



Class 5: Understanding Attachment and the Self-Object

Class 5 begins the process of understanding attachment from a neurobiological lens and how to utilize the self object in the play process

Learning Objectives:

1. Discuss Synergetic Play Therapy's definition and perspective on attachment
2. Explain and demonstrate how to use the self-object as a way to support the client attaching to self.
3. Describe the link between a child's attachment styles and their nervous system states

The Resistant Parent

- There is no such thing as a resistant parent. What is resistance?

- Speaking in terms of what is most important to a parent is the key to working with resistance.
- Voids + Pain/Discomfort = Priorities
- Give Parents Permission to be themselves
- Is it ok for parents to not have the child as the highest value? Drop the child off? Won't do homework that is asked of them?

What Is Attachment?

What We Were Taught:

Attachment is a deep and enduring emotional bond that connects one person to another across time and space (Ainsworth, 1973; Bowlby, 1969)

Attachment does not have to be reciprocal. One person may have an attachment with an individual, which is not shared. Attachment is characterized by specific behaviors in children, such as proximity seeking with the attachment figure when upset or threatened (Bowlby, 1969)

Bowlby defined attachment as a "lasting psychological connectedness between human beings" (1969, p. 194).

New Addition to Attachment Theory:

"Remember always that whatsoever is happening around you is rooted in the mind. Mind is always the cause. It is the projector, and outside there are only screens- you project yourself." – Osho

- We are not attaching to individuals but rather to our perception of individuals
- Research now demonstrates that we can have many attachment styles and attachment styles change
- Attachment styles match up with states of the nervous system

Hyper-aroused looks like anxious ambivalent
Hypo-aroused looks like avoidant
Fluctuating between hyper and hypo looks like disorganized
Regulated looks like secure

Attachment from a Synergetic Play Therapy Perspective:

- There is influence from the other individuals! Of course another person influences our perceptions, but there is more going on. It is the person's perception of the individual they are in relationship with that is ultimately determining their attachment style with that person.
- When we learn to attach to self we can be in relationship with anyone. Goal in all therapy is to help children learn how to have a secure attachment to themselves.

Resiliency is the speed at which you reattach to yourself after you detach/become dysregulated

Notes:

How Does An Attachment to Self develop? Rocking the Baby!

Review Chapters 4 and 5 to review what regulation really is and how to become the external regulator in Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity

- Babies know how to get dysregulated. The ability to self-regulate is a learned response and thus needs an external regulator.
- In SPT, the role of the therapist is to become the external regulator.
- The attuned caregiver picks up the baby, manually becomes the external regulator, and supports the child through breath, movement, rhythm, sound, naming things, and physical contact (same things we do in the playroom).
- The caregiver/therapist helps the baby move from a dysregulated state back to a regulated state... over and over and over and over again. This imprints the nervous system so that the baby internalizes the external regulator and then is able call upon this within themselves when needed (an internal working model).
- Reminder: Don't flood the baby! We only regulate when regulation is needed. "The baby isn't always crying."

Developmental Stages Review (created by Duey Freeman, LPC)

- Can I/Do I Exist? Stage add on and discovered by Heather Gunther, Certified SPT Therapist
- Is the World Ok?
- Am I Ok?
- How Much Can I Do?/How Well Can I Do It/Who Am I

Children come in one of first three stages.

- This creates our first void and gives us purpose.

Tracking on the Curve

- There will always be a primary developmental question, although many can occur simultaneously

Self-Object

The toy that gets the largest projected energy of self is referred to as the self-object; however, all toys ultimately are self-objects.

Special attention is given to:

1. Items brought from home
2. Babies
3. Toys that appear vulnerable

With the self-object as a representation of the vulnerable self in the playroom, we have an agenda to model and encourage a secure attachment with the self-object. In doing so, we help the child learn how to develop a secure attachment style with themselves.

