Conscious Life presents
RELATIONSHIP SUPER CONFERENCE

Childhood attachment and adult relationships

Guest: Dr. Dan Brown

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Alex Howard - [00:00:09]

Welcome, everyone to this interview where I am super excited to be talking to Dr. Dan Brown.

Dan's work in the area of meditation, attachment, really, one way I look at his work is the potential for human beings to live their best selves has been enormous in over many, many decades.

Just to give people a few highlights of Dan's career, I have edited down his bio, you can read the full one below this video. Dan Brown is director of the Center for Integrative Psychotherapy and has been on the faculty of Harvard Medical School for 40 years.

He's the author of 23 books. And I have to say, these are significant books. I've been diving into *Attachment Disturbances in Adults* over the last few days. It's enormously comprehensive on this issue.

Part of what I think is also fascinating about Dan's work is in addition to having a very deep academic and practical experience in traditional Western psychology, Dan also has for many decades been a teacher practitioner and researcher in the fields of meditation and consciousness. He served as a translator and meditation teacher in the Indo-Tibetan tradition for 48 years.

He's also just wrote *Transformations of Consciousness* with Ken Wilber and Jack Engler and two books on the public dialogs of His Royal Highness, the Dalai Lama.

In this interview, we're going to be exploring the area of attachment in relationships and particularly the impact of unhealthy attachment in childhood and how that can show up in relationships as an adult and some of the practical things we can do about it.

I should say that Dan has Parkinson's and we may have points where it's not so easy to hear what he has to say. And it may be that we repeat a few things. I really want to say this is a really important interview that people, of all the interviews in the conference, this is someone who has been a researcher, practitioner and teacher of this work for many, many years.

So Dan, I'm really grateful to have you here. Thank you very much for joining us.

Dr. Dan Brown

My pleasure.

Alex Howard

So, Dan, I'd love just to start with a broad introduction or frame to when we talk about attachment, what are we talking about? And why is childhood attachment so important in our adult lives?

Dr. Dan Brown - [00:02:51]

Well, the three types of relational problems that we have, the first is attachment problems for attachment disturbances, we call it.

The second is what we call CCRT formulation core conflict relational themes. It's the second map for attachment in relational disturbances.

The first map of attachment is reported about 18 months. So about 18 to 20 months we develop an attachment map that determines whether we will have problems with relationships or not. That map is unconscious. It's provable. It can't be interpreted easily in the memory systems.

There are two memory systems that develop. The first is a behavioral memory system and then the behavioral memory system is enacted. So if you choose your childhood book or you play a certain play sequence as a child, the child will remember by enacting it.

That's the first memory system. It's formed about nine months of age. That's well formulated by the time the attachment maps are developing by 18 months.

So the child will enact the map. Either expressing their behavior. Depends on how healthy their attachment is or how unhealthy the attachment is.

Second map is developed between the 3rd and 4th year of life. That's much more complex development. It has to do with when a child can internalize cultural and family values. And it develops internal belief systems and messages about what's possible and not possible in relationships. We call that the CCRT formulation, core conflict relational themes. Those maps are interpretable. They have a lot to do with trouble within relationships. It has more to do with selection. That we repeatedly select for the wrong relationships. Even though we have the tools for getting a test, we select the wrong relationships.

And the third type of map can be formed both in childhood and adulthood and has to do with trauma and abuse. And that's called trauma bonding map. It's usually in an extreme relationship where there's a power differential in a relationship. Such as a hostage taking situation, such as a history of a family where there's domestic violence. Where there is a cult organization, it's the same thing. The person acts with too much power and sometimes they disempower the other person and we can form an unhealthy map based on that kind of traumatizing relationship.

So those are the three types of relational problems that we have. Attachment problems first. Core conflict relational problems second and trauma bonding maps third. Each one of those requires a different treatment.

Alex Howard

And one of the things that I found really interesting as I was diving into your work is exactly that point you were just making, is that we need to diagnose which map where the issue is being created, because that impacts then the treatment pathways that we're going to use. And that's something I'd love to come back to in a little bit.

