Target (2004) describe well: "The description by mothers of disorganized children are often quite remarkable: they see the child as a replica of themselves as merging with the child. We assume that these experiences are explained by the child externalizing aspects of his self-representation that relate not to the internalization of the mother representation of the self but the representation of the mother within the self. The tendency for such children to show precocious caregiving behavior (West & George, in press) is also consistent with the idea that the representation of the mother is internalized into the self" (p. 357).

What's more, the conditions of fear we often see in the disorganized client create what Fonagy (2016) called: "Inhibited ego destructive shame":

- "When the attachment system is activated by fear, the infant seeks the caregiver and reaches out for them when they are still frightened. This

vicious cycle of seeking proximity is a state of fear while being frightened goes on triggering more fear and thus eliciting more proximity and so on.

- What happens in the brain is that the system responsible for understanding others state of mind is inhibited.
- This permanent state of activation is what inhibits the capacity for mentalization.” (Fonagy, 2016)

Bowlby (1969, pp. 224–228) saw such conditions as a precursor to the activation of “the inborn motivational system concerning the direct defense from environmental danger (the fight-flight or defense system) is a quite frequent antecedent of the activation of the attachment system.”

Using the therapy as a secure base from which the client could start feeling safe, not being afraid of the therapist and feeling seen as a person, Annabelle gained some self-regulation and a sense of worth. At the same time, she was able to reassert some agency where the connection between mental states and action within herself was no longer being undermined. In this climate of growing trust between us, we began to unlock her fearful and enmeshed attachment relationship with her mother. During our third year of working intensely with Annabelle’s divided system, and her fear system in particular, she found the courage to write to her mother and confront her with some home truths. Mother then replied in her pious manner, saying that she was willing to forgive her daughter for having a wild imagination. Feeling supported by her partner and me, the less terrified Annabelle then decided to break away from her unrepentant mother and moved to another location. Once she severed all contact with her “scaregivers,” we stopped firefighting, up until then the therapy felt like a revolving door. Her bouts of intensive depression have subsided greatly; the pain in her lower body had almost gone. She currently enjoys going for long walks, and lately she has explored rock climbing and other sport activities. She has qualified as a nurse and is planning to have a baby with her partner.

At this stage, despite all the gains, my alliance with Annabelle remained complex and carried all the enactments of the pull and push that clients with the disorganized/preoccupied attachment status present us with. Annabelle’s hypervigilance meant that her confusion around the intentionality behind actions as explained by Fonagy et al. (2004) is: “. . . we argued that in an abusive attachment context the child often develops a defensive inhibition to mentalizing about the caregiver’s intentions. This may, in turn, result in general deficiency of attention processes in monitoring for and reading the relevant behavioral and situational cues that would allow the child to infer the other’s mental states. As a result, the child will automatically resort to interpreting the others mind through ‘default simulate’ even when the relevant informative cues are, in principle, available”

(p. 366). This Bowlby named as defensive exclusion. Defensive exclusion is believed to occur in response to intolerable mental pain or conflict. Bowlby observation on clinical case material suggests that such conflict arises when an attachment figure habitually ridicules a child's security-seeking behavior, reinterprets rejection of the child as motivated by parental love or otherwise denies the child's anxious, angry or loving feelings towards attachment figures (Bowlby, 1973, 1980).

The poverty of her relational world has left Annabelle with a number of highly mistrusting parts. At times it felt like parts belonged to the pull camp while other parts belonged to the push camp. We sometimes name the parts from the push camp as introjected perpetrator parts or identification with the aggressor. Howell (2011) explains: "When the child learns the roles of both abuser and victim procedurally in conditions of traumatic attachment, the corresponding self-states are likely to be dissociated" (p. 223). In any case, all parts serve as protectors in the child's abusive environment, while in the present they tend to hinder the client's move towards understanding subjectivity. The implication of these temporal dynamics means that there were sessions with Annabelle where I was idealized as the best therapist/mother for whom she so yearned, as conveyed by the parts from the pull camp. In other sessions I was seen as a rubbish therapist who was constantly disappointing her and in whom she could never trust, as conveyed by the parts from the push camp. I was then threatened, the atmosphere between us felt as if it were running on a knife's edge. I had to measure and think carefully about every word, while I was being watched and controlled for every movement. Furthermore, the ongoing distance struggle of being "too close – too far" (Byng-Hall, 1980, 1995) within Annabelle's divided system meant that increased closeness towards the pull camp will evoke distancing from the push camp. Nonetheless, recognizing and acknowledging the fear levels in the room always helped me maintain a non-defensive approach to being with her. Staying with the transference/countertransference feelings which took place during these sessions provided me with the invaluable information about the client's tormented and still-enmeshed internal world:

