

Émotions, relation dyadique et régulation de l'émotion (suite)

Bessel van der Kolk, 2011:

"One of the most important discoveries in psychology, neuroscience, and psychiatry has been that failure in establishing secure early attachment bonds leads to a diminished capacity to regulate negative emotions."

Bessel van der Kolk, 2011:

"Dysregulated behavior alienates potential friends and partners and interferes with being able to garner support and accumulate restorative experiences. Lack of affect regulation thus runs the danger of becoming a vicious circle, where deficient self-control leads to abandonment, which in turn makes it even more difficult to regulate negative mood states."

Tiré de : Fosha Diana, 2015, Handout 1st AEDP European Immersion Course, Stockholm: Undoing alonenes & transformation of emotional suffering

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Diana Fosha, 2015:

"In order to be able to engage with potential friends and partners and be able to make use of their support to accumulate restorative experiences, people must be able to have receptive affective capacity to receive and take in and make use of the what is being offered them. They also have to be able to regulate the positive affects that accompany both exploration and relatedness, and especially attachment, if they are to re-establish safe supportive secure bonds to regulate their emotions, both positive and negative alike"

Stephen Porges, 2015:

"We have a limited vocabulary to describe safe places and feelings of safety. Externally, we do not elaborate on the features of safety, but focus on minimizing features of danger. Internally, feeling safe is not described as an emotion, a mood, or an affective state. Researchers in the affective sciences, psychology, and psychiatry do not focus on the mechanisms mediating safety or the subjective and bodily responses associated with feeling safe. These disciplines have missed exploring this preeminent experience of adaptive success. In place of scientifically investigating the attributes of feeling safe and features that regulate these attributes, researchers have focused on vague constructs (e.g., stress) that are assumed to reflect an accumulated effect of internalizing the negative features in the environment that trigger danger and fear."

Tiré de : Fosha Diana, 2015, Handout 1st AEDP European Immersion Course, Stockholm: Undoing alonenes & transformation of emotional suffering

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Émotions, relation dyadique et régulation de l'émotion (suite)

“ Aspects of ATTACHMENT Through the Lens of Affect

#1. Building Safety & Supporting Exploration

The Three Behavioral Systems of Attachment (Bowlby) & Their Affective Markers (Fosha):

- > Attachment: the safety feeling, receptive affective experiences
- > *Caregiving: care and empathy in response to distress; wanting to help*
- Exploration: exuberance, curiosity and joy

#2. The Dyadic Affect Regulation of Emotions

The Internal Working Model (Bowlby) & The Intergenerational Transmission of Affective Competence (Fosha):

- > Feeling and dealing (while relating): Secure attachment
- > Not feeling, but dealing: Insecure, Avoidant/Dismissive Type
- > Feeling (and reeling) but not dealing: Insecure, Ambivalent/Pre-Occupied Type
- Not feeling and not dealing: Disorganized attachment

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Émotions, relation dyadique et régulation de l'émotion (suite)

“ Aspects of ATTACHMENT Through the Lens of Affect

#3. Metaprocessing & Integration

The Reflective Self Function (Fonagy), the Construction of a Coherent and Cohesive Autobiographical Narrative (Main) & The Metaprocessing of Emotional Experience in the Context of the Dyad (Fosha)

- > Existing in the heart and mind of the other - as oneself
- The processing of receptive affective experiences: feeling seen, feeling understood, feeling felt

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" Aspects of ATTACHMENT Through the Lens of Affect

#1. Building Safety & Supporting Exploration

The Three Behavioral Systems of Attachment (Bowlby) & Their Affective Markers (Fosha)

"The urge to keep proximity or accessibility to someone seen as stronger or wiser, and who if responsive is deeply loved, comes to be recognized as an integral part of human nature and as having a vital role to play in life" (Bowlby, 1991, p. 293)

- > **Attachment is the antidote to fear**
- > The function of attachment figure is to function as a secure base and to provide protection against danger_of the more vulnerable organism by the *attachment figure, i. e., "someone perceived as older and wiser."*
- > **Connection with an accessible and responsive figure is key to security of attachment, which is the antidote to fear and unwanted aloneness in the face of overwhelming emotional experiences.**
- > Seeking and maintaining contact is a primary motivation.
- Unwilled and unwanted aloneness -isolation—is traumatizing.