But I'd love to as we open up some of this a little bit more. You did a fascinating study in an orphanage, which I, as I was reading about it I was really struck by just how, it sounds like a terrible word to use because nothing was fortunate about what these children or these adults had gone through as children, but there was something quite magical in a sense, if you were going to design a study, you couldn't have designed a more perfectly balanced study in terms of the different groups.

Dr. Dan Brown

It was instrumental.

Alex Howard - [00:06:39]

Yeah, I'd love for you to just to say a bit about, and I should say, for people that have got backgrounds of trauma, some of what we talk about might be a little triggering because there was a lot of abuse that was part of that, but I'd love to hear you talk about, a bit about the study and what you learnt from what you observed from it.

Dr. Dan Brown

Well, it was an orphanage called Madonna Manor, it was in the great New Orleans area in the 1950s. In the 1950s we didn't understand a lot about pedophilia. We didn't understand it very much at all. And the solution of the Catholic Church was to take pedophiles and put them together. In the same church or the same orphanage.

So these were people who had been repeatedly accused of being pedophiles and the brilliance of the church was to put them together. Five priests all went in the same orphanage.

The story is rather sordid. So the kids were physically and sexually abused on a regular basis for up to five years. And there were literally many kids who were abused. We had, so I had a lot of expert witnessing stuff in the courts around child abuse. I've done over 200 cases against the Catholic Church. All those cases in the movie *Spotlight* were cases that I worked on the grand jury's for.

Alex Howard

Wow.

Dr. Dan Brown

And I worked on nailing George Pell, the Archbishop in Australia that worked as a consultant in that committee. And he got life and then they did an appeal and he got off. Go figure.

But I worked at this a long time. The Catholic Church has a bounty of unlimited funds to take me on as an expert. I take a certain perverse pride in pissing off the church that much. But I am fiercely protective of children.

Alex Howard

Yes

Dr. Dan Brown

I will fight it no matter what it takes.

So, in the orphanage study, we started with 24 kids that I had done expert witnessing stuff on as an expert for the defense or mostly for the civil cases, mostly for the cases. And what I do is, what you learn when you go to do something on expert witnessing it's a war. I'm just going to go after you. So I do thorough testing, I do two days of testing. I won't take on a case unless I could do two thorough days of testing.

Alex Howard

I was struck by that. 16 hours of interview per case that you were working with. Yeah, it's something.

Dr. Dan Brown - [00:09:29]

Yeah. And one of the things I give as the adult attachment inventory is the gold standard for measuring attachment. It's to your certification process to become certified in this. I was one of the ones to certify that using a lot of my research.

And what we found was quite amazing. That what's called complex trauma isn't complex trauma. Complex trauma usually means that there's a series of repeated traumatic incidences or abuses to the individual.

What we found was that wasn't true at all. What we found was that almost all of the subjects that we had tested had disorganized attachment. There are four types of attachment. Secure attachment, which is healthy. And then there's three types of insecure attachment, there's dismissing attachment where you deactivate the attachment system.

There's anxious preoccupied attachment where you deactivate the exploratory system and you get clingy in the attachment system.

Then there's disorganized attachment where you deactivate both exploratory system and the attachment system. That's more severe. We found that almost all of the survivors of this severe abuse in the orphanage had disorganized attachment.

And it was later compounded by the sexual and physical abuse, but it wasn't because of it. In other words, we found that disorganized, attachment affects all developmental lines, it affects relational development, it affects self development, it affects emotional development. The big three development lines. So you get developmental risk along all three development lines, and that's all in place before the abuse happens.

Alex Howard

And one of the things that struck me as well with the research was you ended up with a fairly even split between two different sample groups, those that had been in the orphanage since pretty much birth and those that had started off in a fairly, hopefully, loving, stable home but for some reason, perhaps due to the loss of a parent or financial difficulty, those children might have had a more healthy attachment, but then had ended up in that.

Dr. Dan Brown

Yes, that's true. Let's look at the slide on that, if we can.

This was the original orphanage study. What we found was that F means secure attachment, Dx means dismissing attachment, E was anxious preoccupied attachment, CC means disorganize attachment. Those are the four types of attachment. Unresolved trauma and abuse, whether the trauma is resolved or not.

