CASAT Podcast Network

Welcome to Season five of CASAT Conversations, a holistic look at mental health.

Join us for a series of thought provoking conversations that delve into the vast dimensions of mental well being from the intricate link between physical emotional and spiritual aspects of well being to the latest scientific research practices and therapies.

We navigate the multifaceted landscape of mental health together.

We hope you enjoy today’s conversation today.

We welcome Con Sheehan.

Con is director and therapist at Emotional and Relationship Health Associates.

He specializes in attachment based counseling for couples, families and individuals.

I am really happy to have you here today, Con.

Welcome.

Thanks Heather.

It’s so good to be with you.

Appreciate it.

So as we dive in, please share with us a little bit more about your career and the work that you do.

Sure.

So, you know, we do attachment based uh therapy primarily um a couple other things that um emotional and relationship health associates.

Um I have a couple of colleagues there with me here in Reno and um you know, might be helpful to just sort of talk a little bit about how I got interested in doing that I’m a licensed clinical social worker.

Um And uh you know, the the social work perspective is looking at the person in their environment, looking how um factors around the person affect their functioning.

And so, you know, with that perspective, the attachment um lens at looking at what’s going on with folks and what’s causing distress and what causes wellness um is what, you know, as well.

The attachment lens is one that makes a bunch of sense.

And I got turned on to um the attachment lens.

Actually, I got turned on to it a long, long time ago.

I was kind of living in it and not really knowing about it and doing a little bit of like lay reading and understanding things about it just in my own personal life, right?

And, you know, through my own, the things that people go through, the stuff I went through, through my own therapy, my own work.

Um but didn’t have any real formal understanding of what was happening.

And then um when is, when I started into my clinical career, I was working with folks that were showing up in ways.

Um I was working a lot around domestic violence.

I was doing some perpetrator treatment groups with domestic violence.

And um you know, that, that went on to developing some groups at the detention facility at the Washoe County Gun facility at the jail, essentially.

And uh we went from two to actually, I think 21 groups that we had treatment groups in custody up there.

Um I uh developed those with the help of a couple of other people and, and the aim behind those uh was just to help folks sort of make relationships with uh while you had a captive audience, right?

It was to help them get counseling started and make a relationship with helping professionals on the outside.

So that when they rolled out, there was a much greater likelihood that they would um you know, follow up with any counseling mandates they had and things like that and feel a greater comfort level.

So, um where I was at with that, what, you know, the reason for bringing all that up was that the way folks were showing up, it just wasn’t explainable by the, by the idea that there was just like personality disorder or some other psychopathology.

There were too many people that had functioned in too many ways that were, you know, harmful to other people, harmful to themselves.

It just wasn’t explainable.

Um That way there had to be better explanation.

So I had the, the, the tremendous fortune of going to a training um that featured um doctor Daniel Sonkin, Sonkin.

And um and I, I got to know Daniel well, over the years and, you know, uh think of him as a mentor.

I haven’t, I haven’t talked to him in a little while, but he was really instrumental in helping me look at this more closely and Daniel was taking an attachment perspective um in his writing and research to working with some of these folks.

And so it was so interesting about that.

It just had a lot of explanatory power.

Um you know, in terms of why people would function the way they do again, what wasn’t very well, didn’t have explanatory power.

And, you know, I’m a 6 ft four, £220 guy.

And so the idea that I would start to malfunction just because I was, you know, bigger and stronger and wanted my way, push my way around.

There are people like that out.

I mean, that definitely happened, but it just didn’t explain the, the uh bulk of what was happening.

And so when you start to look at things through the attachment lands and get to know some of the clients a lot better and understand their histories better, you could start hearing the histories and how they fed into this.

And it was just, it was really, really eye opening to start to unders understand people’s functioning from the perspective that they were trying to adapt to feelings of not mattering, uh not feeling accepted of uh feeling, reject.

Um you know, any variety of experiences like that, that the way they were showing up were adaptive strategies, um not conscious, right?

There’s not, they’re not thinking I’m gonna do this or that they were just, you know, probably long standing adaptive strategies to try and assure that uh other people would be close to them.

And I, and I mean, I know that sounds tremendously ironic, you know, when you’re functioning in ways that drive other people off so that are harmful to other people, um but then when you start to understand it through the attachment lens, it makes a lot of sense that the, the pain and distress of that kind of disconnection, the the sort of self concept that stance can lead to frantic efforts to try and get the other to, you know, validate some kind of value that they see in the person.