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#2. The Dyadic Affect Regulation of Emotions

The Internal Working Model (Bowlby) & the Intergenerational Transmission of Affective Competence (Fosha)

"Many of the most intense emotions arise during the formation, the maintenance, the disruption, and the renewal of attachment relationships. . . . Because such emotions are usually a reflection of the state of a person's affectional bonds, the psychology and psychopathology of emotion is found to be in large part the psychology and psychopathology of affectional bonds"(Bowlby, 1980).

"... [A]ffect regulation is not just the reduction of affective intensity, the dampening of negative emotion. It also involves an amplification, the intensification of positive emotion, a condition necessary for more complex self-organization. Attachment is not just the re-establishment of security after a dysregulating experience and a stressful negative state, it is also the interactive amplification of positive affects, as in play states. Regulated affective interactions with a familiar, predictable caregiver create not only a sense of safety, but also a positively charged curiosity that fuels the burgeoning self's exploration of novel socioemotional and physical environments (refs). This ability is a marker of adaptive infant mental health" (Schor, 2001, p. 21).

- > **The aim of attachment is the regulation of intense emotional experience and the simultaneous maintenance of dyadic connection. The dyad's affect regulatory strategies become internalized in the individual's affect regulatory strategies.** Defensive exclusion: In order to preserve the attachment bond, the child will exclude from coordination those mental contents that dysregulate her/his caregiver. Thus, defense mechanisms are instituted to compensate for caregiving lapses
- > **The moment-to-moment dyadic regulation of (a) vitality affects through psychobiological state attunement (mediated through right-brain to right-brain communication), and of (b) the categorical emotions characteristic of heightened moments of stress and distress (i.e., experiences originating subcortically) is the mechanism through which attachments are formed.**

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"... [A] child may be said to be secure in relation to a caregiver to the extent that, on the basis of his or her experience, he or she can make an assumption that his or her mental state will be appropriately reflected on and responded to accurately" (Fonagy et al., 1991).

"The roots of resilience and the capacity to withstand emotionally aversive situations without resorting to defensive exclusion are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other" (Fosha, 2000).

- > The processing of receptive affective experiences of feeling seen, feeling understood, feeling felt, feeling loved
- > *The processing of transformational experiences resulting from the dyadic affect regulation and then successful processing of emotional and relational experiences*
- > **Existing in the heart and mind of the other as oneself**
- > In core state, constructing a coherent and cohesive autobiographical narrative

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AFFECTIVE NEUROSCIENCE: The Right Brain, The CNS in Emotion Regulation

“ **SOME QUALITIES OF THE RIGHT MIND :**

- > Non-verbal: facial expression, tone of voice
 - > Dominant in emotion processing
 - > Somatosensory
 - > Faster than left in appraisal of facial expressions
 - > Visceral and somatic states processed in the right brain circuitry
 - > More reciprocal connections with limbic system
 - > Dominant in the human stress response
 - > Coping with, and assimilating novel situations
 - > Empathy, identification with others, intersubjective processes
 - > *Autobiographical memory, *** self awareness*
 - > Perception of one's own body
 - > Self-related processing (SRP)
- “ **DYADIC AFFECT REGULATION & THE EXPERIENCE-DEPENDENT MATURATION OF THE RIGHT-BRAIN (Schoore, Trevarthen) :**
- > Psychobiological state attunement
 - > **Right-brain to right-brain communication**
 - > **Attunement**
 - > *Gaze sharing*
 - > Face-to-face contact
 - > Touch
 - > Entrained vocal rhythms
 - > Play
 - > The importance of dyadically-maintained positive emotions: rapidly metabolize negative affects and maximize positive affective states

