“Come into my Parlour” said the spider to the fly: *Complex trauma and betrayal*

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**STARTTS Clinical Master Class Evening**

Refugee trauma and dissociation: reintegrating lost parts of the being

Sydney, NSW, 30 May 2016,

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Outline

- Psychobiological impacts of trauma
- Attachment
- Transference & countertransference
- Dance of the triangle
- Steps to stay off the triangle

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What is complex trauma?

- Survival Threat
- Exceeds the individual’s adaptive capacities & resources
- Alters the individual’s development of self-regulation

Courtois & Ford

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Child-Onset Complex Developmental Trauma

• Associated with chronic, pervasive, cumulative trauma or adverse events in childhood, often on a foundation of attachment/relational trauma
  o insecure attachment, especially disorganized

• Severely impacts the developing child’s:
  • neurophysiology
  • psychophysiology
  • bio-psycho-social maturation & development, including attachment capacity/style

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Adolescent / adult onset complex trauma

- Entrapment in abusive relationships (DV/IPV)
- Prolonged captivity with isolation or torture
- Ethnic cleansing annihilation / degradation
- Prolonged war / violence / destruction
- Human trafficking / slavery / prostitution

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Dissociative Disorders

- Associated with disorganized attachment and/or abuse in childhood
- Can develop in the aftermath of trauma that occurs any time in the lifespan
- 5 forms in the *DSM-5*
- Many complex trauma survivors self-regulate with dissociation—not necessarily a dissociative disorder—differential diagnosis needed

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Basic structure of the brain

**Cerebral cortex / frontal lobes:** Thinking, analytical, concepts, reflection *(conscious)*

**Limbic:** non-verbal relational, emotional memory, gut feelings, trauma memory *(unconscious)*

**Brain Stem:** instinctive response, breathing, heart rate, eating, fight, flight, freeze, submit *(automatic - reptilian brain)*
PSYCOBIOLOGICAL EFFECTS OF CHRONIC TRAUMATIZATION AND SEVERE ATTACHMENT DISRUPTIONS

© K. Steele
Chronically Traumatized Individuals

Are too rigid and closed instead of flexible: fixed in particular and narrow ways of being, defense and avoidance; overly closed to learning from the present; respond with conditioned reactions

Are too unstable and open: overly open to the influence of internal experiences and perceptual distortions, sometimes to other people; overly open to the influence of the past

Are reflexive instead of reflective: difficulty being reflective or staying in a reflective mode; are impulsive and reactive

(K.Steele, 2009)
Attachment Organization
(Ainsworth, 1978; Liotti, 1992; Main, 1986, Siegel, 1999)

Child style
- secure
- insecure-avoidant
- insecure-dismissing/resistant/ambivalent
- insecure-disorganized/disoriented/dissociate

Adult style
- autonomous
- dismissive/detached ("teflon")
- preoccupied/anxious ("velcro")
- fearful/anxious unresolved/dissociative

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“Come into my parlour” said the spider to the fly

- unequal power relationship with an authority figure
- conducted in private (secrecy)
- “trust me”
- facilitate stepping closer to that which the client’s defences are designed to avoid

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Post-traumatic transference

Unmet attachment needs, expectation of further betrayal, & re-enactments will arise in the context of therapy & relationship with the therapist.

- Culture, language, gender, ethnicity factors

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Behaviour, symptoms and boundaries

- arriving late
- going over time
- non-attendance
- non-engagement
- excessive calls / email
- flashbacks / panic attacks
- self-harm
- suicidality
- depression
- overt or passive aggression

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Posttraumatic countertransference

- Therapist’s attachment needs, countertransference, vicarious trauma &/or trauma history will rear its head in relationship with the client.
- Culture, language, gender, ethnicity factors
Countertransference responses

- **Type I:** Enmeshment, rescuing, boundary violation behaviour (crossings considered occasionally therapeutic)

- **Type II:** Counter-phobic, avoidant, numbed response and behaviour

Pearlman & Caringi in Courtois & Ford, 2009
Stepping on the triangle

Rescuer

Going over time, excessive out of hours contact

Victim

Accept unreasonable behaviour

Perpetrator

Angry, judgmental, emotional withdrawal

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“A therapeutic misadventure in the transferential relationship can lead to the re-victimization of the client and VT of the therapist.

Our need to constantly monitor our CT responses results in compassion fatigue or empathic strain.”

Farber, 1995
Stepping off the triangle

“Please place the oxygen mask over your face FIRST before assisting other passengers.”
Psychoeducation & stabilization

- normalise symptoms & behaviours
- ego strengthening
- identification & management of triggers
- reframe cognitive distortions
- healthy affect management & containment
- regrounding
- internal & external safety

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Window of tolerance

Hyperarousal Zone

Can’t think clearly, become quick to anger or tears, easily overwhelmed, can’t recall or retain what therapist says

Hypoarousal Zone

Non-responsive, doesn’t give full answers (yes/no), doesn’t recall or retain what therapist says, very difficult to engage

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Stepping off the triangle: Don’t be frightened to try new things

“Anyone who has never made mistakes has never tried anything new!”

Albert Einstein

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Thank you for your commitment to assist and make a difference to those who are suffering…
Recommended reading

- Boon, S., Steele, K., Van der Hart, O. (2011) *Coping With Trauma-Related Dissociation*, Norton
- Fisher, J. *Self-harm and Suicidality* (Unpublished paper)
- Fisher, J. *The of Self-Hatred: Learning to Love Our Loathed Selves* *Psychotherapy Networker, July/August 2012*

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