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Attachment to Relational Trauma

### **Abstract**

In this paper, I will discuss attachment to relational trauma from the perspective of object relations. I will show that the relational trauma is equivalent to object relations conflicts and functions in a manner very similar to transitional objects that reside in the mind. I will also introduce processes and techniques that can help with the resolution of relational trauma.

*Keywords:* object relations, bioenergetic analysis, relational trauma, internal conflict, structural conflict, object relations conflict, transitional object.

## **Introduction**

Inside our head lives a chatterbox that runs throughout most of the day. This chatterbox is a constant reminder that we do not measure up in a somewhat continuous internal dialog. It creates a seemingly eternal internal competition. The internal dialog mediated by the chatterbox makes us anxious, angry, or uneasy, etc. This seemingly quiet and devious chatterbox makes our lives hellish! The chatterbox is the sum-total of everything that we have been told in our childhood by our significant caretakers, etc (introjects).

The chatterbox is formed by the internal psychological conflicts or simply the “internal conflicts”. The internal conflicts are the result of conflicts between what we have been told in our childhood during the important formative years and our true self. These powerful messages from our childhood become part of our psyche, and when opposed to our true self, make our lives a constant internal war zone.

How do we turn the chatterbox off? In this paper, I will first give a thorough theoretical formulation of the formation, origins and functioning of the chatterbox, and will show that it functions in a manner similar to transitional objects that reside in the mind. I will describe processes and techniques for turning it off or making it quieter. These techniques are based on and inspired by the works of Dr. Robert Hilton. Throughout this paper, I will use the terms internal conflicts, object relations conflicts, and relational trauma interchangeably.

## Theoretical formulation

In this section, I will first describe the process of the formation of the chatterbox based on object relations theory. The object relations theory describes the dynamic process of development and growth in relation to real others (external objects). The term "objects" refers to both real external others in the world, as well as internalized images of others. Object relations are formed during developmental phases through interactions with the primary caregivers. These early patterns can be changed and altered with experience, but frequently continue to have a strong influence on one's interactions with others throughout life. The term "object relations theory" was formally introduced by Fairbairn (1952). He posited that the Infant internalizes the object (as well as the object relations), and splits the object toward whom both love and hate were directed, in two, namely the good object and the bad or repressing object. The good object (idealized) representation is important and is necessary to go on in life, and sought throughout life. Ego identifies with the repressive object and keeps the original object seeking drive in check (Shahri, 2014).

At this point, I would like to introduce the notion of partial internalization. Fairbairn and other object relations theorists did not fully discuss partial internalization. Dorpat (1976) distinguishes between structural conflicts (full internalization) and object-relations conflicts (partial internalization). Structural conflicts result from the fully internalized objects in which both aspects of the conflict are fully owned by individual as in "I want to do this, but I know it is not right and I will not do it". In the case of object relations conflicts, however, the person may experience strong opposition between his own

desires and wishes and those of internalized others. This opposition is experienced as an agonizing chatter and may be viewed as partial internalization of external objects (Dorpat, 1976).

The fully internalized object is ego syntonic and will assure contact with the object, since the object is fully accepted and its wishes are adhered to. In essence, the fully internalized objects are idealized self-objects. Where self-objects in self psychology (Kohut, 1971) are internal representation of external objects that are experienced as part of the self. The idealizing self-objects are the primary resources and object relations that the "Self" utilizes for support. The result is that the contact with the object is maintained while the sense of self is diminished.

The partially internalized objects are ego dystonic and result in object relations conflicts. In the case of partially internalized objects, there are constant conflicts between the wishes of the Self and those of the internalized others. Every decision is difficult and agonizing with a concomitant disturbing chatter. In this case, only weak contact with the external object is established and maintained resulting in anxiety, irritability, anger, and guilt, etc. This is the phenomenon that I call relational trauma.

Winnicott (1951) introduced the concept of transitional object to explain the use of external objects by the infant to compensate for the anxiety related to the temporary disappearance of its primary caregiver. Regarding the transitional object, Winnicott (1951) writes: "The object is affectionately cuddled as well as excitedly loved and mutilated." He (Winnicott, 1951) further writes: "The mother lets it [transitional object]

get dirty and even smelly, knowing that by washing it she introduces a break in continuity in the infant's experience, a break that may destroy the meaning and value of the object to the infant.”

Winnicott (1949) writes about the overactivity in mental functioning in response to certain failures by the primary caretaker, resulting in a conflict between the mind and the psyche-soma. In this situation Winnicott (1949) writes that the thoughts of the individual begin to dominate and facilitate the caring for the psyche-soma.

