INTRA-TP

Adverse childhood experiences and attachment: treatment with EMDR

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Confidentiality of Videos

- Videos cannot be video or audio recorded.
  - The videos are distorted. If a participant happens to know a client, it is important to remember that the information is confidential and cannot be discussed. You may consider refraining from watching the video if you were to recognize the person.
- Client information is confidential, and must not be discussed outside of this workshop or in any media, not even in professional forums. In the case of wanting to discuss what has been learned, any relevant clinical information that may identify the client should be omitted.

Why is it relevant to understand attachment related difficulties?

- Adverse childhood experiences and early trauma can affect the developmental trajectory of the future adult profoundly.

Why is it relevant to understand attachment related difficulties?

- In clients with a history of trauma, early attachment disruptions increase the risk of developing complex trauma disorders and the presence of diverse symptoms that are not always easy to identify, understand or treat.

Why is it relevant to understand attachment related difficulties?

The role of attachment is crucial for case conceptualization and treatment

- Overt abuse can be targeted and resolved, through working with traumatic experiences in a pretty straightforward manner-when there is secure attachment.
- But insecure and disorganized attachment can interfere with trauma work in many different ways.

Why is it relevant to understand attachment related difficulties?

- The client's attachment pattern can help organize treatment. It offers clues about:
  - Their early caregiver relationships and experiences
  - How they self-regulate
  - How the transference is likely to unfold
  - How to organize the therapeutic stance
  - How to organize the case formulation and treatment plan
  - How clients are likely to respond during trauma work-Phase 4 EMDR reprocessing
  - Types of choices and difficulties in relation with others
- Attachment patterns manifest even more in how clients organize their narrative than in what they say.

The relevance of attachment during different moments of treatment

Based on Andrew M. Leeds & Dolores Mosquera, 2016

Secure attachment clients:

- Present coherent, well-structured narratives for adult traumas and losses as well as for early attachment experiences even when there were early traumas or losses.
- Are capable of making use of therapy in a "secure" way.
- It is easy to gather an organized history that is free of minimization, idealization, derogation or current dysregulation
- Respond easily and well to the calm place exercise.
- Are readily able to join with the therapist and are prepared to experience the therapeutic alliance as a safe and supportive environment in which they can offer coherent narratives and work through their traumatic experiences.

Avoidant attachment clients:

- Minimize the significance of early adverse attachment related experiences.
  - Not necessarily aware of it (lack of realization).
- May idealize and/or devalue caregivers.
- Often have difficulties to offer behavioral evidence to document their positive or negative generalizations of caregivers.
- Tend not to reveal facial affect or voice tones as intense as their actual levels of physiological activation.
- Often have impaired capacities for self-monitoring and self-regulating.

Preoccupied attachment clients:

- Are often overwhelmed and tormented by feelings.
- Their narratives reflect an absence of structures to contain their abundant and intensely charged emotions.
- Tend to be very ambivalent in therapy, regarding the relationship and the work.
- Might idealize therapy or the therapist early in treatment.
- May ask for rapid intervention with EMDR reprocessing, but if offered it prematurely will tend to have chronically incomplete sessions in early phases of treatment leading to risks of premature termination.

Unresolved/Disorganized attachment:

- May show different, even conflicting attachment organization at various times
  - Related to different "parts" of their personality.
- Affect regulation will vary depending on the part that is more present (or triggered).
- Tend to hide or be incapable of describing their actual degree of internal disorganization.
- Might try to go faster they can when trying to get rid of symptoms that are perceived as intrusions (voices, feelings, etc.)

Self regulation difficulties associated with patterns of attachment

- Many of the difficulties we encounter during the stabilization phase and trauma work are related to early adverse experiences; particularly missing experiences "the lack of" and the lack of *learned* self-regulation.
- These can include
  - Underdeveloped capacities for recognizing emotional states and for mentalization about emotional states
  - Affect phobias
  - Underdeveloped capacities for self-monitoring
  - Deactivated attachment system
  - High reactivity to perceived abandonment or other threat cues
  - Inhibited seeking system (to meet needs for emotional support)
  - Narrow window of tolerance to emotional activation

Examples of situations we might encounter when working with attachment issues

Clients might:

- Try to "avoid crying", because the family system covertly disparaged it or because patients were punished or insulted if they cried.
- Try to reprocess quickly to be a "good patient" and please the therapist.
- Say they can go on when they are overwhelmed
- Stay cognitive to avoid connecting to pain or sadness
- Resort to anger to avoid feeling painful emotions (or avoid anger using different learned strategies)

Our best resource as therapists is attunement

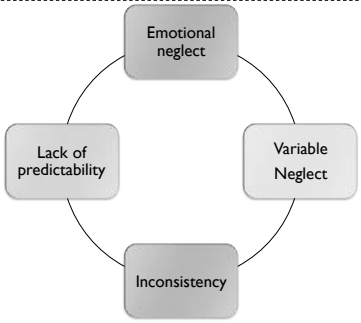
- Attunement can be a very good learning experience for patients.
- It counters their experience and predictions
- We can help patients learn to feel, to regulate their emotions, and to reflect (mentalize) on the significance of their adverse experiences

The different faces of maltreatment and abuse

Overt maltreatment and abuse

- Physical abuse
- Sexual abuse
- Severe neglect
- Humiliations
- Bullying

Subtle maltreatment and abuse



Covert maltreatment and abuse

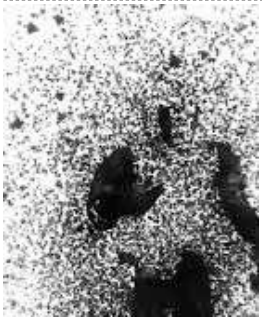
- Lack of healthy boundaries
- Enmeshment
- Role reversal
- Overprotection

Covert maltreatment and abuse Lack of boundaries

Covert maltreatment and abuse Enmeshment

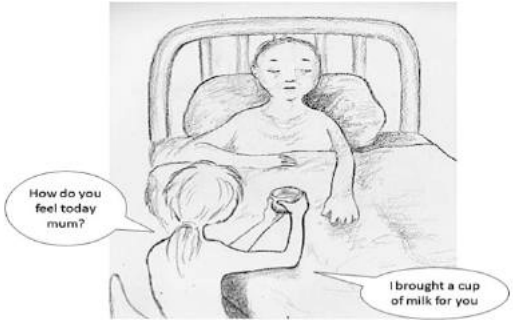
- No individuation-separation.
  - Lack of differentiation.
- Enmeshment and confusion does not allow integration of adequate experiences.
  - What is adequate or adaptive is not clear.

Lack of differentiation, things can be very mixed up



- External and internal aspects are not easy to distinguish.
- The difference between *me* and *others* is not clear.

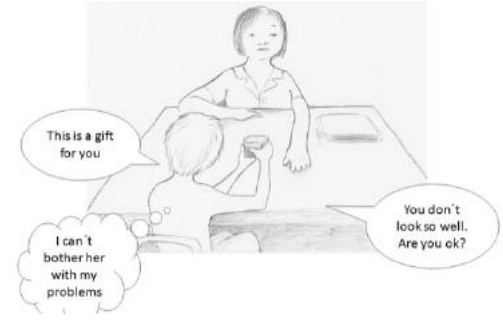
Covert maltreatment and abuse
Role reversal



Covert maltreatment and abuse
Role reversal

- One of the main problems with role reversal is that children are usually reinforced and valued by others (caregivers, siblings, teachers…) and the child feels like a "good boy" or "good girl".
  - They learn to ignore their own needs and are focused on taking care of others.
  - When they are adults, they have many difficulties to allow balanced relationships and tend to repeat their way of relating to others (by meeting their needs).
  - Some times they realize when they are adults and have their own children. That´s when some realize that they "were not able to just be children"

Covert maltreatment and abuse
Role reversal- later in therapy



An adverse experience that is not always identified: overprotection

- The harmful effects of overprotection generally have received less attention in the literature than neglect, but are no less pernicious (Parker, 1983; Ungar, 2007; Mosquera et al., 2013).

An adverse experience that is not always identified: overprotection

- Extreme overprotection may result in traumatic experiences in some clients.
  - Those who have "helicopter parents" who constantly hover and rush to fix problems for the child, yet remain are emotionally unavailable, may never learn how to manage on their own and cope with the inevitable stresses and challenges of life.

The effects of overprotection

- While children need much support and nurturance on the one hand, they also need to be encouraged to try new activities, allowed to fail and learn from mistakes, and to learn to be self-sufficient when necessary.
- Once adults, these clients may begin to struggle and are required to engage in more functioning that their parents might have permitted.
  - They experience themselves as helpless and easily overwhelmed, unable to self-soothe.