And what we found was that almost all of the variants was accounted for by two things, one was disorganized attachment, that's the CC formulation, the second was unresolved trauma and abuse. The trauma was all the way through. Then that combination caused disorganized attachment.

So it caused us to rethink our treatment of approaches because we normally treat complex trauma with phased anti trauma treatment. Phased anti trauma treatment you provide stabilization skills. And once the person has got a set of tools to work with, they have a set of stabilization skills.

Then you uncover and work through the abuse. Then you work through the split of representations about being abused. Then you get them back on, the third phase is you get back on normal developmental track. You enhance self development, you enhance healthy relational development and you get to have healthy emotional development.

Those are two phases of treatment. The preliminary treatment so working through the newest memories and the representations about trauma and thirdly, getting them back on the right developmental track.

So what we found was that most of that treatment emphasized processing trauma memories. We found that processing trauma memories actually made people worse because they got more disorganized, not less disorganized. And it's not useful to process the trauma unless they have some degree of coherence of mind.

We'll come back a little later.

Alex Howard - [00:13:58]

Yeah, I think that's a really important point, though, that the sequencing of treatment is so important.

Dr. Dan Brown

So you treat disorganized trauma, you make it better so that they have a healthy attachment and then you treat the trauma. That's what we found.

Alex Howard

If we come into a bit more, something you said earlier about these different maps, I think is also an important point as it relates to this. There's a difference between difficulty with relationships and difficulty in relationships.

Dr. Dan Brown

Yes.

Alex Howard

Can you just explain that difference, because I think, again, this links to the different stages of potential attachment issues in childhood and how that then impacts people later in life?

Dr. Dan Brown

Well, if you look at dismissing versus actually preoccupied attachment, people either connect too little, dismissing attachment, or too much, preoccupied attachment. Or they disconnect entirely, which is disorganized attachment.

So that's trouble with relationships. But if they have secure attachment, they can still get trouble with selecting relationships healthily. They might still look for a partner that's abusive. They might still look for a partner who's unavailable in many ways. They might still look for a partner who they have a lot of conflict with, you know, you don't select for a healthy relationship.

So we always work from the bottom up developmentally. If there's a significant attachment problem, you treat attachment. Once they get better, then you treat the core conflictual themes.

And then the final part of treatment is what we call secure intimacy you have to have healthy attachment in a healthy relationship. And then you make a positive map.

Alex Howard

Yes, yes. And I want to come back to that piece in a little bit.

And also, something that struck me as I was reading your work earlier as well was in attachment work a lot of the emphasis is towards the role of the mother and the bond that the child has with the mother. And, you know, a lot of the early research that was done was around when the mother leaves, how does the child respond to that?

But I was struck by a line you wrote around the role of the father and yeah, maybe just say a little bit about what fathers can bring that potentially is different for the child and attachment.

Dr. Dan Brown - [00:16:27]

Yes, there are two aspects of attachment. One is, as Bowlby said in the 1940s, attachment is an interval between two systems. One is the attachment system and the other is the exploratory system. So the nature of the human paradox is the more healthily attached you are, the more you separate, become independent, because healthy attachment, secure attachment leads to healthy exploratory behavior, just how one develops a strong sense of self. So that's the paradox of human attachment.

The more secure you are, the more you become independent, the more you explore.

Now, people who are insecure, there are three types. There are people who are dismissing. They dismiss attachment relations, don't form relationships. And they work very well on their own independently. They have healthy exploratory behavior, but not as part of a relationship. It's separate from the relationship.

The opposite of that is people who are anxious preoccupied. They get too worried about the state of mind of the other. And they're always giving up their own needs to go along with the needs of the other. And they have a weak sense of self, they never developed a sense of self that way, and they have limited exploratory behavior, so they don't really develop that much.

The third is people with disorganized attachment and they deactivate both the attachment system and the exploratory system, both. Usually they're the ones that have trauma abuse in their backgrounds.

So those are the three types of attachment. You're too involved or not at all involved. Over and under the moment, the attachment system and also over the involvement with exploratory system. You need both to have secure attachment. You have to have a healthy attachment and you have to be able to explore and develop a strong sense of self that way.

So that's the first problem. They might not have a positive relational map for secure attachment. So we map it.