When they don’t feel that coming back, it will lead to even more frantic efforts that can ultimately be violent.

And again, that doesn’t explain all of domestic violence.

It’s just a way of me sort of talking about how I got interested in the work.

And so when I started going down that, you know, into a deeper dive, um I just, I just found it fascinating and it just resonated and make and made a ton of sense.

So Heather, that’s probably more than you wanted to know.

No, I love it.

It’s interesting to hear, right?

These different life experiences or work experiences, right?

Your own life experience, your experiences within your career and how observing and noticing what’s happening with these humans, including ourselves, then influences, you know, how you support people on their path.

Absolutely.

Yeah.

You know, some of that.

Yeah, thanks.

It’s, um, I’m glad that that part’s interesting and, you know, that, uh, just to sort of put a bow on that part of things that, um, ultimately led with, you know, with a kind of an eye on that stuff to discovering the work of Doctor Sue Johnson.

And so then I bought a couple of Sue’s books which are, you know, around emotionally focused therapy, which I think is sort of the um premier therapeutic model for operational attachment theory and uh you know, putting it into play and I was operating clinically off of what I’d read in the books.

And I didn’t know that there was a international community of people that supported one another in learning how to be better therapist with all this and do this kind of work.

And so through some, through more good, good fortune, you know, and, and uh circumstance, I was introduced to people that introduced me to that community of folks.

I went through a lot more formal training and emotionally focused therapy.

And so all of my professional efforts now are, are really organized around this type of work.

And it’s been so incredibly rewarding the uh impact it’s had for, for couples, for families, uh for individuals.

And it, it gets at, it helps me get at my goal of um wanting the work I do to be um have a broader impact, you know, and um I know, I know that you and I have, uh, you know, spoken casually about the idea of um broader impact what’s going on in the community in terms of mental health and those things.

And I’ve been very involved in wanting to see some of that shift and there’s, you know, as an office based practitioner, you do what you do and you sort of do it one person, one family at a time, but there can be a tremendous uh ripple effect.

And then I think the more we train people to look at things from this perspective and understand um the better chance we have of making uh motivating more, you know, connected communities and connected communities are healthier.

So let’s start with, if you’ll share more about the attachment lens for anyone that isn’t familiar with it.

OK?

You know, 11 of the ways I’ve heard it described quite a while ago that I think is probably a good, a good way to lay it out, maybe the best way to lay it out for folks that aren’t familiar with it.

Um And before I say that it’s often before I go down into that um description, it’s often talked about popularly, right?

Like you have this kind of style or you have that kind of stuff and you took a eight question quiz on Google, how many questions I don’t know what they do.

Um That this isn’t what we’re talking about, right?

We’re talking about things that develop as um that an attachment style is something that develops as as an adaptive strategy to try and feel secure, to try and secure the proximity of the people most important to you, the people that are essential for your survival, right?

So if we look at it that way, then uh you know, we can look at uh take the case of an infant.

So get the picture in your mind’s eye, you know of an infant in rib and a we think of the infant in the crib.

Now, then the infant starts to dry the the om thats a cry.

And so what do you imagine might be going on for the infant?

Let let’s assume too that the cry has to do with um hunger.

So it’s not a wet diaper or something like that.

It’s got to do with hunker.

Um What what, what do you assume that the infant is experiencing and remembering that the infant is reverb rec conceptual?

So the I cant think of it in terms of things like I am lonely or too dark up here, right?

What’s he intend to experiencing some sort of physical sensation that’s queuing the need for survival?

Precisely.

Yeah, exactly.

And, and uh most often, I mean, if you, if you think of it where it’s a a listing a cry, it’s gonna be um it it’s pain, right?

But if you, if you just reduced it down to something it’s, it’s pain.

I mean, under other circumstances, it could, could be fear.

But at the baseline level, something happening, some kinda like Isi Q or stimulus is occurring.

Uh it’s causing this sensation like in like you identified at a bodily level um that will cause pain.

And then from there, there’s the the kind of organization of and the exhibition of some kind of signal to signal the distress, right?

The infants, all the distress and so the distress signal turns in is Bry, right?

So the cry is out there and then secondary to the cry, the hope would be that the cry is effective and eliciting air from a from a caregiver, the hope would be that.

Um And of course, that doesn’t always happen, right?