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Émotions, régulation dyadique de l'émotion (suite)

THERAPEUTIC ACTIVITIES

DYADIC ENGAGEMENT

- Entrain dyadic emotional processes of mutual emotional engagement mediated by right brain to right brain communication and mirror neurons
- Psychobiological state attunement
- Empathy
- Affective resonance
- Gaze sharing-eye contact
- Mutually shared pleasure
- Affective engagement
- Play

INTENSE EMOTIONAL EXPERIENCE: DYADIC REGULATION

- " Promote emotional modulation and capacity to metabolize high stress negative affects and regain mutual coordination of affective states, i.e., promote the capacity to rapidly metabolize negative affects and maximize positive affective states
- " Help patient not be alone with intense emotional experiences
- " Help regulate -- somatically and dyadically- dysregulated experiences
- " Process categorical emotions and work through to completion
- " Facilitate access to visceral experience
- " Explore concomitants of emotion: memories, fantasies
- " Process and complete emotion sequences
- " Promote the activation of adaptive action tendencies

METAPROCESSING & INTEGRATION

- **Bottom-up & top-down processing**
- Promote the development of the patient's experience of existing in the mind and heart of the other
- Affirm, process and reflect on the experience of the transformation of the self, in the context of a caring, affirming, collaborative relationship with an other
- Affirm and process the experience of the healing affects
- Feeling moved and emotional within the self
- Feeling gratitude and love toward the other
- Promote the development of compassion and self-compassion
- Promote and elaborate the development of a coherent and cohesive autobiographical narrative

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Émotions, relation dyadique et régulation de l'émotion (suite)

- " affirmations/transformation detective (Fosha, Greenberg, Johnson, ...)
- " metatherapeutic processing
- " **recognition, dopamine, vitalité, émotions positives :**
(↔ immobilisation, dissociation, numbness)

In working with trauma, **the calm-inducing, nervous-system-soothing effects of oxytocin** cannot be overestimated. We do not learn and explore and dare to take risks when our nervous systems are in a state of fearful physiological reactivity. **Oxytocin is a powerful antagonist of fear.** The nervous system calms and the social engagement system comes online. However, **dissociation and the de-activation of the autonomic nervous system, and resulting experiences of numbness, deadness and futility constitute a different set of the tragic sequelae of trauma, require something more.** In treating dissociation, safety and calm as goals of trauma processing are essential, but not a guarantee that feelings of aliveness will suffuse the experience of the self. **That's the realm of dopamine mediated processes, and feeling the motivation to live life with zest and meaning.**

... metatherapeutic techniques with transformational experience that systematically and reliably give rise to the **transformational affects. Feelings of exuberance and curiosity** and the motivation to act on behalf of the self reflect the world of dopamine mediated experiences and their power to lead to new learning, greater memory reconsolidation, as well as to **the vitally important felt sense of aliveness, for vitality and energy** are so needed to counter the deadening numbing effects of dissociation.

Tiré de : Fosha, 2016, Annonce de séminaire: **Dopamine & Being Seen: The Neurobiology of Vitality & Recognition Processes: A Framework for Working with Dissociation in AEDP**

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Émotions, relation dyadique et régulation de l'émotion (suite)

“ **recognition, dopamine, vitalité, émotions positives**
(↔ immobilisation, dissociation, numbness)

... **the neurobiology of vitality**, i.e., recent advances in the understanding of the neurobiological core self (Damasio, Panksepp), intimately linked with dopaminergic pathways. Making extensive use of clinical videotapes, we will delve into AEDP work, with a focus on the co-creation of relational safety and **work with recognition processes**. These constitute powerful elements for a neurobiologically based psychotherapeutic process with dissociative phenomena, one that, in the course of co-creating safety and trauma processing, also seeks to **bring vitality and energy into the previously depleted system**. Clinical work will show **how recognition processes can be used to bypass the fragmentation of self experience: by making the most of experiences marked by “the click of recognition”** patients who usually rely on dissociative mechanisms **are able to have a new “whole self” experience, felt sense of it and all.**