And the trouble we have with treatment is that if you look at the history of treatment the therapists put themselves entirely in trying to get healthy attachment figured. What about all the times that they fail at that? Then it leads to therapy ruptures which are hard to repair with attachment patients. So you get into constant binds with the patient about feelings of empathy.

So we did it little differently. We said that rather than the therapist getting into the bind of trying to be a healthy attachment figure. We would have the patient represent an imagery of healthy attachment. It works.

Alex Howard

Well, it's interesting, one of the things that, I'm not going to be able to quote this perfectly, one of the things that really struck me when I was doing my research for this interview was that resolving, you said something like resolving negative states alone is not enough. And a lot of therapeutic work, particularly more traditional therapeutic models, have this very big emphasis on trying to resolve negative states. But that's not enough. And you talk a lot about the importance of cultivating positive

states. Say more about that. Because I think that maybe, perhaps some of the professionals that are listening to this, perhaps are surprised, but I felt it was a really important piece of the jigsaw.

Dr. Dan Brown - [00:20:03]

We call it positive remapping. So what you have to do is you have to remap the healthy attachment system. They have to visualize it over and over and over again until they can form it as part of the structure of their mind. And then they start operating out of that, start referencing that attachment system, a positive system rather than the old dysfunctional system.

And then the feedback is compelling on that, they feel much better. So it works, so they keep doing it more.

Alex Howard

And it also doesn't create a dependency upon a therapist in the same way as well, which I think sometimes can be quite frustrating.

Dr. Dan Brown

So we call it ideal parent figures. So imagine the scene where you grew up in a family different from family origin. With a set of parents ideally suited to you and your nature. Bring to mind the way that they're being with you. They would need to feel absolutely secure in the attachment relationship. We need that open intellect and we have to imagine all the details of that over and over and over again, and then we record the sessions and give them the recording so they can practice at home during the week.

And somewhere between 6 months and 2 years later, they completely remap the positive attachment system. That's the first pillar of treatment, which involves a treatment called three pillars treatment. First pillar is positive remapping of the ideal parent figures.

The second is metacognitive skills. Metacognition is important. It has to do with thinking about thinking or even better awareness about state of mind.

In neuroscience the left dorsolateral prefrontal area is thinking about thinking. The right dorsolateral prefrontal is pure awareness of state of mind. So you can do either with thoughts or you can do it with your awareness.

One way that you have to observe your experience and observing the experience has an organizing effect on that experience.

These are all treatments developed in London's Tavistock, called mentalization based treatment. It's based on developing metacognition. Howard Steele, one of the people who helped us with our orphanage study said that they may never find a patient who scored above 3 on a 9 point scale in terms of reflective capacity or what they call metacognition.

There are two groups of people who are remarkably lacking in metacognition, one group are personality disorder patients and the other are dissociative disorder patients. So they developed a whole treatment called mentalization based treatment to reintroduce metacognition to these patients. And they have the best outcome we have so far in the field by training metacognition.

Only what they train is what we would call childhood types of metacognition. It's a whole post form of metacognition development that starts early adulthood.

There are seven stages to metacognition. Most of it has to do with perspective taking one to another. And I think there's more mature types of metacognition have profound implications for mental health. So we introduce all that to the patients early on.

Alex Howard - [00:23:21]

And what are some of the strategy... Let's complete the three pillars then I'd like to come back to it in a bit more detail.

Dr. Dan Brown

They look beyond the information given. They look deeper into things. They go beyond the relevant perspective where everything is organized in the mind. They take perspective, they can contextualized, they can see where their parents, rather than the same old, same old, saying there's something missing, they can understand why their parents couldn't have done that.

Alex Howard

So there's a cultivating of a level of empathy and I guess almost compassion for other, in a sense?

Dr. Dan Brown

Compassion. Yes.

So those are all important metacognitive skills to take on context of the larger purpose in one's life. That'll move self development forward in significant ways.

So these are some of the metacognitive skills we try to teach.

Alex Howard

Which is interesting. It strikes me Dan that one of the dangers of traditional, some traditional psychotherapeutic approaches, is one gets more deeply fixated on their own perspective and they go deeper and deeper into their own feeling. And actually they're cultivating the opposite of what you were just speaking about.