Frequent problematic areas

Emotional dysregulation	Problems with Self-care	Not being able to protect the Self
Identity issues Lack of integration Confusion	Identity issues Invisibility	Fragmentation Intense internal conflict

Frequent related symptoms

Problematic, even dangerous relationship	Self-harm	Risk behaviors	Impulsivity
Violence	Alexithymia	Eating disorders	Sleep disorders
Despersonalization and Desrealization	Detachment	Addictions	Auditory verbal hallucinations (voices)

- Video 1. FRH Session 1

Sexual abuse

Different aspects of sexual abuse

- Incest
- Trusted figure or caregiver (teacher, coach, family friend)
- Grooming to gain trust
- Single incident rape
- Gang rape
- Sexual abuse as the only attachment bond
- Sadistic sexual abuse

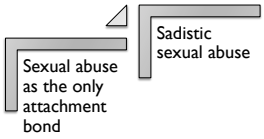
Different aspects of sexual abuse

Single incident rape

Gang rape

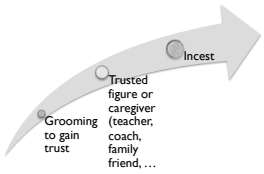
- Depending on early attachment history this can lead to different presentations.
- Secure attachment will be a protective factor when working and getting over this trauma.
- The event/s might trigger and already existing condition that was hidden or "put away" when there is insecure or disorganized attachment.

Different aspects of sexual abuse



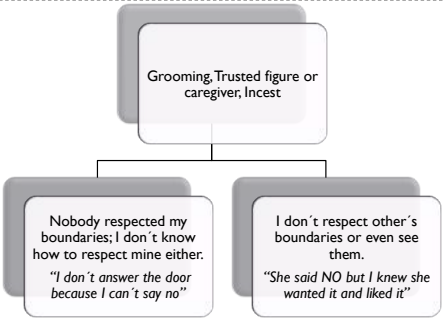
- Sometimes clients are only seen during sexual abuse. This can lead to a complicated attachment relationship where the individual prefers to be seen than to be invisible.
- This already complicated picture can get more complicated when dealing with sadistic abuse, specially when the perpetrator blames the victim for what "they have to do".

Different aspects of sexual abuse



- Trust is broken.
  - The meaning of the word trust becomes contaminated.
- Shame becomes a defense
  - "It´s my fault, I´m disgusting".
- Idealization
  - "We had a special relationship", "He really loved me".
- Minimization
  - "It´s not so important, we get along now", "He was ill".
- Boundaries are a common problem (see next slide).

Different aspects of sexual abuse



Distrust

- In severely traumatized people, trust is complicated.
  - And trust is basic to be able to do work with painful traumatic events.

- Video 2. NSN
- Video 3. APP Attachment to perpetrator

FECS Scale Study, 2013
Preliminary data in a BPD sample

Mosquera, Gonzalez, Baldomir, Eiriz, Bello, Soto & Fernández

Family in Childhood Experiences Scale

- 73,5 % reported that frequently **nobody noticed what was happening to them or how they were feeling**
- 73% felt very insecure during childhood.
- 72,3% reported **frequent shouting and arguments at home**.
- 71% reported that **laughter and fun was unusual or absent** at home.
- 66% reported that frequently there were so many things going on in their home, that they **tried to be invisible**. 25% felt invisible most of the time; 46,8% felt invisible frequently.
- 64,6% reported that most of the time **their concerns were not relevant to other people**.
- 59,2 % reported **hardly being praised when they did things right**.

Family in Childhood Experiences Scale

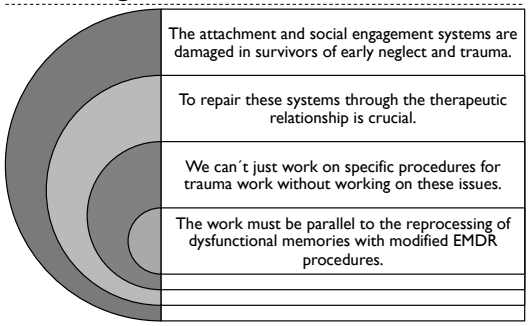
- 58,3% reported that their family frequently **made them feel ridiculous** when they expressed their thoughts or emotions.
- 50% reported that in their family there was **more concern about the adult's needs than theirs** (child's needs).
- 41,8% reported that the **person who took care of them** during childhood **was severely depressed or mentally disturbed**.
- 40,4% reported **hardly ever or never knowing what could be expected of others**.
- 32,6% learned to **take care of themselves since they were very young** (lack of support / role reversal...).

