chapter ten

Healing the wounds of attachment
An EMDR relational approach

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Introduction
I never saw it coming. She was young, beautiful, smart, and matter-of-fact. She had done well in her professional life and by anyone’s standards would be considered a high-functioning adult. What I didn’t notice was beneath that exterior was a very young girl who desperately needed a mother and didn’t know it.

Melina was in her late 30s when she first came to see me. She was twice divorced, had no children, and was in a relationship with yet another “bad boy” with whom she had been on and off for the last 5 years. She couldn’t live with him, yet she couldn’t stand the loneliness that overcame her when she was without him. It was a desolate place that she was all too familiar with from her earliest years as a little girl.

Early attachment issues
As the youngest of four children with three older brothers in a Greek-American family, one would have expected Melina to be coveted by her family as the precious little girl to be protected and adored, as is typical of these immigrant families. Instead, her mother was narcissistic and controlling, critical and neglectful. Her father was passive, dependent, and emotionally unavailable. Her brothers were self-absorbed with their own interests, and when they paid attention to her, it was only to tease and bully her. Having come from the same cultural background myself, it was stunning to me that her mother resented taking care of her and her brothers treated her with the same contempt her mother had for her. The only person in her life who adored her was her maternal grandfather, who, tragically for Melina, died when she was 6 years old.
As an EMDR therapist with a psychodynamic, object relations background, I began to explore with her how her early experiences as a child informed how she felt about herself as a person and how she relates to family and friends as well as her intimates. She moves through the world with a sense of self that is inadequate, insecure, and “not good enough” to be loved or accepted by others. By her own admission, her sense of self was organized around pleasing others and being accepted by them as a means of feeling worthy of being loved and having an identity as a person. She is strongly identified with her mother’s negative and neglectful treatment of her and has internalized her mother’s inadequacy as a parent as her own inadequacy as a person.

In addition to her poor sense of self, Melina has a real fear of being abandoned, as she was often left alone, frequently coming home to an empty house from a young age. After her grandfather died, Melina was getting herself up in the mornings and getting dressed to go to school from the first grade. She was so ill-prepared that the school called her parents to see if they needed financial assistance, as she was going to school wearing the same clothes every day and they were inappropriate for the weather. Her mother was often late on the days she was to pick her up from school. She describes remembering being dropped off at school on a day that school was closed with nowhere to go and no way to contact her parents.

The story that best describes Melina’s insecure/avoidant attachment style and inferior sense of self is a memory of being an 8-year-old at the playground with her family and getting stung by a bee. Despite the pain of being stung, Melina did not make a sound and did not tell anyone. She decided at that moment that “it didn’t hurt,” and from that point on, her emotional life went underground. She has had limited access to her feelings, so when people treat her badly, she often doesn’t notice it, and when she does, she is numb to her feelings and does nothing about it. Consequently, her inferior sense of self has been reinforced by subsequent life experiences and bad object choices, especially with intimates.

**EMDR: A brief overview**

When Melina first came to see me, she already had an expectation from the person who referred her that working with me would be different than the other psychotherapists she had seen because I did this “special kind of therapy” called eye movement desensitization and reprocessing (EMDR). EMDR is a methodology that was originally developed by Dr. Francine Shapiro in 1987 to process traumatic experiences using eye movements or other forms of bilateral stimulation (Shapiro, 1995). These traumatic experiences are stuck in the brain in their original form, causing the client
to have symptoms because the brain cannot successfully process these events and integrate them with other, more adaptive experiences. The bilateral stimulation that is applied in EMDR therapy is used to activate the information-processing system in the brain that is designed to process and integrate experiences with all the other information we have about ourselves and the world. When disturbing events are not adequately processed by this information-processing system, these memories do not successfully integrate with other experiences. Instead, they are stored with the perceptions of the person at the time of the event, along with all the components of experience—that is, images, thoughts and sounds, feelings and sensations. These components of past memories get “triggered” by current events in which the person is experiencing themselves in a similar situation or with a similar kind of person or feeling which then activates these other past associations in the brain. This causes the person to react “as if” they’re in the same situation in the past, rather than responding to what is going on in the present. Therefore, any time the person is having a reaction that is out of proportion to what is going on, or the current event is having a lingering effect that seems beyond the scope of what is happening now, the person’s experience in the present is informed more by the past. When those past associations, either consciously or unconsciously, inform the person about their present situation, they react in a way that is usually maladaptive to their current context.