It, you know, the the cry is misinterpreted, the client cry is neglected.

Um You know, there have even been periods in uh sort of parenting teaching where um you’re crying it out and things like that were were encouraged.

Um or, you know, you have horrible circumstances where there’s been disaster or something like that and the rise, you know, are aren’t taken in by anybody.

Um And that kind of trauma can be intense.

So, but if we take the example of the cry being responded to effectively, then what starts to happen to the infant when the response comes?

So, caregiver comes in secondary to the cry, caregiver responds, caregiver, you know, ideally.

Um and, and usually in indicates to the infant that um there’s something that makes sense about theirry.

There’s something that makes sense about the distress and, and the caregiver provides does some measure that provides soothing or comfort.

Ok.

So we had the, we had this cue, this environmental thing that occurred that was, you know, distressing or difficult.

In this case, it was hunger.

We’ll say the hunger turned into some somatic sensation of something painful, the pain resulted in some, you know, eliciting some kind of signal.

I’m in pain here.

This is hard for me.

Somebody attended me, somebody helped me because I can’t do this on my own.

I need you.

I need you.

I’m in, I’m in distress here that elicited a response, the response will assume was sort of tuned into what was happening and provided soothing and it, and it’s interesting to look at what happens when responses aren’t tuned in and don’t provoke and, and where that sends somebody and then the infant is able to sort of regulate again, right?

You know, drop back down to a baseline state where they can sort of continue on their normal developmental trajectory if it was maybe going back to sleep or you know what whatever was required for, you know, for the infant to move forward.

So the reason this is illustrative of the attachment process, this example is that’s what it’s about.

Like we need each other and humans especially need each other because we have a relatively short gestation period to how complex we are.

And so we’re, we’re born in a fairly dependent state and we need to know that people are gonna respond to us and help us survive.

So, it’s a wired in survival um mechanism, attachment is to know that to know that we have proximity to people that are caring that can help us stay alive.

So, I, I hope heather that illustration.

It’s now there’s a, there’s a lot more to it, of course.

Right.

It’s been studied so much.

Um And there’s so much more to it, but I think that illustrates the fundamental attachment phenomenon and what what happens when like, so you talked about it being an adaptive response, right?

Like we adapt, you might be maladaptive in some cases, right?

Depending on the trauma and what the person is experienced.

And so I’m, I’m curious if you’ll like kind of paint a picture of what that looks like kind of throughout the lifespan, right?

What, how that might show up as a teenager?

How that might show up as an adult?

How does that impact our relationships as we go throughout the lifespan?

Ok.

Sure.

So, you know, I think the best way to talk about this um is to, you know, let’s look at what happens when those distress signals aren’t attended to.

And I wanna be careful here because this doesn’t mean that the one time you, you know, didn’t respond correctly to your child’s cry that they’re scarred for life or something.

Right.

This isn’t about that.

It just has to be pretty good most of the time and pretty good.

The time is, is good enough for healthy development.

But you know, when it is mi missed, when these signals are missed, when somebody doesn’t feel like they can e exhibit the need that they can give, give out or call for the need for, for care, for the need for closeness for the need for comfort, uh reliably, then a couple of things start to happen, the person starts to believe that the way they’re making sense of their discomfort, possibly the the way they’re making sense.

And so in this case, the pain of hunger that the infant was feeling that there’s something not valid about that internal experience, right?

So that, that affects the way we start to feel about the internal emotional experience we’re having and the internal emotional experiences we have are the things that guide us to, you know, have our organism move in ways and, and engage in behaviors that keep us alive and you know, and help ensure our survival.

So once we start to distrust that, you know, that can lead to some difficulties that we can describe.

So, so that happens, right?

I start to become uncertain about like what I’m experiencing inside, you know, maybe I shouldn’t be, maybe this shouldn’t be a painful thing.

Maybe this, you know, there’s something wrong with the fact that I’m feeling this way.

I need to ask, I need to reach out.

I need to say that I’m hurting you to say.

So that’s one thing that happens.

The other thing that happens is we might start to learn that other people, not only just our internal signal, but that other people aren’t available and aren’t responsive.

Don’t count on them.

Don’t count on the people around us.

If I’m in distress, go it along, right?

Do it alone on my own with it.

And, you know, in our culture that, that actually ends up being sort of a uh often like a rewarded thing, right?

I don’t need, I’m, you know, I’m not, I’m not dependent on anyone.