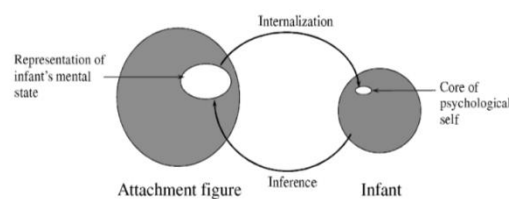
Tiré de : Fosha, 2016, Annonce de séminaire: **Dopamine & Being Seen: The Neurobiology of Vitality & Recognition Processes: A Framework for Working with Dissociation in AEDP**

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mentaliser, epistemic trust, agentive self

Theory: Birth of the Agentive Self

Attachment figure “discovers” infant’s mind (subjectivity)



*Infant internalizes caregiver’s representation to form psychological self
Safe, playful interaction with the caregiver leads to the integration of primitive
modes of experiencing internal reality → mentalization*

Tiré de : mbt-training-slides-theory/clinical.pdf, Bateman & Fonagy 2015

“ **Découvrir/comprendre avec** le/la patient/e, le couple
(cf TBM, Fonagy, Debbané)

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Découvrir/comprendre avec...

- ” Posture thérapeutique de «non-savoir»
- ” «bumble around»
- ” Co-crée, co-découvrir, co-comprendre

Fonagy, Bateman, ..., Debbané

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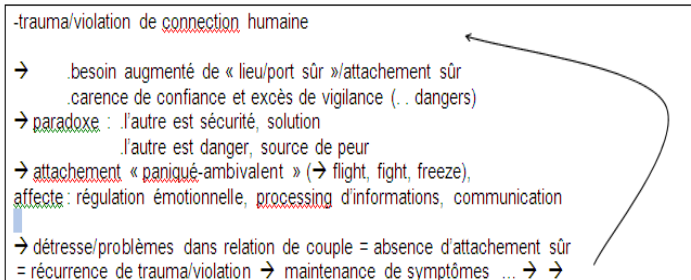
Partenaire(s) traumatisé(s)

- ” un ou deux partenaire(s) a(ont) été traumatisé(s) **avant/en dehors** de relation de couple,
- ” → ~PTSD ou ...~patients « BDL » (borderline)
- ” une conséquence principale de PTSD : perte de régulation d'états émotionnels

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Partenaire traumatisé

“ Partenaire traumatisé avant/en dehors de la rel. de couple:



“ Donc:

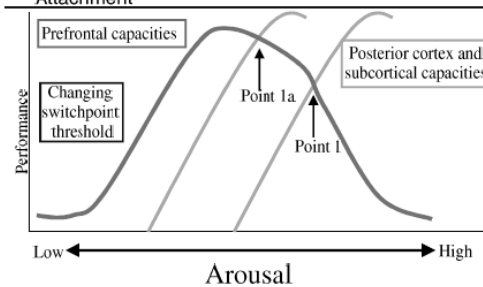
- conséquences du trauma perpétuent problèmes et détresse de couple et manque de relation assez sûre et
- manque de relation assez sûre perpétue les conséquences du trauma → → ...

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Arousal émotionnel et performances psychiques

“ As

■ Mayes' (2001) Adaptation of Arnsten's Dual Arousal Systems Model: Implication of the Hyper-activation of Attachment



Tiré de : mbt-training-slides-theory/clinical.pdf, Bateman & Fonagy 2015

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Lors de réaction vive, émotionnelle+++, ou lors de « bullet », de déconnection

- “ Attachement trauma → traumatisé, pour lequel **l'autre est source** de réconfort et **d'anxiété+++ (et de réflexes de protection/défense)**
- “ Lors de réaction vive+++ , émotionnelle+++ , ou lors de «bullet»/acting out, ou lors de déconnection avec un partenaire
- “ **Perte de mentalisation contrôlée/assez bonne, équivalence psychique, ...**
- “ donc...