1. For whatever possible reason, in the present, Annabelle's attachment system feels under threat, hence her fight-flight responses taking her back right to trauma time.
2. The controlling punitive strategy according to Liotti (2016) seems to compensate for disorganization in the child-parent interaction.
3. By projecting on to me all her despair and frustrations, the client is giving me a flavor of the extent of her attachment trauma and betrayal.

4. Under threat, the internalization of the “scaregiver” tends to resume force by displaying bullying behavior towards the person she is within the present.
5. The “too close – too far” dynamic means that one of her parts, often an adolescent part, comes to the fore to protect her and in their old-fashioned way telling her not to trust anyone—me in particular, as I am the closest to her and close means not only disappointment but also plays a threat to the whole system.
6. More internal work on negotiation between the parts is required.
7. The loss of a “bad object” no matter how bad still deserves a period of mourning.

In her seeking proximity, Annabelle’s need for the relationship to be other than it was, fueled the transference where the therapist constantly needs to be the bad parent one had and the good parent one did not have. This continuous drama in which the client repeats the same old patterns time and again, is what Bowlby (1980) saw as the client’s failure to grieve for all that is lost and cannot be reclaimed.

Recently, after a long silence, Annabelle received a letter from her mother. She arrived at the session in a state of terror and helplessness. She showed me the sealed envelope in which the letter was lying, looming with intrusiveness and threatening thickness. “Be careful what you say today,” she looked at me from the side of her eye. This was “Anna,” her adolescent part, a feisty warrior who did not trust anyone and who at times could be very destructive. In times of threat “when fear is aroused, empathy vanishes permanently or temporarily and the capacity for exploration goes on hold” (McCluskey, 2011, p. 15). I then said, “I understand that a letter from your mother has frightened everyone inside you and has sent you right back to trauma-time. I know that when you are so frightened, there isn’t much I can say now that would feel helpful to you, so before we do anything, can we please help your body come back to be here in the present, so you can feel safe again?”

When in a state of dysregulatory hyperarousal, no amount of empathic attunement and verbal reasoning can be recognized by the client. This is what Daniel Stern (2004) described as “temporal thickness” and “multitemporal presentations” (p. 207) when the past feels in the present. I tend to call this a “booby trap for the therapist,” when the therapist can easily get entangled in the counter-transference enactments. During such times it is best to work with the body, the five senses, or try to communicate with aspects of the left brain. In working with clients with complex trauma, this is when the traditional psychoanalytic framework can feel too rigid and where the therapist’s creativity, offering a little extra, can do wonders. In

Bowlby's own words (1988): "Depending on the situation, each therapist must make his own decision and draw his own lines" (p. 154). I sometimes ask the client if they wish me to read them a chapter from a trauma book, give them a Rubik's cube to play with, or smell a favorite scent. However, if things are still uncontainable, and the client is still highly dysregulated, I offer some space or suggest the client goes out for a walk to get some fresh air and if they wish I can join them. These sensory and cognitive activities seem to help downregulate the client's terror states, and slowly help make her way back from the tyranny of the past. In this instance, as I was sitting in silence, Annabelle kept on talking about the threatening letter while fidgeting with the Rubik's cube I gave her. Gradually I noticed her tense body relax as if reopening her window of tolerance a little wider, and the space between us could inhale the air of a safe nowness.

Towards the end of the session, Annabelle decided to bin the letter. A "now moment" in Stern's (2007) words is: "a moment of Kairos when all at once, many things come together and come to a crisis in the therapeutic relationship" (p. 4). So just before leaving she suddenly asked me, "If I binned the letter in your practice would you open it after I left?" I felt momentarily rattled, but then I candidly replied that it would be better if she binned it outside my practice just in case I could not resist the temptation. Well, just as I felt that we regained some equilibrium, the adolescent "Anna" part returned fuming with rage, she then collected her bags and as she stormed out, angrily exclaimed, "That's why we can never trust you!"