Dr. Dan Brown

Right. And the more you cultivate a larger perspective, the more interconnected you feel with the larger universe of people. So it gets you out of yourself.

Alex Howard

Yes.

Dr. Dan Brown

So I agree with that strongly.

Alex Howard

Yes, so and then let's just...

Dr. Dan Brown

Put that into treatment.

Alex Howard

Yes.

And just to speak to the third pillar, just so we've got the kind of the bigger map. And I'd like to come into a few more specifics around that.

Dr. Dan Brown - [00:24:58]

The third pillar I learned from Giovanni Liotti who is my friend in Italy, that I spent a lot of time studying with. He died two years ago so I'm trying to honor his work. And he said that the behavioral system is different from, the collaborative behavior system is different from the attachment system.

And for example, a therapist tries to get into the role of being a good attachment figure and they fail at that, which is inevitable, and there's a therapeutic rupture. Liotti would say you can repair that with the attachment system. The more empathic I say about this, I really feel sorry, I had a feeling of a lapse in my empathy. I mean, how would you try to repair that? It gets worse.

But if you shift a different language, you start talking about being a good team and let's try and understand this together as a good team, you put them back online as collaborative behavior, and then they work out of the rupture.

He introduced me to the psychologist Michael Tomasello, who spent years in a primary lab studying collaborative behavior in primates like gorillas, silverback gorillas. Silverback gorillas will collaborate in getting food, but they won't share it. Only humans will share projects together, abstract projects like we get a team together around some Internet project. Only humans can do that.

So, what Michael Tomasello found is that normally secured attached kids have healthy collaborative behavior. They cooperate better in preschool years. They are more sensitive to the needs of other kids because they become part of a team.

But insecure kids, of one sort or another, dismissing kids, anxious preoccupied kids and disorganized kids take the collaboration offline. They learn to stop being collaborative, they have to relearn it again.

So it even comes down to treatment frames like how to get the therapeutic contract to work, like showing up on time, doing the homework. Those become necessary things to address in terms of collaborative behavior, in terms of non-verbal skills, whether dismissing patient, whatever looks you in the eyes, makes eye contact with you. These are things we teach them.

Alex Howard

And what would be some of the strategies or some of the tools to do that?

Dr. Dan Brown

We teach them verbal, non-verbal needs of collaboration. We teach them how to involve themselves in a treatment frame so that they can give voice to their needs.

And then during ruptures we use collaborative behavior, we switch to collaborative language.

So there's a variety of skills you can teach patients to become collaborative. Now, if they cross off these three pillars, they should end up with secure attachment, they should end up with a healthy range of metacognitive skills and they should end up with healthy collaborate behavior so they get along easily with others. They fundamentally change in that sense. So that's what we look for.

Now, the art of this, which is different, is we started by developing a generic treatment, the three pillars treatment. Then we found for each type of secure attachment, there are three types, there's dismissing attachment, anxious preoccupied attachment and disorganized attachment. We had to develop a separate treatment for each of these. It took 20 years to do that. But we did it and we got good outcomes data based on that now. It's the only treatment out there that addresses the difference between dismissing and anxious preoccupied and disorganized attachment.

Alex Howard - [00:28:46]

It strikes me as well that therapeutically there's very clear intention of what you're doing and why you're doing it with the patient at particular points in the treatment path, which I think sometimes, I think what can happen therapeutically is there can be a little bit of people do what, therapists do what is their particular preference. The thing that they find interesting or it's almost like slinging mud at a wall and seeing what sticks. There's something that's very methodical about the map that you're describing, which I find very impressive.

Dr. Dan Brown

I've done this for 50 years. My role in the medical school, it was in continuing education, so I had to read all the outcome studies. So updating the outcome studies. So I know the field well. I know its literature as well.

And because of that, I got more impatient. In other words, each diagnosis there is a map. We know what people need to get when you get them there. I work as hard as I can to get them there the best I can. I don't waste time. Life's too fresh and short at the moment.

Alex Howard

I'd love to, Dan, come a bit to your treatment outcome study, just to talk about some of the results that you found in building the evidence base around this map.