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Regulation emotionnelle dyadique, relationnelle

Donc possibles interventions:

- “ « Slice it thin » , « contain » (Johnson)
- “ Move entre heightening et containment d'émotion (Johnson)
- “ Ralentir, empathie+++ , sincérité, humilité/modestie, position basse, respect, sécurité, ...
(exple de cple Ab., épouse...)
- “ travailler/dialoguer avec les «parties» (cf «catching the bullet»)
- “ Stop and stand; stop and rewind;
rétablir capacités de mentalisation (Fonagy & coll)
- “ **CAT quand émotions doul+++/A+++/«arousal»+++**
(≠ qd peu d'émotions), cf Greenberg, Johnson, Bateman & Fonagy, Davanloo, ... **(cf diapos suivantes)**

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Regulation emotionnelle dyadique, relationnelle

- “ Focusing, mentalisation (implicite-explicite)
- “ RBr-RBr communication, métaphores, ... (Fosha, Johnson, ...)
- “ Fonagy, Gergely, Allen, ... mentalisation; Greenberg, self-reflexion
- “ disconnection **and reconnection** (Fosha)
- “ Expositions **progressives/répétées** (à émotions, connections, déconnections, reconnections, compréhensions, relation d'attachement, ...et à différenciation/individuation, ...)
- “ **Travail relationnel** (Fosha, Pos & Greenberg); **affirmations/transformation detective** (Fosha, Johnson), **metatherapeutic processing; recognition**, dopamine, vitalité, émotions positives (↔ immobilisation, dissociation, numbness)

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Equivalence psychique

“ A Modes of non-mentalizing

PSYCHIC EQUIVALENCE	
Clinical form	Certainty/suspension of doubt Absolute Reality defined by self-experience Finality – It just is. Internal = external
Therapist experience	Puzzled Wish to refute Statement appears logical but obviously over-generalised Not sure what to say Angry or fed up and hopeless
Intervention	Empathic Validation with subjective experience Curious – how did you reach that conclusion Presentation of clinician puzzlement (marked) Linked topic (diversion) to trigger mentalizing then return to psychic equivalent area
Iatrogenic	Argue with patient Excessive focus on content Cognitive challenge

Tiré de : mbt-training-slides-theory/clinical.pdf, Bateman & Fonagy 2015

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Gérer l'arousal pour revenir à mentalisation optimale

Quand arousal élevé

- validation empathique de la perspective du patient
- passer du pôle affectif au pôle cognitif
- passer de mentalisation de soi à mentalisation de l'autre
- diminuer le focus sur interaction personnelle/immédiate
- le thérapeute prend la responsabilité
- histoires du patient
- focus sur le courant

Tiré de : mbt-training-slides-theory/clinical.pdf, Bateman & Fonagy 2015

Quand arousal bas

- challenge la perspective du patient
- passer du pôle cognitif au pôle affectif
- passer de mentalisation de l'autre à mentalisation de soi
- augmenter le focus sur interaction personnelle/immédiate
- augmenter le focus sur le patient
- états mentaux du patient
- focus sur la relation immédiate

Tiré de : mbt-training-slides-theory/clinical.pdf, Bateman & Fonagy 2015

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Gérer l'arousal pour revenir à mentalisation optimale

Managing arousal for optimal mentalizing

~ Hd

Over and under arousal are antithetical to robust mentalizing	
High arousal	Low arousal
Empathic validation of patient perspective	Challenge of patient perspective
Move affective pole to cognitive pole	Move cognitive pole to affective pole
Move self to other mentalizing	Move other to self mentalizing
Reduce focus on personal interaction	Increase focus on personal interaction
Clinician responsibility	Increase patient focus

Tiré de : mbt-training-slides-theory/clinical.pdf, Bateman & Fonagy 2015

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Gérer l'arousal pour revenir à mentalisation optimale