I would like to suggest that that the relational trauma (chatterbox inside the head) functions very similar to the transitional objects that reside in the mind. It creates the illusion that one is not alone so far as there is a chatterbox in the head. The subject (the “I”) however, does not discard the illusion of the return of the good object, from whom he seeks approval and affirmation. The object relations conflicts therefore function as thoughts and mental activities that takeover and organize the caring for psyche-soma and form the illusion that someone is out there and one is not alone, thus reducing the existential abandonment fears. So long as the object relations conflicts function, an illusion is created in the mind that there exists an object that one relates to, and thus the person can, to some extent, avoid its fears and anxieties related to isolation and abandonment. The person, in his mind, treats the object relations conflicts very similar to the transitional objects, in that they are subjected to love and hate, and to affections and mutilations. The conflicts are made dirty, messy and smelly, very similar to the transitional objects. And the person is imprisoned in the relationship. Throughout this

paper, I will refer to relational trauma, object relations conflicts, and internal conflicts interchangeably.

Corrigan and Gordon (1995) introduced the concept of mind object which can be very similar to object relations that reside in the mind. The space between stimulus and response is mediated by the mental world. When this world is important, one creates a mind to protect and preserve the subject mind. This is the mind object (Boris, 1995).

Corrigan and Gordon (1995) write:

We suggest that the mind object - an object of intense attachment - substitutes for a transitional object and subsumes intermediate phenomenon to its domain. But the mind as an object is an illusion. The clinical task is to reestablish an intermediate area as the place where life is lived - where there can be delight in the use of the mind that is expressive and mutual. (p. 21)

In this section, based on object relations theory, I showed that the relational trauma or object relations conflicts can be seen as mental equivalents of transitional objects that reside in the mind or simply mind objects. In the following section, I will present therapeutic processes and techniques for treating relational trauma.

### **Therapeutic approaches**

If my hypothesis is indeed correct that the object relational conflicts (or relational trauma) operate as transitional objects that reside in the mind, then when the good object returns the transitional objects will no longer be needed and are given up.

Winnicott (1951) writes:

Its fate [transitional object] is to be gradually allowed to be decathected, so that in the course of years it becomes not so much forgotten as relegated to limbo. By this I mean that in health the transitional object does not 'go inside' nor does the feeling about it necessarily undergo repression. It is not forgotten and it is not mourned. It loses meaning, and this is because the transitional phenomena have become diffused, have become spread out over the whole intermediate territory between 'inner psychic reality' and 'the external world as perceived by two persons in common', that is to say, over the whole cultural field. (p. 233)

This was what I experienced with Dr. Robert Hilton. In my early work with Bob, I was experiencing various relational traumas that were psychologically very disturbing and consuming. They affected all of my life. Bob would tell me "Let me see your fears." I was not sure what he meant. It took me some time to feel my connection with him and then magically my attachment to relational trauma was diminished. Many years later, I mentioned to Bob that now I know what you meant when you told me to let you see my fears and anxieties. You meant while you are experiencing those, stay in contact with me. He acknowledged that yes, that was what he meant.

In my therapy with Bob, he was the good object that I needed and when I felt my connection with him and his presence, I no longer needed to hold on to or attach to my relational traumas as transitional objects that resided in my mind. I simply could give them up. My initial insight into this process occurred with I contemplated what I would feel if somehow the chatterbox was gone and the object relations conflicts were resolved spontaneously. I felt that if this were to happen, I would feel existential loneliness and a feeling of near complete isolation. It was then that I realized the function of the object relations conflicts.



I discussed my hypothesis with Bob and he agreed that indeed the object relations conflicts can function a similar way to transitional objects. It took me about two years of working with Bob to resolve my relational traumas. Once I developed this insight into the process of relational trauma, I started to look for ways to reduce the length of process. In my work with the clients, I asked them to stay in contact and feel their connections with me (the good object) as they were expressing their internal conflicts. Every time that I repeated this process with the clients, the chatterbox became quieter (based on Hebbian plasticity - the new neural pathways get stronger as they get activated). I discussed this with Bob, and his response was yes, this should modulate the chatterbox as it takes a long time for contact with the good object to be established, but what you are asking them is to be in control of their connection with you and take in what they can.

I, then, came up with a slightly different approach. I wanted to disconnect the clients from their objects relations conflicts while they worked on them with me. In order to accomplish this, I asked the clients to be aware of their bodies. The awareness of the body can be thought of as the somatic correlate of the sense of self. I then asked the clients to stay in contact and connection with me while they were aware of their bodies. I instructed the clients that in order to feel their connection and contact with me, they needed to feel the space between them and me and look into my eyes. Feeling the space between them and me can be seen as the somatic correlate of the connection. This step makes the clients aware of the presence of the good object which is felt at the somatic level.

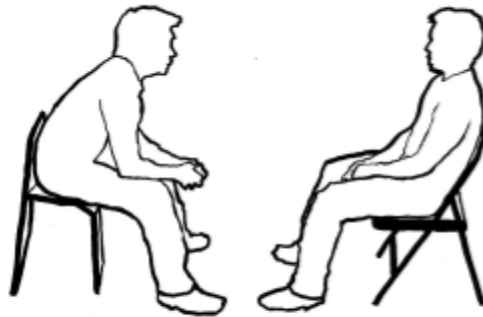
The results were surprising. When the clients spoke about their object relations conflicts and relational traumas while they were aware of their bodies and were feeling their connection with me, the internal chatter became quieter. Every time that we repeated this process, the internal voice became softer. In my experience, after repeating this process several times (sessions), the internal voice (chatter) becomes essentially muted. When I shared this approach with Bob, his comment was that this may be a practical way of resolving the object relations conflicts.