Dr. Dan Brown

Let's have the slide on that, if you could. Go to the next, to use this one. OK.

Well, we had a control group, it was from Los Angeles area. And these are people who George Haas assembled. He's a mindfulness teacher. They all had 12 sessions of mindfulness meditation, which they learned generic metacognitive skills. They learned looking at the state of mind. And they had 12 sessions of psycho education about attachment but not attachment based treatment.

This treatment lasted for 1.5 to 3 years. That's what they got in that time frame. There are 25 subjects we have to say that none of those subjects changed in the control group. We started with 25 subjects. We did it for 1 and a half to 3 years, this treatment and this is what we found.

There's three pillars of treatment. This is the first treatment we gave them the AI at the beginning of treatment, adult attachment interview, which is the gold standard for measuring attachment. We gave it at the end again. All of the subjects in the control group remain an insecure group. None of the subjects in this treatment group remain in the secure group. They all achieve some status of secure attachment. That's a 0.001 statistic.

So we didn't publish this study yet because we're doubling a treatment to upsize. We need to score up the final data. So, that's the first part, that looks at attachment status, so most of the patients got better. I might add that most of them disorganized attachment, which is the hardest type to treat.

This is coherence of mind. Coherence of mind is a general measure of many cognitive skills. I'm sorry, coherence of mind this is a general measure of how organized the mind is.

So we can measure organization on a 1 to 9 scale. 1 means no organization at all, no organization at all, and 9 means completely organized. In order to be in the secure range you have to score a 7 or above on the scale.

So you can see that the treatment group all achieved, most of them achieved securest coheres of mind. None of the control groups did. The control groups didn't get organized in their mind. But the treatment group did. The treatment group did the three pillars treatment.

OK, the next slide. This is the reflective function scale. In the 12 weeks it didn't change at all in this capacity, even though they had 12 weeks of mindfulness. So obviously the metacognitive skills involved much more than just general mindfulness.

It involves the capacity to be aware of your state of mind, be aware of it in a state where you have mastery over it. Be aware of how much disorganization or organization of mind there is in any given moment. Be aware of where you're self-orientated or other orientated at any given moment. These are important metacognitive skills we taught to a whole range of patients.

And you can see that the treatment group got better. Pre-post there is a significant change in the slide. So they didn't get high metacognition skills, but they were about five as a mean, so that's out of 9 points, so they're in the mid range of metacognition on the scale.

What are you going to say?

Alex Howard - [00:34:30]

I was just going to say that one of the things that really strikes me is, something that is a personal interest of mine is sequencing of intervention and personalization of intervention.

And one of the things that really strikes me, just taking the example of a control group doing a mindfulness approach. A lot of people will get into a particular approach, both practitioners and laypeople, and they'll be really interested. They'll find a piece of the jigsaw and they'll invest all of their hope and their efforts and their energy into that.

And then they'll wonder why things haven't changed and haven't improved. And I think research like this where you've got an active control and you're demonstrating that that alone actually isn't creating the change, but adding in the personalized piece that is needed is then making the change. I think it's really important.

Dr. Dan Brown

It's important. Thanks for emphasizing that.

Alex Howard

Say it again.

Dr. Dan Brown

You're good at this.

Alex Howard

I'll say Dan, I do a lot of interviews and there aren't, I enjoyed interviewing lots of people, but there aren't that many interviews that really get me excited in my thinking and my enlighteners. I think this is something that is really important for, I'm thinking about people that are watching this interview who may have done a lot of self development work and they may have done a lot of therapeutic work and feel frustrated and feel stuck because they've put the effort and they've put the energy in, but they haven't got the outcomes thereafter.

And I'd love to hear a bit from you, because I'm sure you've worked with many of those people over the years that come in disillusioned, frustrated, perhaps feeling like nothing's going to help them because they've tried so many things. But actually they haven't applied the map, which helps them figure out what they need. How do you help those people re-engage with the therapeutic journey and and reconnect to what's possible for them?