**Neglect is traumatic**

Today, EMDR is not limited to the treatment of PTSD but is widely used to treat everyday problems and self-esteem issues that are informed by earlier experiences that similarly have not been adequately processed and integrated by the brain (e.g., Cvetek, 2008; Shapiro, 2007). In Melina’s case, her many memories of neglect and abandonment in her early childhood were still actively shaping her adult emotional life, thus, driving decisions that were not best for her. EMDR psychotherapy, then, is about identifying and processing these earlier experiences that are informing the current difficulties, thereby allowing the client to respond more adaptively to their current situation and to similar situations in the future. The client is then better able to respond to the current demands from the perspective of an adult as they have all their adult options available to them. Sometimes, however, the client has developmental deficits that need to be addressed before they can fully incorporate the necessary skills, feelings, and behaviors that correspond to the current demands and to future challenges. EMDR’s three-pronged approach of past, present, and future is designed to address the client’s current difficulties by reprocessing past events, targeting present triggers that may remain, and developing future
templates of action that are adaptive for the client given what is ecologically appropriate for them within the current context of their lives.

When Melina and I first discussed her relationship problems with men, it became clear that her belief about herself as “not good enough” was the pervasive issue in her life that cut across all contexts, both at home and at work. This meta-perception of herself as a worthless person became the organizing theme of our work together. From an EMDR perspective, she was developmentally stuck at the “responsibility” level; that is, she is over-identified with the perpetrator of her neglect and abuse and it is because of her that she was mistreated. The added component for Melina is that children of Greek immigrant parents are often placed in positions of actual responsibility to help them assimilate into the culture by translating for them when they don’t understand or interpreting for them what the cultural norms are. To this day, Melina continues to take care of her parents in ways that her brothers are not expected to.

**Shared ethnicity**

The other not-so-hidden ingredient to this therapeutic recipe is that I, too, am a first-generation Greek-American who was born to parents that emigrated from Greece as adults. I am all too familiar with that sense of responsibility to care for one’s elders and the demands to maintain and carry on the traditions of the Greek culture, not unlike Dina in *My Big Fat Greek Wedding*. Melina’s struggles for acceptance, identity, and differentiation are issues I understand well from my own experiences, although our familial stories are very different. In addition to becoming a well-educated, professional woman who has a life and identity of her own, I, too, was expected to marry a Greek man and have a Greek family. I tried this conventional route and divorced my Greek husband 3 years into the relationship. I am now happily married to my American husband of Scotch-Irish-Jewish descent for 15 years with two stepsons that I have raised as my own. We also share a home-based private practice together where his office is across the waiting room from mine. Melina, of course, is very interested to understand how I have succeeded in my lifestyle choices and managed to navigate these cultural demands at the same time. She is aware of the choices I have made, both from me in the form of self-disclosures as well as from other sources. So, from the beginning of our work together, the stage was set for me to be more transparent to her than I was accustomed to being.

The “promise” of EMDR for Melina is that she would ultimately feel good about herself as a person, especially as a Greek-American woman, and make better choices in her relationships, particularly with a life partner. In order for these changes to occur, the early memories of being
alone and feeling lonely and worthless that are informing her current life experiences have to be reprocessed with EMDR. Meanwhile, she comes for therapy at a time when she is still in this relationship of five years knowing there is no future with this person, but is unable to sever her ties with him because every time she attempts to do so, she plunges into that familiar place of despair and desolation. Although she is able to acknowledge on an intellectual level that the relationship isn’t working for her, she believes that if she keeps trying to make it right that “just maybe” it will work out. In addition, her mother is pressuring her to marry him even though she knows Melina isn’t happy in the relationship. By Melina’s own report, it was her mother that insisted she marry both of her former husbands in order to join the ranks of Greek women who are married with children. Before she was married the first time, Melina had approached her mother with serious misgivings about marrying her fiancé. Her mother’s response was to hit her head against the wall and scream, “How can you do this to me?” From these kinds of past experiences, it is understandable that Melina also feels trapped in her current situation because the boyfriend meets the mother’s criteria for a husband and she can’t see her way out of it. She presents as depressed, feeling hopeless that she will ever “get it right” with anyone and that she should settle for this relationship. She also attributes her feelings of despair and loneliness to her current situation, not recognizing that it is much more about the past that is driving her experiences as well as her choices.