Family in Childhood Experiences Scale

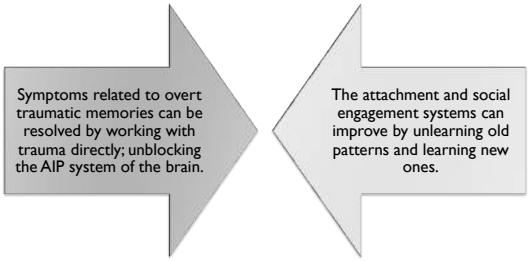
- **52%** of our sample refer some **type of amnesia between ages 5 and 15** (frequent in dissociation and complex traumatization).
- **Sexual abuse**: 54% (36% answered *yes*, 18% answered *not sure* but had clear memories of sexual abuse - they just were not sure whether or not that was abuse).

The relevance of doing integrative work

Integrative work is needed in the cases of severe neglect



Integrative work is needed in the cases of severe neglect



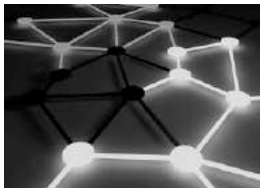
The AIP model in severe traumatization

The AIP model – when things flow naturally

- One of the basic principles of EMDR therapy is helping the patient to reproduce natural adaptive information processing which has become blocked or impaired as a consequence of adverse and traumatic life experiences (Shapiro, 2001, p. 32).
- When reprocessing a memory for a single traumatic experience in a person with a reasonably healthy previous life history, dysfunctionally stored information will generally link spontaneously with adaptive information contained in other memory networks.
- This is what we expect with standard EMDR procedures, but this natural process of spontaneous adaptive linking can be severely impaired in dissociative disorders.

The AIP model – when things get stuck

- The linking with adaptive information might not happen spontaneously because defensive barriers between dissociative parts can be strong, the capacity for dual attention is limited, or there is a lack of adaptive information.



The AIP model in severe traumatization

- The AIP model is extending to explain issues related to the effects of chronic, early neglect and traumatization (Gonzalez, Mosquera, Leeds, Knipe & Solomon, 2012).
- Case conceptualization in complex trauma:
  - It is very useful to incorporate elements from the Theory of Structural Dissociation of the Personality (Van der Hart, Steele & Nijenhuis, 2006; Van der Hart, Groenendijk, Gonzalez, Mosquera & Solomon, 2013) and from the Attachment Theory (Bowlby, 1973, 1980; Main, 1996, 1999)

The AIP model in complex traumatization DSI is more than memories

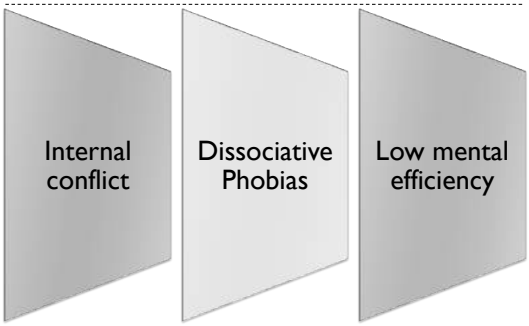
- The familiar term "**dysfunctionally stored memories**" will be used in this presentation to refer specifically to the memory of traumatic (exteroceptive) events (including implicit and explicit elements).
- A broader term, "**dysfunctionally stored information**" will be used to include both autobiographical memories as well as those dysfunctional elements that are generated in the client's intrapsychic experience.
- A number of EMDR protocols already implicitly address DSI in a larger context other than the autobiographical memories of traditional EMDR "targets". Examples include work on:
  - Defenses
  - Affect tolerance
  - Dissociative phobias
  - Dysfunctional positive affect

Relevant concepts for the therapeutic work in attachment related issues

Relevant concepts for the therapeutic work in attachment related issues

- Internalization of messages
- Lack of Adaptive Information
- Lack of realization
- Dysfunctional positive affect
  - Idealization of perpetrator
- Difficulties tolerating positive affect
- Integrative deficits
- Shame as a defense
  False sense of control

Other relevant concepts for the therapeutic work - dissociative disorders



Internalization of messages

Internalization of messages

Internalization of messages- I treat myself as I was treated

- If the internal experiences of the child– particularly emotions – are not recognized (or are ignored) by a caregiver, the child will learn to imitate and internalize the negative attitudes of the adult.