Dr. Dan Brown - [00:36:32]

Well, when they start doing the idea of having visualizations it works. So they learn very quickly that it's going to work. They stay with it and then they are required to do the homework. Some do it more than others, but they learn after a while the function of how better their getting is a function of how much they're practicing. So it's like any other learning it takes practice. So those who are motivated to learn it the best are the ones that practice on a regular basis, so they get better quicker.

But we found certain people who have a difficult time with this treatment are people who are victims of sadistic abuse. They don't do well with it. They don't do well with anything. Yes, it's the work of the transference. They feel they can't really disclose their practice because, and their experienced, because they're afraid to take on the mind.

And you have to play it off here, no transparency. You can't talk to me because you're afraid I'm going to take over your mind. Let's look at the ways in which you feel that right now and you deal with here, no transference and work with that. So that's one modification that we've worked on significantly.

Alex Howard

It's interesting. I'm mindful of going off on a tangent for my personal interest. I try to remember to make sure I bring the audience with us. But I produced about 4 or 5 years ago a documentary series on, I don't know if you know Andrew Cohen who is a spiritual teacher and had a community but and the whole thing became a cult effectively. We produced a documentary series about that.

And one of the things that struck me in the participants that we filmed with and we got quite into their stories and the impact, is when you've experienced abuse or you've experienced trauma from a spiritual teacher who ultimately for you is your gateway to the divine, also God, it's almost a deeper trauma, a violation than sexual abuse or physical abuse because it interrupts one's pathway to what actually may be their way out. Just because you spoke to that issue. I'm really curious to hear your thoughts on that.

Dr. Dan Brown

I agree with you that their experience is usually worse and they can't trust anybody. So it's hard to repair that. And they may repair it, but we switch to treatment here in our transference, talking moment by moment about how they experience us in the relationship as controlling them or reading your mind or whatever else. They have fantasies about what we're doing. Variations on the theme of being controlled.

And eventually they see that they're not being controlled as the patient inquiry into that changes in the relationship so that they actually have the learned experience and the emotional corrective experience that they're not being controlled. And the therapist is actually working quite carefully for them.

Alex Howard

Yes.

Dr. Dan Brown - [00:39:42]

I had a guy come in who I never saw before and he paced the office, he said, I can't work with you, you're too controlling. I hadn't said anything yet. And he walked out. And then I never saw him again. Then 6 months later, he called me up and he said, I thought about the interview, you actually tried hard to understand me, I think I will settle into treatment now. And he came back, he settled into treatment, he got better working here in our transference.

Alex Howard

That's beautiful.

Dr. Dan Brown

I wouldn't have thought that in a million years. But there was something that happened in the interview that touched him.

Alex Howard

Something, I'm mindful of time, Dan, but something else that comes to my mind, and I'm asking this particularly for practitioners watching this interview, I think it'd be interesting for others as well, that we've talked quite a lot around some of these maps. And obviously, this is a very short introduction to a much, much deeper topic. But working therapeutically as a practitioner, there's always that balance between using maps and figuring out where someone is and where to go. With ones, which I think what you just described as a bit of an example of this, of ones in the moment instinct of what somebody needs.

And I'm interested when in your own clinical life, but also when you've been teaching other practitioners how you help people navigate that balance of, to put it in very simple language, mind and an intellect with heart and instincts therapeutically.

Dr. Dan Brown

Well, I emphasize the treatment I got from literature. I read it all, so I try to keep up with developing the field and I think we owe a duty to our patients to know the literature well and not introduce our personal interest or therapeutic approaches over training, but to know everything thoroughly enough that we can introduce whatever is necessary for that human patient to get better.

So that's what takes 50 years of being in the field to develop that overview. I worked hard at it so it doesn't take long to see what people need.

But then once you see what they need, you also have to individualize it. We start with attachment treatment with a generic attachment. Imagine a scene where these other parents are providing you with a secure attachment relationship. And we go on from there to the five prototypes of secure attachment. Safety and protection. Being so confident and care for the treatment to both behavior and state of mind.

The fourth one is called expressed delight, healthy parents enjoy their kids. They get involved in the not just the job of raising kids, but the joy of raising kids. Most parents are in the side of being involved in the job of raising kids and not joy of raising kids. And I think that enthusiasm and joy is where kids see that all that joy is about themselves and that's why they're healthy, healthy self-esteem.