The first stage of therapy was to help her understand the connection between how she’s experiencing herself and her circumstances in the present and how it’s being informed by the past. This recognition helped her appreciate why she is unable to act on the intellectual understandings she has about herself but is behaving in response to her emotional reactions. She speaks of feeling numb much of the time, just going through the motions, assuming that it doesn’t matter how she feels because other people’s feelings and needs are more important. As we explore this early territory in greater depth, it becomes painfully clear that her mother was absent and disinterested in being a mother to her, unlike how she was with her brothers. As we commenced with EMDR processing, these early experiences of neglect started to thaw and what became available to her was the emotional desolation that would get triggered every time she attempted to separate from her boyfriend. Working through these pervasive experiences in her childhood were painful, intense, and rewarding all at the same time. The therapeutic challenge was for Melina to actually feel the emotional desolation of being alone in the past while maintaining a dual awareness that she is not alone with these feelings in the present, and that she is actually an adult going through this experience. This awareness allows her to process and successfully integrate these early
states where she was without the necessary resources to integrate them at the time they first occurred.

Invoking the “mother function”

Week after week, we continued to work through networks of memories that were all about the same meta-conclusion: that she’s not worthy of being loved. Despite the fact that we would get a complete reprocessing of these early experiences, it was a challenge for her to step into a more adult self that understood her value as a person. Her core identity of worthlessness was a constant competitor. She often looked to me to validate her and reassure her that she is good enough and that her needs are important when attempting to navigate transactions with her family or her boyfriend. While she was making progress with them, her internal sense of entitlement was tentative, and she would have trouble holding onto her resolve when faced with their disapprovals. She used me and our relationship as an anchor to help her hold onto her sense of self as “good enough.” I, of course, became her greatest support and biggest fan. She would send me e-mails of transactions with her boyfriend and her family, asking for advice, which I of course responded to. At the time I had some concerns about allowing her to send me e-mails, as it was outside the structure and boundaries of our relationship. On the other hand, she was judicious in her use of e-mail and it seemed more important to integrate e-mail as a more “normal” boundary crossing, as it is such a common form of communication, especially for her. It also gave her a forum to actively examine what she was doing in her life in a way that added structure to our sessions. We would then examine her choices, her experiences, how and when she got “triggered” into those old places, giving us a platform to pursue the old memories that were informing her difficulties in her current life.

Melina would also ask me questions about my own experiences with my family, with the community, about being different from other women in the community. Inherent in these queries, I believe, is Melina looking for permission to differentiate, to be okay with who she is as well as identifying with me as a woman. Of course, I was happy to validate her, as I am very fond of her and increasingly incredulous with her mother for being so self-centered and neglectful. As a psychotherapist, I am aware of the importance of the positive transference that she is developing toward me as a self-object to identify herself with. I also recognize that the biggest challenge of all was for her to internalize my genuine support and affection for her as her own. The “mother function” that I was invoking was giving her the opportunity to deconstruct this negative core belief of defectiveness and to reconstruct a sense of self that was inherently good. As we were systematically working through these negative experiences
from childhood, there was a parallel process going on in the room; that I, as her therapist, was emotionally holding her and available to her. So, not only were we changing the way these early memories were informing her current experience of self, but we were also cocreating “new” memories of being held and validated as a worthwhile person. What was happening on a number of levels is that, not only was she getting the mother she always needed, but I was getting a daughter, too.

**Therapeutic relationship: Reparative or dependency fostering?**

As our relationship deepened, I was aware that she was depending on me more and more, not just on our therapeutic relationship and the connection we have, but in me as the agent of change and the source of wisdom for navigating her life. I was especially concerned given her history of seeking out authority figures with whom she would deposit her faith and trust, not unlike a child who idealizes a parent. At the same time, however, I understood the importance of shifting her identification of self from a negative self-object to a positive one. What was less clear to me was the therapeutic line between the healing of a developmental wound and the enabling of an unmet childhood need. What was clear enough, however, was that her identification with me and the holding she was experiencing in our connection made it possible for her to assert herself in the world more as an adult. To what extent, then, is my role in her life and my genuine affection for her actually helping her come into her own sense of self? Is my being known to her as a person compromising the integrity of our work or is it actually potentiating it? Is it enough that I am aware that my affection for her also invokes the therapeutic function of being seen and felt by the other? “How else does it happen?” I am asking myself. How does someone with this degree of insecurity in her attachment history develop the capacity for true intimacy unless she has the experience of actually being held by the other in order to come more fully into herself as a person?