It's important to:

1. Acknowledge the self-object
2. Treat the Self-Object as if it was a special young person
3. Help the child attach through their self-object

"Attachment to self is the cornerstone for all healing." – Lisa Dion

Video Notes: (Write down times you see Lisa acknowledge, protect, approach, repair with, or care for the self object.)

How does she model secure attachment to self?

Attunement between the Therapist and Child

All of the brain research shows us that the healing agent in all therapies is the level of attunement between the therapist and the child, not the metaphor or symbolism of the toys (although these are helpful tools to create attunement in the therapeutic process).

Allan Shore (2009) says that we use the relationship to allow our patients "to re-experience dys-regulating affects in affectively tolerable doses in the context of a safe environment, so that overwhelming traumatic feelings (freeze, fight, flight, collapse) can be regulated and integrated into the patient's emotional life" We are constantly working with our clients window of tolerance to expand their ability to hold strong emotions of all kinds.

Reflective Questions:

- What insight or questions do I have about attachment based on what I learned today?

- If someone were to ask me, how does play therapy work? What is really happening in the playroom? How would I describe it now after what I have learned in this course so far?

- What questions do I have for my Consultant?

- What questions did I miss on the quiz?

To Work On:

1. Continue to set goals for you clients if you don't already have them- go back and look through your notes to see if you need to modify them in any way.
2. Continue to practice talking with parents in terms of the goals when you meet with them and notice whether or not you are imposing expectations on them.
3. Continue to work on modeling regulation and naming your experience in your sessions.
4. Bring part of a video or audio recording to your consultation if possible.

Additional things to work on:

5. Get curious about your clients' use of self-objects. What is their relationship with their self-object telling you about their relationship with themselves?
6. Practice modeling and encouraging a secure attachment with the child's self-object.

Quiz Review:

1. There is no such thing as a resistant parent.
2. We are driven by our perceived voids and perceptions of pain.
3. It is important for us to look at our judgements and expectations that we put on parents.
4. Synergetic Play Therapists understand that the attachment process is to our perception of others and ultimately to ourselves.
5. The nervous system has a desire to return to a regulated state- it wants to come home.
6. If you are in an extended experience of one dys-regulated state of the nervous system, it might be because you are not giving yourself permission to name what is really happening inside (i.e the other side of the dys-regulation).
7. The therapist's experience (dys-regulated state) will not always look like how the child presents on the outside.
8. Your attachment style is dependent upon perception.
9. A child needs another nervous system to pattern their nervous system off of.
10. An attuned caregiver needs to regulate themselves while they attempt to help regulate their infant.
11. Through our repeated attempts to move from dys-regulation to regulation, we support the child's re-patterning of their nervous system.
12. It is really important to make sure the child isn't flooded- if they are we stop all of the emotional language and create a neuroception of safety.
13. We regulate in order to stay in the experience, not to get out of the experience.
14. It is important to also help parents learn how to attach to themselves.
15. The question "Do I/Can I Exist?" was added to The Developmental Stages.
16. In the "Is the World Ok?" Developmental Stage, the play is focused on the environment.
17. According to Lisa, the things that you perceived as painful in your life most likely helped create the voids that have helped create your purpose and your mission.
18. When the child is overcoming challenges and empowering more than half of the time in the session, the child is now in the empowerment phase of the SPT Curve.
19. The self object is the toy in the room that gets the largest amount of energy put on it. In SPT we focus on 3 self objects: 1) when a child brings something from home, 2) babies, 3) toys that represent the young vulnerable self.
20. In SPT there is one agenda, which is that we are going to model attaching to self. This includes advocating for a secure attachment with the self object.
21. It is important to treat the self object as if were real.

22. It is important to not lose track of the self object as a way to promote a secure attachment to self.

23. We describe what we want to have happen with the self object, but we still follow the child's lead and let them tell us if we can do it.

24. If the self object is put in your arms or hands it is important to talk to it and model a secure attachment to self.

25. It is important to describe what empowerment and regulation feels like too to strengthen the neural wiring in the brain in that direction.

26. A Synergetic Play Therapist is deeply modeling to a child how to be human.

References

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