UNDERSTANDING AND WORKING WITH PERSONALITY DISORDERS FROM AN ATTACHMENT PERSPECTIVE

JONATHAN HARROP, LMFT

AAMFT APPROVED SUPERVISOR

OWNER – EAST VALLEY FAMILY THERAPY

AZ ARMY NATIONAL GUARD CHAPLAIN

GOALS OF TRAINING

- Understand the Attachment function of the learned behaviors in clients with Personality Disorders
- Understand the Attachment Dilemmas those with PD's are faced with that can make them complicated clients to work with.
- Obtain skills and suggestions to help us de-pathologize those with PD's and increase our effectiveness in working with them to manage their behaviors, navigate their attachment dilemmas, and begin healing their attachment traumas.
- Any other hopes from the group?

ATTACHMENT THEORY

- John Bowlby – Father of Modern Attachment Theory
- Mary Ainsworth – Strange Situation
- Harry Harlow – Baby Monkey experiment
- Sue Johnson – Adult Romantic Attachment

ATTACHMENT STYLES IN CHILDREN

- **Ambivalent attachment**: These children become very distressed when a parent leaves. Ambivalent attachment style is considered uncommon, affecting an estimated 7–15% of U.S. children. As a result of poor parental availability, these children cannot depend on their primary caregiver to be there when they need them.
- **Avoidant attachment**: Children with an avoidant attachment tend to avoid parents or caregivers, showing no preference between a caregiver and a complete stranger. This attachment style might be a result of abusive or neglectful caregivers. Children who are punished for relying on a caregiver will learn to avoid seeking help in the future.
- **Disorganized attachment**: These children display a confusing mix of behavior, seeming disoriented, dazed, or confused. They may avoid or resist the parent. Lack of a clear attachment pattern is likely linked to inconsistent caregiver behavior. In such cases, parents may serve as both a source of comfort and fear, leading to disorganized behavior.
- **Secure attachment**: Children who can depend on their caregivers show distress when separated and joy when reunited. Although the child may be upset, they feel assured that the caregiver will return. When frightened, securely attached children are comfortable seeking reassurance from caregivers.

ATTACHMENT THEORY

- Nature of our Attachment System
  - Shapes view of Self
    - Need: To feel **Good Enough**
    - Fears/hurts: Not Good enough/Flawed/broken.
  - Shapes view of Other
    - Need: To feel **Accepted by others**
    - Fear/hurts: Rejection/abandoned. Others aren't safe.

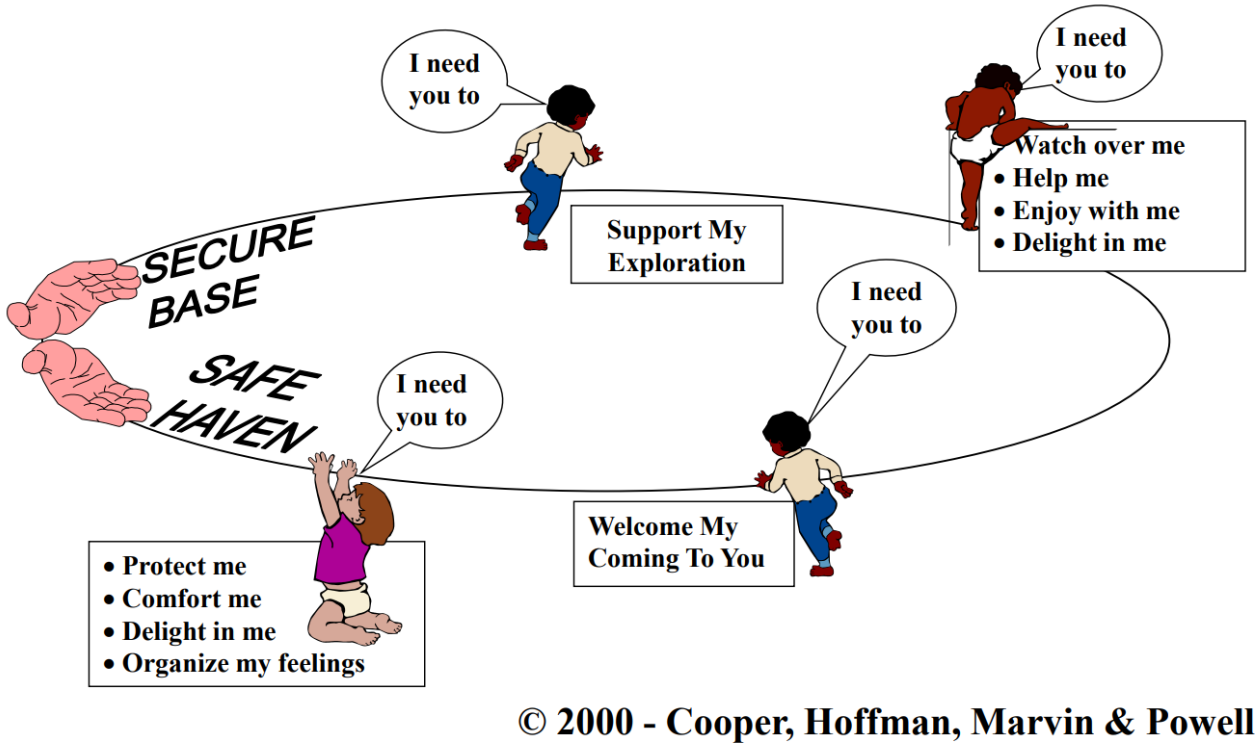
EXAMPLE OF ATTACHMENT SYSTEM IN DISTRESS