Healthy self-esteem means that when you conjure up a feeling about yourself, you feel good about yourself. All that positivity comes from the parents expressed delight.

That's the fourth and the fifth is the best, most secure parents bring out the strongest, most of the best self development in a child. They do not threaten by having a strong child.

Those are the five prototypes of secure attachment. Then we introduce all five of them and emphasize which ones are missing in that particular person.

Then we have the research based approach. For example, dismissing attachment, the main problem is the attachment system rejected all of it, when a child reaches out they're rejected by the parents. So any time parent figures who are constantly reaching out and reaching the child. So it's emotionally corrective we felt. So they always repair the attachment system by having parents who like attachment and are comfortable with it. That's a good thing.

Alex Howard - [00:43:58]

Yes. And this is also where...

Dr. Dan Brown

They have this strong sense of self.

Alex Howard

That's also where bad attachments get passed down through families right?

Dr. Dan Brown

And actually preoccupied attachment is where the child is too involved in the state of mind of the mother or the father. They learn to regulate the state of mind of the other at the expense of their own self development and their own anxiety management, to the cost of becoming caretakers in relationships at the expense of themselves. And it is the exploratory system, which is how the child develops a sense of self.

So you have to have ideal parent figures who are comfortable with focusing on a child and talk to the child and when the child focuses on them, then they remind the child to focus back on their own experience. And you do it over and over again they'll eventually repair it. And you have to involve the parents in encouraging exploratory behavior in lots of different ways. And then they develop a positive map for it which doesn't emphasize the problem of getting involved in other people's states of mind.

Alex Howard

Disorganized attachment, the trouble is the source of comfort is the source of fear. So normally children are programed to expect their parents to comfort them when they're upset. But in this case, the parents are abusive, so it's an impossible dilemma for the child. So we introduce ideal parent figures who are the source of comfort for the child and the child eventually slowly develops a general map of positive, map for soothing. They expect their ideal parent figure to soothe them, comfort them and they can take it in.

Dr. Dan Brown

And that repairs the home disorganized attachment system. And then you get them involved in healthy exploratory behavior. With it being encouraged actively by the parents and they get better.

So what we're trying to do is use the research on failed parenting, for either of those attachment types and figure out what the research tells us we need to focus on most.

In the case of dismissing attachment you have to focus on activating the attachment system, they need to provide attachment you have to focus on activating the exploratory system. When it's disorganized attachment you have to activate both the attachment system and the exploratory system. So this is what we found. And we develop methods to do that effectively.

Alex Howard - [00:46:29]

What strikes me is it's a beautiful marriage of a deeply evidence based approach with a very personalized approach based upon where that particular client is.

Dr. Dan Brown

Yeah, let's go over these, we'll take negative and develop as a positive. And in taught attachment inventory you have to describe the relationship with the parents in five adjectives. Most of them are highly negative individualized approach because we take the positive opposites of those negative adjectives. You know what the positives are and they have to visualize it. They had been raised by good parent figures who have all these positive qualities. So it's very tailored specifically to positive remapping in that way.

Alex Howard

Dan, I'm mindful of time. I'm also very keen for people to be able to explore your work further. Obviously your website will be listed with this video.

Any recommendations in terms of books? I think for practitioners, what we've been, this book *Attachment Disturbances in Adults* is a fantastic resource to dive deeper into this.

For laypeople that are watching this that would like to dive further, what would be a recommendation?

Dr. Dan Brown

Well, we try to put everything in that book, I disagreed with the publisher about it. They wanted to cut out all the introductory stuff and I said, no, most practitioners are too busy, they want one source to get everything in one place. And they rung me back and said they were persuaded by your argument, we are going to publish the big book. So they did. And it turned out to be the right thing to do because everything's in their that people need to know.

Alex Howard

Fantastic.

Dan, thank you so much for your time and for sharing. I've greatly enjoyed this interview and I'm excited about people finding out more about you and your work.

Dr. Dan Brown

Good. Thank you for doing it so effectively. You have a good overview of the field and you have good insights about things. So I'm impressed by what you did in the interview. You always do lots of interviews and we've been a good match together.