I have it, I have it covered.

I can do it myself.

So those two things start to happen.

So then when you start to roll forward and think about the impact, you know, through important periods, like you’re talking about important developmental periods.

Um If I cant trust whats coming up inside me and, and can’t talk about what’s coming up inside me, something’s gotta happen with that.

I’ve either gotta push down on that, shut that down.

Some of the time we see that a frequently where uh substance using might start right where, because it, because it’s invalid, I can’t, I can’t rely on what I’m feeling and I can’t feel what I’m feeling because if I feel what I’m feeling, I’m just in pain and nobody cares.

So just you feel like shut it down.

Um Or I might need to sort of like hyper activate that.

So, because you’re not hearing it, people aren’t responding to it.

It’s still in me, it still feels painful.

So I need to hyper activate it and that can lead to some uh things that are difficult for other people too, interpret things that can look like.

Um You know, maybe this will be referred to some of the time as anxious or preoccupied attachment and for other people, some of the time and not, not always with anxious attachment, but it can feel um overwhelming other people as the way the way it gets expressed could start to feel like, you know, blame jeez.

I called you earlier, Heather and I can’t believe you weren’t there for me when I reached out to you.

Where are you, what was happening?

Didn’t, you know, you know, I had the big thing happening if you knew that you would have reached out if you cared about, you know, it can, it can look like that it could be off putting to other people so it can start to err social connection.

Um And then if it’s pushed down on, it can be confusing to other people because there’s a sense that something is going on, you know, we pick up on what’s happening with other.

Um but it can’t be read and it might look aloof.

Right.

So, I mean, that doesn’t speak specifically to what happens, uh, during like the teen years versus the young adult years versus later years.

Um, and I, and I, I mean, it’s an interesting conversation and I think it might be beyond the scope of what we’re doing to look at, like how it might affect certain developmental milestones, you know, and hadn’t considered it that way.

But when you start to think in broader terms about the fact that, you know, somebody can’t trust their own internal experience, there’s something about something about what I feel and how I make sense of my world inside that.

Um It’s not OK, it’s not understandable to other people.

I got, I have to figure out something to do with this.

Something about me that’s wrong, that’s flawed, that’s not acceptable.

And so I either have to hyper activate the message.

See me, hear me, understand me.

I’m in and I’m in distress over here.

I need to push down on it, ignore it and get away from and get pissy on things that, you know, where I know I can be effective.

And if it’s more complex than the way you and I are describing it.

But uh clinically, I think a useful kind of paradigm for things when, when working from an attachment perspective is to think about hyper activated and deactivated the hyper activating and deactivating strategies.

Um No.

Well, and so a lot of the work that I do is in um regulating the nervous system.

And so, right, like in the language that I use, right, you have the hyper arousal, uh which is that hyper activated state more so uh versus the hypo arousal, which might look like disassociation um shut off.

Um And when you think about that biological stress response and going back to an infant, you can see where that trigger the cue that you talked about.

Um, we have this innate behavior that we go to or res and then response based on our environment.

Right.

Right.

And the same thing happens from the stress response, right?

And that’s how we’re wired to be alive and stay alive.

Absolutely.

Absolutely.

And so in that vein, I’d like to ask you why, why are social connections important for human beings?

Just a small question.

Yeah.

Yeah, that’s, we should get that out of the way in a minute or two, right.

You know, it’s been talked about so much.

Um, lately, one of the things I have the privilege of doing is um serving on the advisory committee for a resilient Nevada Ac RN.

And um that committee is dealing with um, the opioid epidemic and, and also the, some of the issues around the opioid lawsuit settlement funds and how those get get used and apportioned.

And um it’s a committee of really, really talented caring people that, uh, that are coming from all different perspectives.

And, um, you know, in that work, one of the, one of the things that I’ve been so interested in is, is I think that social supports, I mean, so many different things to look at, right?

When you look at substance abuse and what else?

There’s, you know, street level, there’s emergent intervention, there’s prevention, there’s the setting up of facilities and clinics and things like that.

There’s educational efforts and it just goes on and on and on.

Um But one of the things I’ve been so interested is, you know, what is it about social support that matters so much and, and what is it that gets in the way of, of finding social connections?

So if we keep our attachment lens on which we, which we’ll do, um you know, if my fundamental sense of belonging is a altered if my, if my working model.

