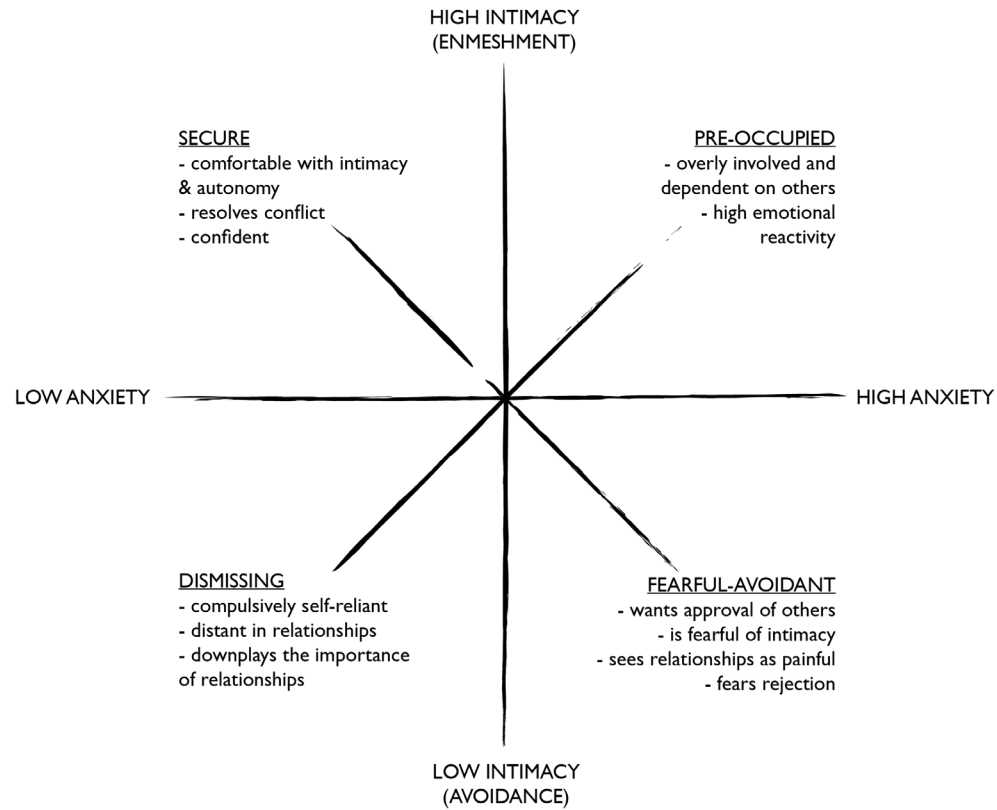


Attachment trauma and mentalization in review

Attachment Pattern	Child (18 months)	Caregiver	Child as Adult
Secure	Uses caregiver as a secure base for exploration, protests their departure and is comforted upon return. Can be comforted by stranger but shows a clear preference for caregiver.	Responds appropriately, promptly and consistently to child's needs. Caregiver has successfully formed an attachment bond to the child.	Secure adults have a positive view of themselves, their partners, and their relationships. Feel comfortable with intimacy and independence and can balance the two.
Avoidant	Little affective sharing in play. Little or no distress on departure or return – often ignoring or turning away with no effort to maintain contact if picked up. Treats stranger and caregiver similarly.	Little or no response to distressed child. Discourages crying and encourages independence.	Dismissive-avoidant adults desire a high level of independence, often appearing to avoid attachment altogether. They view themselves as self-sufficient, invulnerable to attachment feelings and not needing close relationships. They tend to suppress their feelings, dealing with rejection by distancing themselves from partners of whom they often have a poor opinion.

Attachment Pattern	Child (18 months)	Caregiver	Child as Adult
Ambivalent/Resistant	Unable to use caregiver as a secure base. Distressed on separation with ambivalence, anger, reluctance to warm to caregiver and return to play upon return. Preoccupied with caregiver's availability, seeking contact, but resisting angrily when it is achieved. Not easily calmed by strangers. The child always feels anxious because the caregiver's availability is never consistent.	Inconsistent between appropriate and neglectful responses. Generally, will only respond after increased attachment behavior from the infant.	Anxious-Preoccupied adults seek high levels of intimacy, approval and responsiveness from romantic/sexual relationships – often to the point of dependence. They tend to be less trusting of others and have fewer positive views about themselves and their partners. May exhibit high levels of emotional expressiveness, worry and impulsivity in their relationships
Disorganized/Unresolved	Stereotypies on return of caregiver such as freezing or rocking. Lack of coherent attachment strategy show by contradictory, disoriented behaviors such as approaching but with the back turned	Frightened or frightening behavior, intrusiveness, withdrawal, negativity, role confusion, poor mirroring, maltreatment. Very often associated with many forms of abuse towards the child.	Unresolved/Fearful-avoidant adults have mixed feelings about close relationships, both desiring and feeling uncomfortable with emotional closeness. They tend to mistrust their partners and view themselves as unworthy. Tend to suppress their feelings.



Different facets of mentalizing

- Focus on self versus others – knowing one's mind is not the same as knowing the mind of another person
- Explicit (deliberate, verbal, narrative) versus implicit (automatic, intuitive, non-verbal)
- External focus (observable behavior) versus internal focus (mental states)
- Thoughts versus feelings
- Present versus past and future
- Narrow (present state) versus broad (autobiographical)

What are non-mentalizing modes?

- Certainty Mode - in which a person thinks that just because they are thinking something, it is automatically true. When an adult is convinced, they know the intentions behind a child's behavior without asking.
- Fix-It Mode - physical action is seen as the only way to modify someone else's mental state. When an adult tries to "problem solve" a child's feelings.
- Pretend Mode - the mental world is decoupled from external reality. When an adult pretends nothing has happened despite everyone being aware an obvious problem.

Family Cycle as exposure therapy

- Exposure entails facing what one fears and feeling the fear
- Exposure can lead to greater acceptance of anxiety (and other painful feelings), thus diminishing fear of anxiety and fostering distress tolerance
- Does not eliminate old associates but rather builds new associations to anxiety-provoking stimuli (associating stimuli with safe context) and thus inhibits anxiety responses.
- Exposure and greater anxiety tolerance can create a context to shifting negative beliefs about self and world
- Ideally, exposure takes place in a safe relationship wherein painful experiences are understood and mentalized.