Internalization of messages- "I treat myself as I was treated"

- Many clients learn that "needing" is "bad," "selfish," and not allowed in their attachment relationships.

Internalization of messages- "I treat myself as I was treated"

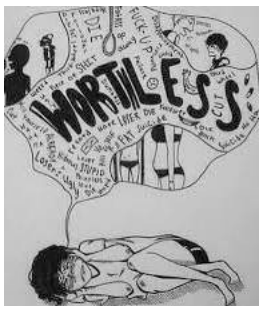
- If clients have been punished for expressing or feeling emotions, they will tend to do the same as adults.
- Some even punish themselves for "being bad", when they feel emotions that were censured as children.

Internalization of messages- "I treat myself as I was treated"

- As adults, many keep seeing themselves through the eyes of the people who have hurt them
  - And they tend to treat themselves how they were treated as children.
- Some clients even hurt themselves in the same ways they were hurt.

Internalization of messages "I see myself as I was seen"

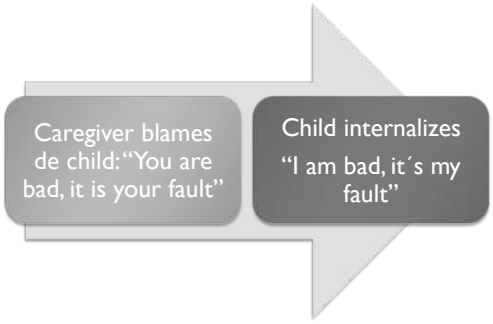
- *You are useless*
- *Nobody cares about you*
- *You are pathetic*
- *You should not have been born; you would be better off dead*
- *You can´t trust anyone; everyone will hurt you*
- *Nobody would love you if they really knew you*



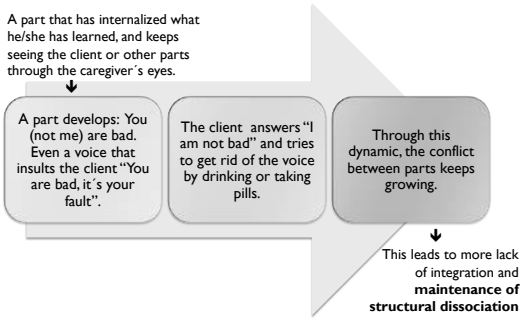
Internalization of messages "I see myself as I was seen"

- Who am I?

Internalization of messages Simple presentation



Internalization of messages Complex presentation



Lack of Adaptive Information

The relevance of understanding "Adaptive Information"

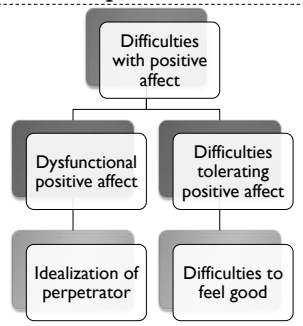
- Basic adaptive information is not always available when there are attachment disturbances (not necessarily dissociated; sometimes it has not been learned).
- Upside down world.
  - What seems adaptive is not always adaptive.
  - Sessions might seem to work in a reverse way.
  - Dysfunctional positive affect is frequent.

Lack of realization

- Lack of realization can also interfere with trauma work.
- The relationship between past experiences and present symptoms is not evident for many patients.

Difficulties with Positive Affect

Difficulties with positive affect



Difficulties with positive affect
Feeling good - not allowed or dangerous

Dysfunctional positive affect

- The power of positive memories, experiences, and affect has been broadly recognized by trauma therapists and in the literature.
  - Feelings of attraction, appreciation, feeling 'special', receiving reassurances, receiving offers of attachment repair after ruptures, etc.
- Nevertheless, there are times when positive affect can be more dysfunctional than adaptive, and in these instances, clients can greatly benefit from reprocessing these seemingly "positive experiences" (Knipe, 1998, 2005, 2009, 2014; Mosquera 2010, 2016; Mosquera & Knipe, 2014, Stowasser, 2007, Steele & Mosquera, 2016).