But, but the idea that like I belong that, that if I get to, if someone introduces the two of us, that that’ll probably go OK.

And you know, and you, and if I’m, if we have some things in common, we’ll probably be able to talk about it if I have faith in that idea.

Um It’s gonna be a lot easier for me to create the kind of connections that I can rely on uh for support when things are difficult.

You know, you talked a moment ago about feeling about regulation, about nervous system regulation.

There are ways to get at that with the individual, there are very effective ways to get at it with um uh the individual in their, in their interpersonal environment with other people.

We we help regulate one another, like the mom regulated the infant, right?

That’s how we learn this regulation.

So the importance of social connection is um it’s the regulation, it’s the social modeling of behavior.

Um you know, it’s stress buffering, right?

The presence of support of others helps us with stress.

It’s um meaning and purpose that come through, through social connection, thats such an important thing right now because statistics, Ive looked at say that um theres less involvement with institutional um with institutions that were formerly sources of meaning and purpose for people, clubs, musicians, churches, folks are doing less of this sometimes uh cities or places we live aren’t structured to support this kind of like community engagement, community interface.

Um That’s something I don’t know a lot about, but I find incredibly interesting.

Um I’ve worked with clients who’ve talked about coming from places where the structure of the uh place they’re from before they lived in Reno uh had that built into it.

It had, it had built into these places.

And this isn’t just like the strip area where people go to bar.

It could be that right?

It could be where you go to restaurants and bars, but they were more like kind of central gathering spaces that had, you know, varieties of activities, you were likely to see people of different ages, uh, coming together.

Mixing, I’ve, I’ve thought it would be fantastic if we had something like, you know, retired seniors, uh, who wanted to, um, maybe had just a little bit of, kind of like layperson training were able to go to a place where they were available.

Uh, maybe the younger people who are in distress, you know, with the right, the right catches place if uh things were more acute or re required another level of care.

But in just in just kind of like a mentoring and connecting capacity, you know, someone to talk to that way where maybe hopping into formal counseling would be, you know, uh prohibitive or difficult to get going or you couldn’t get, you know, the right kind of consent to do it or something like that, you know, so sorry, I was just gonna say, you know, when I was teaching gerontology classes at UN R um I did, I partnered with the OSHA Life Long Learning Institute and we did intergenerational discussions.

So the students, we would go four times over the course of the semester and um the students had to write reflection journals on it.

And basically the whole thing uh culminated in a memoir and I did this over several different semesters and the part that I loved every, every semester, right?

This, that there’s this common theme of like anxiety and anticipation of being judged on the way in, right?

So coming back to what you were saying, like fundamentally as human beings, we want to belong, we want to matter.

And there was this underlying fear and anxiety that this older person is gonna judge me.

There’s an underlying fear of anxiety that this younger person is gonna judge me.

Then these two human beings come together in conversation and almost every reflection was always like we have so much in common.

I can’t believe how much we have in common.

It was so beautiful to witness time and time again.

It’s beautiful to hear about it.

And I can, I can imagine it.

It’s just really cool to know that it was happening, you know, and, and what a cool and you said it’s the Osher Institute, the Osher Lifelong Learning Institute, there’s 100 and 17 across the United States and um Bernard Osher gifted uh the Bernard Oscher Foundation gifted uh funding to universities to create these basically centers, organizations to provide lifelong learning for elders.

Um are a space for lifelong learning for elders and talk about something to learn, right?

I mean, what more important that you, that you have utility that, you know, you have things in common with people that are what 1/5 or sixth your age maybe.

And some people would stay in contact like I still have students that I’m sure are actually still in contact like with their elders um that, that they connected with.

It was so beautiful.

Yeah.

But it really highlights what you’re saying.

Right.

Like this need to belong and, um, this need, this innate need to matter and to be seen and to be heard and to be valued and every human being has it.

Absolutely.

I, yep.

I’m not alone out there or I’m not alone out there.

I matter.

Yeah.

You’re, you’re saying it beautifully, you know, and then we start to see what happens for people when um and I see them all the time clinically when they don’t have that experience of mattering and not just in their couple relationship or their family relationship, although it’s usually there as well because those are protective against a larger sense of not mattering.

Um And this is one of the reasons I’m, you know, uh so into doing emotionally focused family therapy.

So, you know, with emotionally focused therapy, there are um it, it’s effective for individuals, couples and families.

It’s primarily known as a couples modality.