The success of this approach is of course predicated on the resolution of resistance and processing of negative transference. The clients need to have established a positive therapeutic relationship with the therapist. It is then that when the presence of the good object is felt, the object relations conflicts acting as transitional objects residing in the mind can be given up.

### **The technique**

When clients come to see us, frequently their complaints are related to object relations conflicts. They may have internal conflicts or interpersonal conflicts that are caused by the activation of the object relations conflicts. In Figure 1, I show the process of working with relational trauma. I pull my chair a bit closer to the client and ask them to stay aware of their bodies (from their neck down - to avoid staying in their heads) and breath normally. I may have to coach the clients regarding staying aware of the their bodies. I then ask them to stay in contact with me. Frequently, I have to coach the client

as to what staying in contact with me is. I usually tell them to look into my eyes and be aware of the space (distance) between us. I then ask them to remain aware of their bodies as well as maintaining their contact with me, simultaneously. After a bit of practice, clients can follow these steps. I then ask them to talk to me about their object relations conflicts, relational traumas, or interpersonal conflicts. They notice very quickly that as they talk about their relational traumas, their emotional reactions become muted or more subtle. They report to me that everytime they talk about their relational traumas in sessions their emotional reactions become more muted.



*Figure 1. Working with relational trauma*

### **Case of Jenny**

Jenny was a 24 year old woman who came to see me to work on her anxieties and fears. She mentioned that her father was very angry and that since she was a child, she was very afraid of him. One could see the fear in her eyes and face very clearly. She also indicated that she did not feel supported by her mother who was a passive woman and who was also afraid of her husband. I worked with Jenny for

almost one year. She was able to connect with me relatively early in her therapy, and over time her anxieties and fears became less intense. However, she was still haunted by them. Jenny did Yoga and was able to stay with the awareness of her body and knew what it was. In a session, I asked her to remain aware of her body from her neck down and also to maintain contact me as she talked about her father and her fear of him. She indicated that as she did that her fear seemed to have diminished. In the next session, she indicated that her fears of her father were not as strong but were still there. We repeated the same process, and again her fear of her father was diminished. After repeating this process several times, she reported that her fears were gone, and that she was able to confront her father on one occasion and to her surprise, her father listened to her and appreciated that she was able to stand up for herself. In summary, she was no longer attached to her relational trauma. Later on, I asked Jenny what it would have been like to be free of the fear of her father (before she started working with me). Initially, she replied great! I then asked what she would have felt next. Her reply was most interesting. She replied, I would have felt so isolated and alone! It was then clear to me that the role that the object relations conflicts or relational traumas played were very similar to transitional objects that resided in the mind.

I have used the technique that I indicated in this paper many times and the results have been consistently very similar. They clearly show that the object relations conflicts or relational traumas create the illusion that one is not alone and that there is someone there with whom they are in conflict. These object relations conflicts function,

as I discussed earlier, in a manner very similar to transitional objects, which I named the “mind transitional objects”.

The vignette that I presented above also shows that the consistent application of the aforementioned technique can result in healing of the relational traumas. Thus when Jenny felt the presence of the good object and felt her body as well, she could slowly let go of the partially internalized bad object which functioned similar to a transitional object and was able to connect to the “good” object who was accepting, caring, nonjudgmental, and empathic. She no longer needed the chatterbox in her head to feel that she was not alone since she felt the contact with the good object and herself (her own body). Over time Jenny internalized the contact with me and nearly completely quieted down the chatterbox in her head and thus could live her life based on her true self.

## **Conclusion**

In this paper, I discussed the attachment to relational trauma and presented a theoretical formulation of its origins and etiology. I, showed, based on object relations theory that relational trauma or object relations conflicts can function very similar to transitional objects that resided in the mind. I also presented therapeutic approaches for the treatment of relational trauma. It is also seen, based on the results presented, that the theory matches the practice in that the object relations theory points to a practical approach to healing the relational trauma and that the applications of this approach confirm the theory.

### **Acknowledgement**

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## **BIOGRAPHY**

Homayoun Shahri, Ph.D., M.A., CBT, LMFT, received his PhD in electrical engineering specializing in coding and information theory from Lehigh University in 1990, and his master of arts in clinical and somatic psychology from Santa Barbara Graduate Institute (now part of The Chicago School of Professional Psychology) in 2012. He is a licensed marriage and family therapist, and has a private practice in Irvine, CA, USA. Homayoun is a Certified Bioenergetic Therapist, and is a member of the International Institute of Bioenergetic Analysis (IIBA) and the Southern California Institute for Bioenergetic Analysis (SCIBA). Homayoun is a member of the United States Association of Body Psychotherapy (USABP) and is on the peer review board of the International Body Psychotherapy Journal.

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