- Still Face Experiment

“THE GOOD, THE BAD, AND THE UGLY”

THE GOOD

- Healthy attachment System. Close, connected relationship. Interdependence, which fosters increased security in independence, which fosters greater security in interdependence.
  - A.R.E.
    - Accessible
    - Responsive
    - Engaged
- Co-regulation fosters Auto-regulation
  - https://www.circleofsecurityinternational.com/



THE BAD

- When disapproval or disconnection occurs, but there is still repair and recovery.
- Strategies to manage
  - Pursuing Behaviors
  - Withdrawing Behaviors

THE UGLY

- When reactions to disconnection or disapproval become stuck ways of being
  - Pursuing/Withdrawing Strategies become rigid and reactive
- Factors that play into the Ugly:
  - Abuse, Neglect, Shaming
    - Even shaming of the calls for connection and co-regulation and comfort.
  - Attachment Trauma/ Complex Trauma
    - Complex because you never know if you're out of Iraq.
  - Other factors
    - Temperament
    - Highly Sensitive Children and People.

PERSONALITY DISORDERS AS STUCK WAYS OF MANAGING ATTACHMENT DISTRESS

- Various strategies used to protect from attachment injury or seek for attachment needs to be met.
  - Cluster A – Suspicious
    - **Paranoid** Personality Disorder, **Schizoid** Personality Disorder, and **Schizotypal** Personality Disorders. The **common features** of the personality disorders in this cluster are **social awkwardness and social withdrawal**.
  - Cluster B - Emotional and Impulsive
    - Characterized by **dramatic, overly emotional or unpredictable thinking or behavior**. They include **antisocial** personality disorder, **borderline** personality disorder, **histrionic** personality disorder and **narcissistic** personality disorder.
  - Cluster C – Anxious
    - Characterized by **anxious, fearful thinking or behavior**. They include **avoidant** personality disorder, **dependent** personality disorder and **obsessive-compulsive** personality disorder.
- These are all on a spectrum. More symptoms and greater rigidity = higher on the spectrum.

TREATMENTS GEARED TOWARDS ATTACHMENT TRAUMAS

- Ego State, Gestalt, Internal Family Systems Theory
- Emotionally Focused Individual or Couples Therapy

STEPS TOWARD HEALING

- As with all things, relationship of Trust first.
  - Must feel safe with you. Sometimes easier said than done.
  - Personable while maintaining appropriate boundaries.
- Track process, not content.
  - Process within self – most important and where most healing and insight takes place.
  - Process with others – Most accessible to the client, and can lead to tracking process within self.
- Injured Attachment Parts and Protective Parts
  - Will often need to start with protective parts as they are louder and protecting the Injured parts. Once Protective parts are seen, the injured parts feel safer to explore.
- Normalize Attachment dilemmas
  - Heightening of conflict between attachment longings, and the blocks/barriers/protective parts that make it difficult for those Attachment needs to be met and trusted.
  - Focus on depathologizing these parts, honoring the roles they have played, then helping explore where they have also created some struggles for them.
- Co-Regulating in order to learn better skills to auto-regulate.
  - Must get a felt sense of their dilemma before you can proceed further – Joining.
- Reframe their reactions from fully justified to trauma carried around view of self and/or view of other that creates a sensitivity that makes it hard to accurately judge what's really happening.
- Help them identify the ways they were hurt, educate them on their caregivers' strategies (if those are present). This can then normalize their own strategies and make sense of this pattern within them.
  - Woman I'm working with whose daughter diagnosed her with BPD, but whose daughter also could qualify for BPD.

LET'S PRACTICE

SUSPICIOUS

The Cycle

Scott R. Woolley Ph.D. ©

_____ P / W	_____ P / W
Action Tendency:	**Action Tendency:**
Perceptions/Attributions:	**Perceptions/Attributions:**
Secondary Emotions:	**Secondary Emotions:**
Primary Emotions:	**Primary Emotions:**
Attachment Needs:	**Attachment Needs:**