Dysfunctional positive affect Idealization

- Consistent with the Adaptive Information Processing (AIP) model of EMDR, we have observed a type of idealization that is often based on memories of isolated "positive moments" that have occurred in the context of an abusive relationship.

Attachment to the perpetrator: the logic of idealization

Idealization is a resource…

… when this is the reality

Dysfunctional positive affect Idealization

- Dysfunctional positive affect such as idealization –an inaccurate and distorted positive image, i.e. of another person, or of self (Knipe, 1998, 2005, 2009; Mosquera & Knipe, 2015) can often block access to specific traumatic memory material
  - And prevent full processing and healing of traumatic memories.
- The strong, positive memory image functions within the person's personality to protect the individual from **being overwhelmed by the impact of unprocessed, disturbing memories**.

Dysfunctional positive affect

- By targeting and reprocessing memory images representative of the positive idealization, these can be weakened in the same manner as dysfunctionally stored "negative affects" such as shame or fear.
- Once the DPA is resolved, we can access the underlying, unfinished traumatic issues and process them.

Why target the defense?

- There can be considerable therapeutic benefit in clients becoming aware of and relinquishing these defenses, and in that way being able to *see the situation clearly*.

- Video 4. APP. Processing traumatic memory and change to processing idealization

Attachment and Self-care

The origins of Self-care

- Self-care originates in the nurturing actions of others, which then are imitated and internalized as caretaking and nurturing of the self.

The origins of Self-care

- When caregivers fail to provide the necessary mirroring, healthy modeling, and validation of experience the consequences are different from those of active maltreatment, but both neglect and abuse affect the person´s self-image and attitude towards the Self and how they treat themselves.

Self-care, neglect and trauma

- Early neglect and trauma severely disturb how people take care of themselves. Patients who grew up in neglectful or abusive environments have not internalized self-care patterns (Chu, 1998; Ryle, 2002).
- Specially when no one taught them the behaviors and attitudes that would result in feelings of worthiness as children.

Recognizing emotions and needs as valid and important

- Little babies do not know about needs: they only feel them.
  - The caregiver is the one who names the child's needs, and by doing this, the infant learns to recognize them.
- The adult is the one who says: "You are just tired and need to take a rest" when the baby is crying from tiredness.
  - By this interactive process, children learn to identify, recognize, value, and develop patterns of responding to their needs.

Emotional abuse and neglect
Ignoring emotions and needs

- When the caregiver is not attentive, cannot attune with the child or is not able to recognize the child's needs, this process can become distorted or impaired.

Emotional abuse and neglect

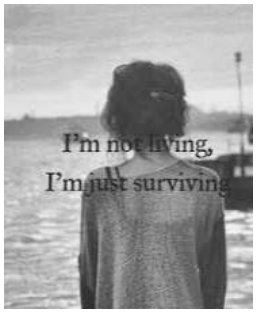
- The effects of emotional abuse, feeling like a burden for others or unwanted have profound effects in the child and future adult.

Emotional abuse and neglect
Ignoring emotions and needs

- Sometimes neglect develops with some needs but not others.
  - For example, the caregiver may be focused on attending to material needs, but ignoring emotional ones.
- Other times there are some specific needs which are denied.
  - For example, the need for emotional expression and discharge may be repressed by the caregiver, by saying things like: "You are always complaining about everything" or "You are not really sad; you can't be sad because of this insignificant problem".

Ignoring needs is not easy to unlearn

- Many victims of severe emotional abuse and neglect learn to ignore their emotions and needs.
- Some even think that they don´t have any, or there is nothing they can do to have them met.



Ignoring needs is not easy to unlearn

- If on top of that they experience other type of traumatic events the picture becomes even more complicated.

The relevance of Self-care and attachment

The relevance of Self-care and attachment

- How can we get realistic information from a client who sees himself or herself through the abuser's eyes?

The relevance of Self-care and attachment

- How can we expect clients to be able to care for themselves when nobody taught them how to do this?

The relevance of Self-care and attachment

- How can we expect positive connections in cases where clients were treated like objects and not human beings?

The relevance of Self-care and attachment

- How can we expect a person who is blocked in defensive attitudes to allow themselves to be vulnerable with us?

The relevance of Self-care and attachment

- By exploring how they take care of themselves we can find out relevant information about where they learned to take care of themselves like that and introduce realistic and adaptive information regarding adequate care.

