Tastes of Tailoring Treatment:

Cortical Twilight
Greg Dunn, 2013
www.gregadunn.com

Relational work across avoidant, ambivalent/ resistant & disorganized attachment patterns

Karen Pando-Mars, MFT
Senior Faculty AEDP Institute
"In It Together" AEDP Conference
April 4, 2025

"Healing insecure attachment is nothing short of rewiring nature at its best.

The mechanisms of secure attachment reside deeply in our brains, despite circumstances, and under the right conditions can be activated and set healing and transformation in motion."

(Pando-Mars & Fosha, 2025 p. 140)

Mother & Infant Caregiving Interaction Scales

growing secure attachment

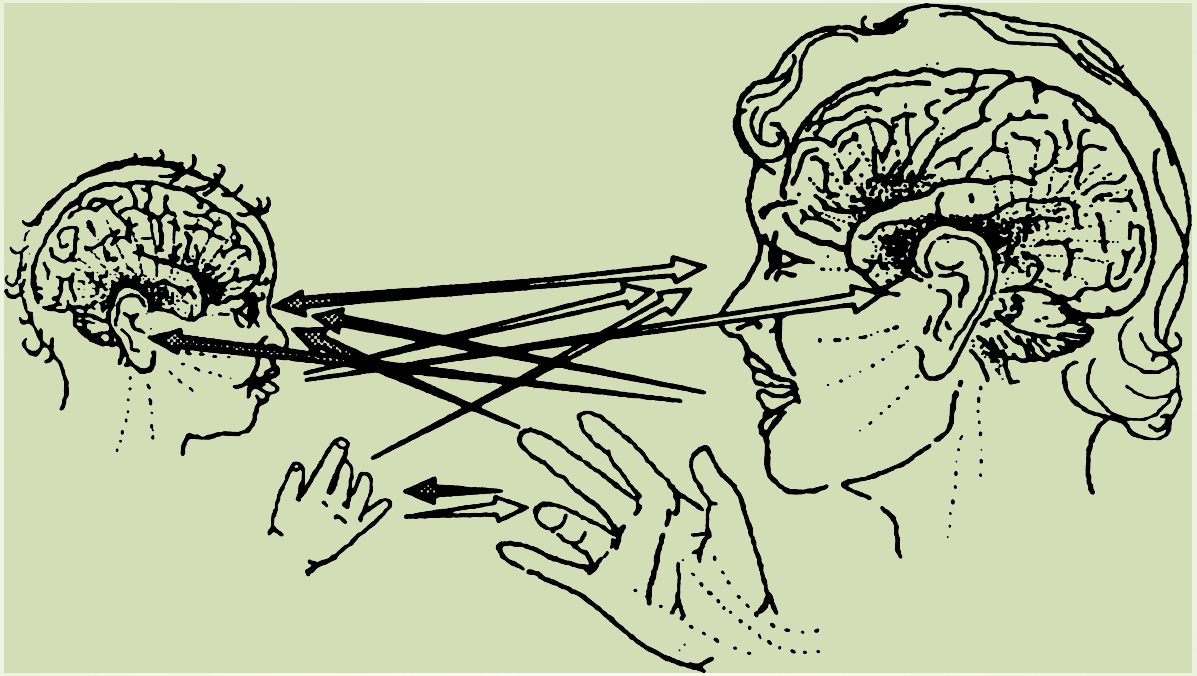
Ainsworth 1978

1) **Sensitivity** vs insensitivity to the Infant's Signals

2) **Cooperation** vs interference with the baby's ongoing behavior

3) **Physical and psychological availability** vs ignoring and neglecting

4) **Acceptance** vs rejection of the baby's needs



Brain– brain interactions during face-to-face communications
of proto-conversation, mediated by eye-to-eye orientations,
vocalizations, hand gestures, and movements of the arms and head,
all acting in coordination
to express interpersonal awareness and emotions.

"A baby's smile is a social releaser of maternal behavior,"

"A baby's smile beguiles and enslaves their mothers!" (Bowlby 1958 p. 368).

Key Features of Tailoring Treatment

Our attachment patterns change across relationships.

We can use the AEDP Therapist Stance,

explicit relational and

precise experiential interventions

to set conditions for self-at-best,

so our patients can feel stability and support to explore their self-at worst insecure patterning.

Therapist common reactivities

Therapist's common reactivities
identifies potential reactions
psychotherapists can find our selves in…

Each insecure pattern can give rise to a predictable
action-reaction sequence as a generic reactivity becomes enacted
in the dyadic experience of relating as patient and therapist.

Therapist Metaskills

Metaskills are "background feeling attitudes" that arise moment to moment (Mindell, A., 2001) which therapists can summon with purpose in service of the patient.

Therapists can cultivate metaskills as intentional sensitivities

to counter caregiver behavioral hallmarks

and therapist common reactivities.