It’s starting to shift.

But I, I just think the uh when you can begin to resource families with, with the kind of with the kind of experiences that allow the caregivers.

So, you know, parent kin stepparent, whoever it might be to feel accessible to the care seeking people in the family, step kids, first, family kids, whoever that might be.

Um I just think that’s so preventive, you know, I think of my own experiences and things that you know, might have been a little bit different if, when things were difficult or a struggle, if it felt like an organic thing to reach out to somebody close to me like that and talk about those things, you know, it would have been, it would have been different with some of the clients I’ve worked with.

It would have as well when those things aren’t in place though.

And I’m seeing, uh, you know, people clinically, I think at the heart of a lot of the dis distress people are experiencing, uh is this idea that I’m really not that important to anybody.

And so I’m co and from an attachment perspective, how am I gonna cope with?

I’m not that important to people.

Well, I’m either as we talked about a little bit ago, I’m gonna hyper activate that need to feel like I matter and I’m gonna be just completely preoccupied with the idea of being not cared for, not accepted, not love.

I mean, just really, really, you know, just, just anxious and preoccupied with that sense and I just had some graphic examples of that, uh you know, in the office or I’m just gonna push down on that.

It’s, you know, I’m not mattering, I’m kind of alone but, you know, it’s probably a sign of strength that I just get busy with things and I just kind of get on with it.

I, I don’t, those needs are overrated.

I should be able to tolerate loneliness.

I should get through it.

And that way we can get into, you know, certain stereotypes that, well, they’re stereotypes for a reason in some cases around that.

Um, but I, but I think culturally the latter is rewarded and so you have a lot of people that are, you know, affected in this way that aren’t finding connection.

And I think that creates vulnerabilities to some, um, you know, some anti, some of the antisocial behavior that we see, that’s uh it’s on the rise, I’m not a sociologist but, you know, I try to stay abreast of things and, and read and you see things uh the antisocial behavior and then probably the most graphic would be mass shootings and things like that.

They don’t, there’s, I don’t know the singular cause of those things, but I do know that people can become more potentially dangerous when they feel very disaffected, unaccepted and aren’t coping well with that.

So I think, you know, in, we’re speaking in real broad terms about the idea of a social connection, you know, but from an attachment stance, um its an imperative to know that we can find this kind of acceptance.

And I think when the work gets going, the clinical work gets going, um we have to create experiences for the people we’re working with that they can take whatever longings, whatever distress, whatever pain they have, we can be with them as they organize that as they realize, like we talked about earlier, how that gets in them thematically, how they start to make sense of themselves and the other people in their world.

What John Balbi, the father of attachment theory called internal working models, you know, of, of self other and system, we can make sense, they can start to make sense of that.

They can, they can start to talk about those things and have experiences set up that impact those the rigidity in those models of self other insistent uh in ways that they can become more flexible.

And, and so I think that’s kind of a, a hallmark of mental health.

And you know, mental wellness is, is the ability to be more flexible and open in the face in confronting things that are unfamiliar, right?

Things that feel unfamiliar, foreign and being able to tolerate, looking at those things, talking about those things and um not having those things illicit reactions in us that are avoiding or that shut us down.

And I hope that it does, it makes me think about like self awareness and that you have to learn how to, if you shut all these things down.

For example, you have to learn how to trust the physical sensations, you have to learn how to identify the emotions and trust them, which requires you trusting yourself.

And then from there, maybe you can go out and you know, take this to this other human being and based on their life experiences.

It, you know, may be met with care and compassion or it’s met with some other attachment, peace that’s maybe not as adaptive.

I don’t know.

Yeah, you know, when you say that when you start to describe that, that the sequence of events, um yeah, I’m reminded of course of doing work with, with couples with individuals as well, but with couples in the office and you’re really describing one of the major goals of the couple therapy work that somebody can take what they, what theyre feeling inside, bear longings hurts.

Um The therapist can help them start to organize those, start to sort of talk about, they can, they can stay present with those.

The therapist creates a sense of safety for them, do that um helps them organize it.

What, you know, what did they, what did they encounter?

What sort of triggered it?

What was the cue that got it going?

How did it get inside them?

What was their initial and why I say inside them?

They’re in a somatic sense of it.

What was their initial exception around it?

How further did they make sense of it?

What did they start to say to themselves about what that meant about uh them, their partner, right?