How we learn to take care of ourselves

If when I am a child	Then, when I become an adult I will be able to
My caregiver looks at me with absolute unconditional acceptante	Accept myself
They know how I feel and what is happening to me	Notice what is happening to me and what it is related to
We share positive moments (play)	Enjoy things
And I feel accepted even when I feel bad or I am angry	Accept ALL my emotions (and understand them)

Invisibility

Being invisible

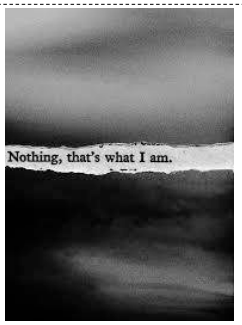
- Invisibility can be a good protection in some cases, but have devastating effects in others

Difficulties with invisibility

Some camouflages work better than others…

And human beings need others to grow and feel they exist …

- The development of personality and identity in human beings depends on the perspective and style of care that the child receives from his or her attachment figures.
- Invisibility –the "lack of"– prevents the essential development of the person.



The different effects of being invisible

The effects of feeling invisible Difficulties with self-regulation

- The effects of feeling invisible, unseen, and neglected have profound effects in the child and future adult.
- Children who learned to deactivate automatic responses never develop such basic abilities as co-regulation, emotional regulation, and self-care.

The effects of feeling invisible. Difficulties asking for help: "If I am seen, I am in danger"

- On the other hand, some children try to be invisible to avoid maltreatment. In some households, having needs or expressing them is dangerous.
  - In such cases, children adapt to survive by trying to be invisible.
- The internal struggle is high and although parts of them would want to be seen desperately, others know it is not safe and will not allow it.

Difficulties connecting with Self and/or others: "I don´t need anything or anyone"

- Some client develop a defensive attitude to deal with the vulnerability of not being able to express their needs or have them met.
- As adults they might present with diverse defensive attitudes and even believe they do not have any feelings.
  - Some clients learn to believe that people who have needs are weak. And how having needs is a waste of time: "*Don´t give me the emotional lecture, not interested. There is no use, and I am fine the way I am*".

The effects of feeling invisible "My needs are not important"

- Victims of severe emotional abuse and neglect often learn to ignore their emotions and their most basic needs.
  - When children learn their needs are not important and should be ignored, they learn to keep everything inside.
- These future adults are very good at presenting an apparently normal façade, but the internal sensation can be quite devastating.
  - As adults, even when they identify needs and would like to express them, and when it is actually safe to do so (e.g., in a healthier adult relationship), they will tend to repeat what they learned.

The effects of feeling invisible "I tolerate anything if I am seen"

- Being seen for the first time can have a profound impact on clients who have never been seen.
  - They might feel special and will tend to minimize negative behaviors to "get more of that".

- Video 5. PAM "I felt like a Goddess"
- Video 6. FRH symptom to target

The effects of feeling invisible "I have the most severe disorder of all"

- Other cases might have more flamboyant clinical presentations, such as florid DID cases.
- Suzette Boon has described as "imitated DID", cases that can actually believe (and behave) as if they had DID.
- We can also see this in some histrionic or antisocial presentations.

Being invisible and emptiness

Being invisible, neglect, and emptiness

- At a hypothetical level, chronic feelings of emptiness may be related to the absence of attunement with the parent (Mosquera & Gonzalez, 2014).
- In some clients, chronic feelings of emptiness seem to be related to the absence of a secure attunement with parents during childhood. This is very related to feeling invisible.

Emotional regulation, attachment, and emptiness

- Emotional regulation is not an automatic process; its development begins from the earliest stages of childhood through the dyadic caregiver-child relationship (Schore, 2003a, 2003b).
- A healthy attachment relationship is one in which adults – capable of attunement with children and consistent in their reactions– help children modulate their emotional reactions.
  - Secure attachment in children generates a sense of inner security and connection with self and others.
- Individuals with secure attachment are better at interpreting negative facial emotions and perceive positive emotions better than those with anxious attachment (Páez, Campos, Fernández, Zubieta y Casullo, 2007).

Where does emptiness come from?

- When we ask clients to think about their early life experiences associated with those feelings of emptiness, they often describe moments of feeling painfully alone, of being invisible at home, of no one realizing how they really felt.

Where does emptiness come from?

- Caregivers who are overwhelmed by their own conflicts and difficulties, may not be able to really see the children´s needs or may be unable to differentiate them from their own.

