Chapter 42
The Quicksand of Attachment Wound Targets

We are not born into the whole world. We are born into tiny fiefdoms where the adults either know how to love us and care for us well and consistently, or they do not. When I ask clients "when you were young, who was really and consistently there for you?" and they respond with "no one," they do so within about half of a second. The nervous system has already calculated this math. It's one of the truest things they already know. What does it mean to be born into need, but not to be able to get your needs met? It usually means that you were lonely. The most intractable emotion I see that completely stalls reprocessing of attachment wounds isn't anger, sadness, fear, or grief. It is existential loneliness that occurs in the first few sessions when tackling the initial attachment wound memory directly. When this loneliness defined the center of our client's childhood, every subsequent wound is usually a sideshow to this central wound.

Attachment wounding is about everything. It's about lovability, belonging, family, safety, identity, and worth. It's why our relationships are so complicated now. It's the center of most of our insecurities. It's what gets triggered in our adult lives when things upset us. Attachment wounds are the whales of memory. Clients often do not get pervasively healthier until we are able to rescue the child from that horrible childhood loneliness and the meanings that have become attached to it. Attachment wounds are notoriously difficult initial targets in EMDR therapy, but subsequent attachment targets do get easier to resolve once the initial attachment memories resolve.

What "Stuck" in an Attachment Wound Looks and Feels Like

In this chapter, I want to describe a particular type of "stuck" that I have seen hundreds of times. I'm describing it so that you may be able to quickly identify it when it occurs so that you can strategically intervene to help clients better navigate it. When working on an attachment wound,

clients access the memory and reprocessing begins. Often, they are able to notice distress, and noticing that distress deeply may cause sensations to move, shift, or change in some ways for a while. Clients may describe the sensation that they are noticing as sad or lonely. However, the bodily sensation starts to fill their bodies, push outside their bodies, and fill the room, the town, and all of the universe. Clients report that they notice "nothing." Sending them back to the target returns "nothing." You (the therapist) may feel uneasiness in your nervous system, especially if the feeling the client is experiencing is personally familiar to you. Your attempts to intervene are not productive. You pivot to closure, and the client reports that they are able to do the exercise, but they continue to report that they are noticing "nothing," and the resources don't seem to be very helpful. This session does not feel right to you, but the "nothing" that they report isn't overtly distressing. They return to the next session and report that they had a horrible experience that lasted for multiple days. They may report that they don't think that they can continue to do EMDR therapy. What happened?

In short, the client may have drilled into the same big existential loneliness that defined much of childhood. That huge loneliness became activated and the client did not have enough adaptive information present in other parts of the system to connect to it and metabolize it. The client's nervous system was flooded with loneliness and that flooding also pushed any potential adaptive information farther away, making it less accessible. Much of our needed adaptive information is often, but not always, held in our most adult (neocortex) parts, and these are the parts that tend to go offline when we are flooded with almost any strong adverse emotions that are intense. This is what I mean when I say that attachment wounds are the whales of memory and that clients with complex trauma begin EMDR therapy with a boat of adaptive information the size of a canoe. This is one of the categories of memory that we often cannot resolve by cutting it into really small pieces or moderating how the client is interacting with the memory (as in the case of the Videotape Approach). This type of memory is most easily resolved in EMDR therapy by making the client's boat of adaptive information bigger. One of the best ways to do that is through parts work. A well-developed attachment figure resource is a good way to help the client develop the needed information to eventually process the memory.