EMDRNZ Conference 2020
Helen Rathore on attachment, attunement and trust
with 2 child case studies

Attunement and slides didn't seem to go together in my mind when i was working out how to do this so i haven't included many slides.

I'm presenting these case studies because the children provided a wonderful chance for my learning (so many thanks to them and their carer for giving permission for me to share the experience with colleagues) and I thought that learning was worth sharing, as it's a chance to think about ways of working with younger children with complex trauma, and consequent coping patterns, and how attachment, attunement, and trust building, are important. Both the children in the case studies wanted help, but their learned coping behaviours of avoidance and control made if difficult for them to access help and therapy.

Before we get on to the case studies and slides i'd just like to clarify - what do attachment, Attunement and trust have to do with EMDR therapy? I think of attunement as ways we attend to and communicate with the areas of the brain that perhaps don't understand language eg the limbic system and limbic cortex. So for the past 10 years I've been thinking more and more about trauma and especially early trauma and the impotence of providing experiences of trust and attunement, and being informed by thinking about attachment. That plus some of the reading and trainings i've been doing, particularly the Trauma Sensitive Yoga facilitator training, has lead me to think how it is not sufficient to only process the trauma; it is also necessary for clients to have the chance to repeat some uncompleted neuro-developmental experiences. These may be to do with earlier traumatic relationship experiences such as lack of attunement, lack of safety and predictable safe trustworthy relationships, disempowerment, loss of agency, lack of choice, not being seen as you really are, and not being responded to or being ignored, such as when a child first starts to babble and the carer doesn't talk back. So I have been working more and more towards respectful honouring of the clients need and capacity to be empowered by not being done to but being seen and attuned to, having their timing and pacing needs met so that they can notice what is going on for them inside and choose what to do and have a response from the therapist that supports and matches with their experience and need.

When I've been talking with people about child work here and in UK some of the things that come up as a struggle often centre on issues of therapist as "expert", and power and control. The thing that happens when we prioritise these things is we can lose some connection with trust, attunement, relationship, respect, empowerment, choice, agency, the persons innate wisdom of themselves, collaboration, authentic shared experience, non-coercion, and of course we know from the work of Judith Herman and others that these things are vital to trauma work.

What is it for an attachment traumatised child to have no choice? No control? No power? To have things done to them, things that may be scary and cause them emotional pain, things that they may protest about, but that protest is ignored (sometimes "for their own good"). It is likely re traumatising. It undermines the completion of essential neuro-developmental tasks about safety in relationships, agency, empowerment, choice, control, noticing what experience they are having and what they want to do because of that; natural essential responses from their survival system that were thwarted during trauma and may be thwarted again in therapy if we don't attune and really listen. This may increase the risk of teens and adults who continue to be vulnerable to being re-traumatised and abused again.

Perhaps it's helpful to set the scene about why I thought this was important and made the choices I did with some mention of attunement, attachment, choice making, interception, Shared Authentic Experience, and non-coercion. So why is connection, aka attachment, important in therapy? "Attachment theory is deceptively simple on the surface: it posits that the real relationships of the earliest stages of life indelibly shape our survival functions in basic ways, and that for the rest of the life span attachment processes lie at the centre of the human experience." Allan Schore (2007) proposed that as our understanding of of the "integration of psychological and biological models of human development, affective bodily-based processes, interactive regulation, early experience-dependent brain maturation, stress, and non-conscious relational transactions" attachment theory has moved to a theory of "regulation". "As a result of interdisciplinary developmental and neurobiological research over the last 15 years Bowlby's core ideas have been expanded into a more complex and clinically relevant model" about "how affective attachment communications facilitate the maturation of brain systems involved in affect and self regulation."

“We suggest that in line with Bowlby’s fundamental goal of integrating psychological and biological conceptions of human development, the current clinical and experimental focus on how affective bodily-based attachment processes are non-consciously interactively regulated within the mother–infant dyad, and how psychobiological attunement and relational stress impact the experience-dependent maturation of early developing brain regulatory systems, has shifted attachment theory to a regulation theory.” (Allan Schore 2007)

So taking the premise that isolation is a primal source of suffering and psychological growth is a factor of action within a relationship (I’m drawing on some of Esther [from the Trauma Centre TCTSY in Boston, USA] van der Sande’s material here). Connection in therapy is an encounter and an active process. There is respect for both persons, enables both to witness the experience of other and self in shared moments of authenticity. In working together, we each have a shared experience and also individual experience. If we prioritise the model or the protocol or other things too much we disconnect from the attunement and abandon the other person and the safety of the relationship is lost.

“Very much as the original relationship(s) allowed the child to develop, it is ultimately the new relationship of attachment with the therapist that allows the patient to change . . .The therapist’s role here is to help the patient both to deconstruct the attachment patterns of the past and to construct new ones in the present.” (Wallin, 2007, p. 3).

Attunement in therapy is about the therapist giving the client the experience of being seen, acknowledged and accepted, understanding what they are feeling and experiencing, and wishing them well so they can learn how to attune to themselves and notice how they are really feeling in safety. Without the experience of attunement from our earliest weeks, there may be neuro-developmental processes missing

When we work together, we have a shared experience and also an individual experience.
During attunement we pay close attention to the client’s facial expression and movements including micro expressions and movements, we guess what they experience, what motivates them, and acknowledge they are in the space with us. This establishes psychological security so people start to feel more secure in themselves and they have their own experience of power and control and can make their own choices based on what feels most helpful for them in that moment. This takes place through the therapist being present, attentive, emotionally available, responsive to the feelings of the other person and to their own feelings.

When attunement is done well people feel safe from humiliation shame and contempt, they can feel seen, feel worthy and worth caring for and can learn and care for themselves.
Through this mutual empathy the client experiences the therapist as having the capacity to bear the clients experience and this empowers the client to bear it and the therapist can share their experiences of the client in a helpful and safe way that the client can learn about themselves from.

I propose that children need to know they have choices and can stop processing at any time same as adults. Therapy needs to be a collaborative process build on trust and attunement with appropriate titration, pendulation, timing, and pacing. Which to me means tuning in and meeting the child’s needs so they know their needs can be heard, understood, and met; build trust based on showing understanding, respect, validation, helpful timing, pacing, reflecting back, giving choice, affirming, treating with honour. Let the child learn that they matter, they are important, they have a voice, and they can influence the people, their environment, and the world around them to respond to them in more helpful ways.

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