After much contemplation and consultation with colleagues, I decided that as long as Melina is able to continue to develop as an adult in her world that my role and function in her life was beneficial to her. What continued to be a question for me was when was the shift going to take place from me as the person whom she depends on and trusts to herself? Was she happy just being taken care of, or is it going to take more time because the neglect was so pervasive in her earliest years that, even with EMDR, it was the nature of the territory we were in? I decided to explore this with her directly, speaking to the importance of navigating her own direction, using her own felt sense of what was right for her versus using my support and validation as her source of guidance. I also shared with
her that I was concerned about her making choices for herself that she thought I would want her to make, either because that’s how she’s always done it with her mother or because she wanted to mimic some of the choices I have made in my own life. This conversation opened up another level of work that she was willing to explore: her looking to others to tell her what to do (looking for a mother), despite her own intuitions about what was right for her. What she was aware of was that she sought the advice of others because she didn’t trust herself to make good choices on her own behalf. She has a long history of enlisting a number of authority figures in her life to guide her in her decisions, from professional mentors to fortune tellers and psychics “predicting” what would happen in her life and what she should do about it. The other aspect of this issue, which was out of her awareness until we explored it together, was the satisfaction of actually being taken care of by these authority figures. I was glad when this dynamic became explicit, as her unmet childhood dependency needs were on the table for both of us to hold and to work with. While I, too, enjoy caring for her, it was out in the open that, while the need to be taken care of is a legitimate need of hers, getting it met by a person who is an equal to her is more satisfying and more appropriate to her stage in life and to her therapeutic goals. I also took the opportunity at this juncture in our work together to share with her how I have made some bad decisions for myself, and how those choices have helped me learn more about myself and others, encouraging her to do the same. It was at this point that the relationship dynamic shifted again; this time from mother-daughter to two adult Greek-American women; one is the therapist and the other is the client.

Despite her continued struggle to hold onto her sense of self as “good enough” and her lifelong challenge of making her own choices, Melina finally broke up with her boyfriend once and for all 9 months into therapy. Although she was sad, she wasn’t devastated. She had developed sufficient ego strength in the months of our work together to tolerate her feelings without shutting down or acting on them inappropriately. I was elated! I saw this as an existential decision for her, that for the first time in her adult life, she was choosing herself over everyone else.

**Developmental plateaus**

The next therapeutic challenge in Melina’s life was going to be about continuing to make better choices, particularly in relationship to choosing a potential life partner. Saying “no” became a joke between us as it became a necessity for Melina to learn how to turn down the multitudes of men that were pursuing her. The global challenge, however, was to learn how to embody her sense of self as a vibrant and vital being and to actively
navigate her direction in life. Our EMDR work during this period focused on working through her passivity in relationships, which brought us to another developmental plateau. In EMDR, this plateau is about working with one’s sense of “control of choices,” because the reaction in the present is as if there is no choice in the matter and other people or circumstances make the decision for you. As an example in Melina’s case, she would go out on a date with a guy she’s not interested in to avoid telling him she’s not interested. The developmental challenge, then, is for her to develop a more internalized locus of control so that she has a greater sense of agency about herself as an adult and can assert her needs and preferences in any given situation. Her ex-boyfriend provided Melina with a great opportunity to assert herself as she had to say “no” to his repeated attempts to get back together, which had been an ongoing pattern throughout the course of their relationship. This time she was able to struggle with her feelings of guilt and responsibility, rather than act on those feelings and collapse back into the relationship at her own expense.

After a whirlwind tour of the dating scene, Melina starts going out exclusively with a man that she has been friends with for many years, but up until now had no romantic interest in. As they spent more time together, Melina is remembering what it felt like to be “adored,” in the same way she was adored by her grandfather. She is experiencing for the first time in her adult life being loved and cared for by a man who wants to be with her because he likes her. He enjoys cooking for her, takes care of her dogs, helps her around her house, and plans weekend getaways. They have always liked each other and there is clearly a friendship at the foundation of this growing partnership. As the relationship is moving beyond the honeymoon phase, however, Melina is challenged to speak up for herself when she needs something from him that she experiences in herself as a demand, such as asking him to clean up after himself at her house. This time, she is clear that she is entitled to ask for what she wants; her avoidance behavior is informed more by her fear that he will punish her or abandon her for making such demands. Fortunately, he has not responded to her in this way, so we know that her current situation is triggering earlier fears of abandonment. Our EMDR sessions at this juncture in the therapy focused on her fears that were based on the earlier experiences with her previous spouses, as well as her mother. From an EMDR perspective, this developmental plateau is a “safety” issue; that is, she doesn’t feel safe enough to ask for what she wants because it wasn’t safe in the past. The fear is that she will be cut out of the herd—an annihilation anxiety, in the same way she was actually left alone as a child and was afraid she wouldn’t survive. In addition, she had subsequent experiences as an adult being left both emotionally and physically in both of her marriages, as well as the emotional abandonment by both her parents.
At the time of this writing, Melina continues to work on developing her sense of self as a worthwhile person and is continuing to learn how to negotiate her relationships with family, friends, coworkers, and, of course, her current partner. Although the future of this relationship is uncertain, what is clear is that it’s the best relationship she’s ever had, and the best choice for herself she’s ever made. She’s experiencing joy and pleasure in his company, and she likes who she is when she is with him. She is no longer on antidepressants, which she had been taking for almost 20 years, and is experiencing a broader range of affect due to the reprocessing effects of EMDR as well as being off the medication. Although on occasion she will complain that it’s harder now that she experiences her feelings more fully, she is happy to have the capacity to experience her self and her life on its own terms.