The following couple of sessions Annabelle did not turn up, as the only separateness she could tolerate was a concrete one. When we finally got together, owning my imperfection, I told her that I was sorry if my curiosity had frightened her and reminded her of her intrusive and frightening parents. However, unlike her parents I did not choose to possess the letter, and instead I'd acknowledged my vulnerability and respected her separateness and autonomy. Unlike the many crises we had in the past, when she was in constant contact with her frightening mother, and dissimilar to my prior experiences of firefighting, this time Annabelle was receptive and amenable to negotiation. This kind of "intersubjective collision" and "intersubjective negotiation" (Bromberg, 2011) can truly take place in the reduction of fear and the presence of increased safety, authentic connection and cooperative engagement between client and therapist.

SUMMARY

Annabelle's unpredictable and frightening childhood meant that she became her parents' possession, always conditioned to their controlling behavior. For Annabelle, trust meant cancelling herself and merging with another. Just as she had been forced to become one with her mother,

I became the subject of her possession. Her incapacity to tolerate separateness of her object mirrored her mother's inability to respect her daughter's subjectivity. Instead, her unresolved grief meant that her need to pursue control and change people who are in close proximity to her had become relentless. Her ambivalent attachment to me with all the pull and push qualities was a result of attaching herself to relentless hope. By doing so she had hoped to gain control over her attachment needs but simultaneously felt stuck between the parts that are too close and the parts that are too far, would keep on yearning and searching for the idealized object, whilst still avoiding ever coming closer to anyone. The therapy was a struggle to reach a non-defensive appreciation of otherness, such as seeing me as a separate, good-enough attachment figure.

Change never occurs in a linear fashion. Whilst still working through her un mourned past, Annabelle and I continuously negotiate with her mistrusting parts' difficulties to tolerating intense affects around separateness and disappointment. Traumatic disappointment is at the heart of disorganized and preoccupied attachment relationships. In Stark's (1994) words, "When disappointment is experienced as painful, but tolerably so, it can ultimately be processed and mastered. But when it is experienced as too painful, as intolerably painful, then the disappointment cannot be grieved and must instead be defended against. Painful can be managed and may even promote psychic growth, but too painful, too uncomfortable, too anxiety provoking is unmanageable and promotes mobilization of defenses" (Stark, 1994, p. 131).

The process of finessing trust is an ongoing one. The secure base built in therapy will provide a safe, empathic, predictable and transparent relationship. This is meant to help the client realize the impoverishment of their relational past and uncover all that I have described above. Only this time, the shared space between client and therapist is free of the real fear the client had to endure all those years, and the possibility of being with another person becomes viable and authentic. In this safe shared reality, the client slowly begins to develop a capacity to explore, to mentalize and recognize her impact on the other and to see that the locus of control is an internal one. Furthermore, the fear of change is in her attachment to figures from her past who used to possess her body, control her mind's rights for mental separateness but more so, frighten her.

Whenever two subjects become one, forms of vitality, in particular empathic attunement, will be annulled. The therapeutic journey thus is a grieving process which involves confronting and eventually accepting the weighty reality that ultimately, one has no control over another person, because we are here not as objects of possession, rather that we are separate beings with separate minds and thoughts. The therapeutic journey is there to teach the client how to organize life with its limitations and expectations, in Bromberg's (2011) words, "because change always precedes

insight" (p. 24). Therefore, for the client to get to a place of relative freedom from ambivalence, among other things, the therapeutic process needs to enable her to reach a degree of "presentness" where she can see that in her pursuit for justice, the mistrusting parts' intention behind this need for control and possession was survival (Stern, 2004). This is an adaptation to the conditions of the unpredictable environment that existed whenever the parts sought care from the "scaregiver." In doing so they had attached themselves to relentless despair, rage, conflict, but more so to relentless hope. In contrast, the intention of living is to appreciate and respect our need for autonomy, exploration, accepting imperfection, ruptures and negotiations.

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