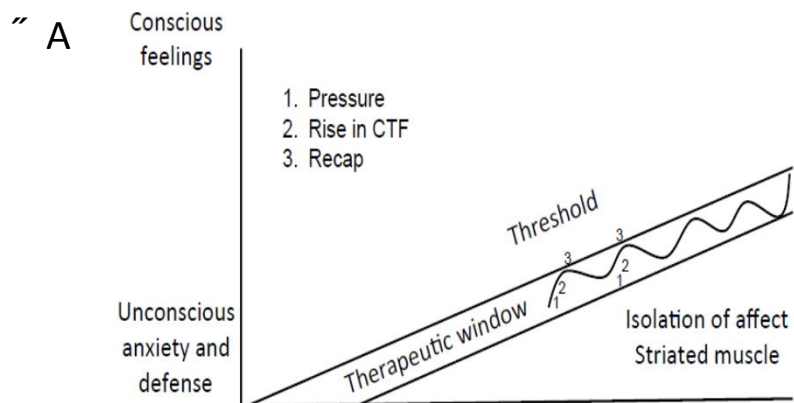
“ A Balancing in-session arousal

	Too Much	Too Little
Dimension	Affective → Cognitive	Cognitive → Affective
Focus	Re-direct	Emphasise
Patient experience	Validate	Challenge
Responsibility	Clinician accepts	Patient explores
Process	Go with the flow	Resist/challenge
Interpersonal Interaction	Decrease	Increase

Tiré de : mbt-training-slides-theory/clinical.pdf, Bateman & Fonagy 2015

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Gérer Anxiété inconsciente en istdp



Tiré de : Abbas, Allan, 2014, Handout 30 years GIK

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Gérer Anxiété inconsciente en istdp (suite)

- " **reducing Ucs A** by:
- " focusing on physical concomitants of A, actual experience of A, exploring A (établir/clarifier le vécu/expérience phys./intensité; depuis quand; en relation avec qui/quoi (= fact. décl.)
- " shifting/switching to inquiry or the attention/focus to another area (C→T or T→C), framing/ProblButTâche(≠stagnation)
- " phénoménologique/simple inquiry (non-dynamic), letting the pt talk/ describe without pressure and challenge (≠ dynamic inquiry in C (cf "pressure"))
- " *identifying/"naming"/claryfying a D*
- " *having brought T feelings into the open, having allowed the pt to experience and enact/portray (with striated mm) his/her feelings (in/of T or C)*
- " *having completed an analysis of the triangle of conflict (after breackthrough and unlocking*

Davanloo, 1995

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Gérer Anxiété inconsciente en istdp (suite)

enhancing Ucs A by:

- " T>C, décrire/nommer NVC
- " pressure for I-F, precise Q, focus on specific situations and its specific components (D, A, I-F...),
(situation<reaction<feeling<physical experience)
- " dynamic inquiry (in C, ... cf "inquiry", ci-dessous)
- " challenge of D
- " return to pressure after "framing"

Davanloo, 1995

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Régulation émotionnelle **triadique**

«slice it thin» avec les enactements:

- ” Pas d'enactement quand trop d'escalades, ...
plutôt réponse évocatrice («c'est comment pour vous, Paul,
quand vous entendez Josiane qui dit...»)
- ” ...voir comment il reçoit ça, évtl «process» ça avec lui,... («c'est
difficile pour vous, Monsieur, d'entendre ce qu'elle dit?, ça
vous met en colère?»), valider / normaliser sa réaction pour
l'apaiser et pour accéder à qqch de plus vulnérable pour lui
- ” Après avoir vérifié que petite ouverture, que M. assez
réceptif, alors faire un petit enactment

(communication d'Alexine Thompson lors de supervision de groupe en 2015)

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Régulation émotionnelle **triadique**

- ” Cf «Attraper les balles/grenades»
(cf «catching the bullet», Giunta 2014)

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