Where does emptiness come from?

- Caregivers are the mirror in which children see the image of who they are and, in the situation described, there is either nothing in the mirror or what is there has nothing to do with them.

Invisibility and emptiness in Borderline Personality Disorder

Invisibility and emptiness in Borderline Personality Disorder

- Some clients describe the feeling of emptiness as a very intense feeling that invades their whole being; others state there is nothing that fulfills them or that has any meaning whatsoever, "a pain that incapacitates them".

Invisibility and emptiness in Borderline Personality Disorder

- Others describe it as a bottomless well filled up with anguish.

Invisibility and emptiness in Borderline Personality Disorder

- At times, the feeling of emptiness is so intense that they need to hurt themselves in order to alleviate it.
  - One common way for many to handle this "overwhelming" feeling is to resort to compensatory behaviors like drugs, cuts or food.

Invisibility and emptiness in Borderline Personality Disorder

- When people needs others to feel more "full" or "less empty", they are in a very vulnerable position because they depend on external factors to feel better. This can help us understand:
  - The disproportionate reactions that we can see in some patients with BPD when they fear being abandoned.
  - The need for others to respond, to feel that they really exist and/or are "someone."

Emptiness

- The feeling of emptiness is often confused with unhappiness, fatigue, depression, or boredom.
- The sensations are so intense that some people detach themselves from what they feel.

Failed attempts to fill up the emptiness

- Most patients who feel emptiness speak of the need to alleviate it and of desperate attempts to "fill it."

Failed attempts to fill up the emptiness

- In addition to the above, it is said that people with BPD are easily bored and are always trying to find something to do.
  - Occasionally, this causes them to engage in risky activities or behaviors
  - Many say that intense emotions make them feel alive.
- We are interested in knowing how does staying active all the time helps them.
  - What would happen if they stopped doing things?

Failed attempts to fill up the emptiness

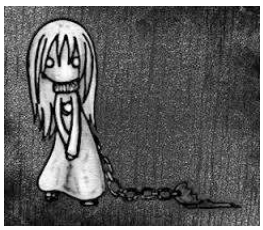
- Many people are desperately seeking for new sensations, doing things they would not normally do or moving from one city to another.
  - Hoping to calm that strange feeling of emptiness they feel inside.
- But when they return to the real world, the problem is still there.

Failed attempts to fill up the emptiness

- This often desperate search is a way of looking for meaning in their lives and a way of trying to fill a void they describe as "brutal," "bleak," "impossible to fill"…

Emptiness

- In many cases, the emptiness is related to the absence of attunement and dyadic regulation.
- The "lack of" generates very important sequelae in the adults, although they may have no memories of those experiences.



Useful questions for exploring and working with emptiness and invisibility

Mosquera, 2017

Useful questions for exploring the emptiness

- Do you remember the first time you noticed the emptiness?
- How long has it been present?
- How old would that emptiness be?
- In which moments or situations does this sense of emptiness become more accentuated?
- What kind of thoughts come up for you when you feel empty?
- Which emotions are more connected with that feeling? (before feeling empty and during)
- Where do you feel the feeling of emptiness? (float-back)

- Video 7. Working with loneliness
- Video 8. Working with emptiness

Useful questions for exploring invisibility

- Do you remember the first time you felt invisible? (float-back).
  - When the patient says "forever," search for the moment of greatest impact, when they realized this.
- Do you remember the first time you felt seen?
  - By whom? How was that for you? Ask for description to explore whether it was a healthy contact or we are dealing with idealization.
- In which moments or situations is the sensation of being invisible more accentuated?
  - Exploring triggers can help us understand which targets to work on.
- What kind of thoughts come to you when you feel invisible? How do you respond to those thoughts?
  - Explore the way of handling that feeling in the client.
- Which emotions are most connected with that feeling of invisibility?

Transforming emptiness and invisibility

- When the parts of oneself are truly seen, with interest and unconditional acceptance, this has a significant healing effect.

Transforming emptiness and invisibility

- Emptiness starts to dissipate as the patient no longer needs to fill it with other things, and invisibility ceases to be present as individuals can see and accept what they are.
  - Or when they can see and accept parts of themselves that were never seen or accepted.

If we have time: Self-care procedure

- Video 9. After working with loneliness and emptiness

Thank you for your time and attention
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