Mutual growth in relationship

As for our relationship, we continue to meet on a regular basis, as her continued personal development is an important part of her life. While she continues to struggle to hold onto her sense of self as a person of value, she is functioning as an adult more now than ever. She is more self-aware (versus being aware of others and not herself), and has come to know herself and appreciate who she is as a person, rather than accepting others’ projections of her as her definition of self. As she has differentiated more into who she is now in her life, she has also differentiated from me. She rarely sends me e-mails anymore, and when she does, her request is that I review a particular transaction in advance of our session together. Our schedule has shifted from a once-weekly appointment to sessions every other week, another indication that she has developed more autonomy in the context of our relationship. In our sessions, I am much less active about the focus or direction of our time together, and I encourage her to decide what is most important to her. Our sessions now are more about consolidating the gains she has already made and to facilitate a stronger identification with a self as an integrated whole. For Melina, being a whole person is about holding onto her sense of self as a lovable person in the context of being in relationship without sacrificing herself or her connection to the other person.

As for me, Melina has been a gift, as I have learned so much from working with her. The existential struggle that my relationship with her presented for me was nothing I would have asked for, but am grateful for the opportunity that it has afforded me. I recognized early on that Melina wanted and needed a mother; I also knew that I could be that mother for her. What I learned about was the difference in being a mother to someone versus invoking the “mother function” that is inherent in the nature of our
existence. When I, as her therapist, carried out the function of mothering her into real time, place, and person, it brought forth the possibility of my own limitations and liabilities that come out of my own experiences of mothering. I was acutely aware of the danger of acting out of my own story, my own internalizations, and the potential harm it could do to her. At the same time, however, I was also in a position to share with her the strengths that come out of my own mothering experiences: providing a solid holding environment and validating her right to exist in the world as a lovable person. She also needed a role model that she could identify with so that she could define for herself what it means to be a woman of Greek descent who is also part of a Greek-American family and community. As I reflect on the transparency of my role, it was there from the beginning as a function of the larger social context of being part of the same community. It would have been artificial not to acknowledge it; it made more sense to use it as a resource for the work as the opportunity presented itself. I was also aware that I was responding to her need for me to be a real person. Given her long history of bad choices, betrayals, and losses of attachment, it was important for her to experience my devotion to her as something that was about her, not about me or my function as a therapist.

**Final reflections**

The benefits to me in this process are both measurable and immeasurable. I continue to reflect on my learnings, both about myself as well as the process of psychotherapy and the intersubjectivity of the relationship between therapist and client. Helping Melina define herself as a Greek woman has helped me more fully embrace my own identity as a Greek woman. It has been a rapprochement of sorts for me as a first-born, first-generation Greek who has found other communities to be a part of. In assuming the function of mother to Melina for that time period, it became an opportunity for me to deepen my awareness and my understanding of my own experiences with mothering, and as a result, I was able to transform those experiences for myself and move beyond those internalizations. I now have a deeper appreciation of those experiences, especially what was positive about them, allowing me to take more complete ownership of the archetypical mother in me.

As a psychotherapist, my experience with Melina has challenged my thinking about transference and countertransference as a regressive phenomenon where the client or therapist are feeling and acting out of their own internalizations. Although this phenomenon is clearly an occupational hazard not to be ignored or minimized, I learned to appreciate that what is happening between the therapist and the client is a coemergent process; that is, it is configured organically through the attunement
between both parties (Bauer, 2008). To the extent that the psychotherapist is able to hold in awareness what is happening in the moment determines to what extent the therapist can meet the client in their experience. While we all strive to maintain a professional posture of neutrality as therapists, it seems that even the very notion of that stance is an objective that is questionable, if not unrealistic. Perhaps the best we can strive for is that we, as psychotherapists, bring a level of awareness about our own selves into the therapeutic dance. I learned that the integrity of the work we do is not only about our good intentions and keeping our skills up to date; it’s about our capacity to be present and provide a holding environment where possibilities for healing can emerge. The self of the therapist is a necessary part of that healing equation.

References