Avoidant pattern

The person is not avoiding the attachment relationship

but deactivates their attachment needs or emotional expressions

to protect the attachment bond.

What does this mean for treatment?

Goals for treating the avoidant pattern

Therapist metaskills: Acceptance/respect, Kindness, Courage

To counter: caregiver state of mind: *dismissiveness*

caregiver behavioral hallmarks: rejection, intrusiveness, humiliation

therapist common reactivities: ineffective, intellectualizing, self-doubting

Help the patient to build connection:

1) with therapist as the attachment relationship

2) befriending their own feelings and longings

Empathize with defenses Feel into thoughts and affect-laden words

The Triangle of Experience

Self-at-Worst: Avoidant

Deactivating Strategies

DEFENSES

Against relational experience;
wall of silence
dismisses, withdraws

Against emotional experience;
shuts down Intellectualizes,
overly detached

(STATE 1)

Defensive exclusion

ANXIETY & Other
Inhibiting affects

Anticipates rejection,
shame

(STATE 1)

Too little access to emotional experience

EMOTION

(STATE 2)

MALADAPTIVE AFFECTIVE EXPERIENCES
(*need transforming*)

ADAPTIVE CORE AFFECTIVE EXPERIENCES
(*are transforming*)

Working with the avoidant pattern

The Clash
between what's expected
and what's happening now

Two weeks later

A new expectancy emerges

Ambivalent patterning

When there is excessive focus on the other, connection to oneself is often excluded.

The person hyperactivates their attention and longing for connection onto the attachment figure, yet often has difficulty, letting in the attachment figure and trusting in their own capacity to settle.

What does this mean for treatment?

Goals for treating the ambivalent/resistant pattern

Therapist metaskills: Focus, Firmness, Directiveness and help, Care

To counter: caregiver state of mind: *preoccupied*

caregiver behavioral hallmarks: inconsistent, unreliable, abandoning

therapist common reactivities: overwhelmed, agitated, overinvolved, not impacted

Help the patient build receptive affective capacity by being helpful and not shying away from their longing to take us with them. Helping them to have an internalized version of us is an important part of the process. Genuine connecting with the other can deepen the connection to authentic self and build self-agency.

Empathize with core affect/needs. Think about feelings.

The Triangle of Experience

Self-at-Worst: Ambivalent/Resistant

Hyperactivating strategies

DEFENSES

Against relational experience;
wall of words
relational preoccupation
clings, protests

Against emotional experience;
emotionality, overly immersed

(STATE 1)

Defensive exclusion

ANXIETY & Other
Inhibiting affects

Anticipates;
abandonment, uncertainty

(STATE 1)

Too much or too little access to emotional experience

EMOTION

(STATE 2)

MALADAPTIVE AFFECTIVE EXPERIENCES
(*need transforming*)

ADAPTIVE CORE AFFECTIVE EXPERIENCES
(*are transforming*)

Working with Ambivalent/resistant pattern

"*Can I take you home with me?*"

Disorganization

"Fright without Solution" (Main & Hesse, 1995) and "Attachment without Solution" (Fosha, from Pando-Mars and Fosha, 2025)

Disorganization Is not constant state but can be a part of other attachment strategies. There can be pockets of disorganization when unresolved trauma is triggered. There can be dissociated ego states, disconnected parts of self.

What does this mean for treatment?

Goals for treating disorganization

Therapist metaskills: Reliable/Constant, Boundaried, Calm Strength, Collaborative

To counter: caregiver state of mind: *unresolved/fearful*

caregiver behavioral hallmarks: frightening or frightened, disordered

therapist common reactivities: overidentifies with one part, confused, worried

Organizing and collaborating with adult self while bringing connection between younger self and the teenage self.

"Helping patients to share affective states and to perceive intentional states with another is central to the work of healing attachment trauma; its importance is heightened when working with disorganization." (Pando-Mars & Fosha, 2025 p. 359)

Help link traumatic history and current experience
and build receptive capacity between dissociated affects/younger parts of self.

The Triangle of Experience

Self-at-Worst: Disorganized

Collapse of Strategies

DEFENSES

Against relational experience;
incomplete expressions
threatens, collapses
caretakes, controls

Against emotional experience;
Dissociates, numbs, displaces, fragments

ANXIETY & Other
Inhibiting affects

Anticipates;
Fright without solution
falling apart, overwhelm
attachment without solution

(STATE 1)

Defensive exclusion

(STATE 1)

Too much or too little access to emotional experience

EMOTION

(STATE 2)

MALADAPTIVE AFFECTIVE EXPERIENCES
(*need transforming*)

ADAPTIVE CORE AFFECTIVE EXPERIENCES
(*are transforming*)

Building Intra-relational connection to heal disorganized attachment

The Invitation
to bring them in!

Part Two:
Underneath the renegade:

“I’m scared, terrified,
don’t know what I’m doing”

a little girl

Building collaboration between parts