To give that a voice and when they feel that way and they’re in that voice and especially in context of somebody really important to them person in therapy with it, be in couples therapy with, what do they start to do?

Like what’s their tendency when that comes up?

So, right.

So their tendency might be to get angry, their tendency might be to shut down and go away.

And you’re helping people see that talk about these tendencies and then structuring inter interaction.

So that partners are responding in ways that are soothing and that, see that first partner that you’ve done that work with where they are, right?

And that, and that led them to know that that makes sense.

And they see that they can still be with them, they can still have proximity even though that thing is difficult.

And that, and then the soothing comes in that way if I can turn to my partner and say, oh my gosh.

I know, I, I apologize.

I’m so sorry.

I, you know, I got so frustrated and so angry when I heard you tell me, I think of a quick hypothetical when I, you know, heard you don’t forget your thing, you know, don’t forget to drop, go to the store and grab the thing.

And I told you three times and I was planning to do it.

And when I hear the fourth time I start to feel, uh, picked on and mothered or whatever, right?

And that mothering thing thing going inside me where I’m like, holy cow.

Like, do you not trust me to do stuff?

This is just, ah, you know, I can’t tolerate this and I just start thinking like, you know what, as long as you’ve known me and as well as you know, me, you should, you should trust me more.

You should know that I’m competent.

I’m gonna make a list and go to the store what’s going on here.

And then I lost my temper and I, and I get mad and, you know, and therapist is helping me see that, you know, I love you.

And this happens when I start to feel untrusted by you.

When I start to feel like you don’t have faith in my good judgment and my organization don’t see me as competent.

It hits at the core and it hits at the core of some things that I felt for a long, long time, you know, that I experienced in my family of origin criticisms around my competence and, and then I, and then therapists help me see that I, you know, this happens and I get angry, sorry about that.

And I don’t wanna be that way.

And then therapist helps a partner organize a response to that.

I see that I know we kind of get caught in that thing because partners response might have been something like jeez, you don’t have to yell about it.

I’m just trying to be helpful.

Right.

Right.

Well, and you know, I’m really aware of in this example, right?

The therapist is creating a container of psychological safety which at its core for humans to have these connections where you feel like you can open up, you have to have a psychological safety.

And if you have these differing attachment styles that innately don’t feel safe anyways, I would imagine it’s really hard to open up and be vulnerable.

And I, more than imagine I have seen that in myself.

Yeah.

Oh, just you.

Yeah, just me.

Just you, common, common human experience and you’re right on, you’re right on about the, that is like job one is we’re, we’re trying to create a sense of safety for people in mostly focused therapy.

Nothing can proceed without the idea that the therapist is gonna, um, help create a sense of safety that we’re feeling under understood here, that we’re feeling honored here that we’re feeling like our intent and potential is good as good people is known by the therapist.

But the, the therapist is with us in that way that the therapist is sort of a surrogate attachment figure that there’s somebody safer, stronger, wiser, not from.

I give, you know, and I give advice standpoint.

And I know a lot of steps.

I don’t know about the relationship in front of me.

They, they’re the experts in the relationship in front of me.

I know stuff about relationships and I know stuff about how to treat them.

But I, they’re the expert in their relationship.

I’m, I’m the one that’s the expert in the therapy I do.

And so theres the creation of safety and then there’s AAA real dedication to working with things in present time.

So it’s not advice.

It’s not about, you know, the, the, I mean, it’s a bit about history, right?

But it’s not dropping down into history all the time.

It’s working in present time and it’s like, what, what’s it like for you right now to, you know, be talking about this when this happens for you?

Like something happened, you said, and then I watched you, you know, partner, you kind kind of leaned away and furrowed your brow a little bit when you heard her say that what was happening for you right there when you said it, right?

We’re working in present time and then what we’re doing is we’re, we’re, we’re deepening into and we’re helping assemble, like we talked about a moment ago that there’s a, there’s a cue, there’s an initial perception of what’s going on.

There.

There is a um somatic organization of that.

It’s getting in the body, right?

And it’s, it’s organizing internally, then there’s meaning making that occurs secondary to that.

So the process of a effect assembly, um Magda Arnold described in the early sixties if I recall.

So it’s been around for a while.

Um There is that uh meaning making and then there’s a tendency to act in a certain way.

So we’re helping people see that entire chain, we’re helping assemble that with them and we have different, you know, interventions and things that we um use in order to do that.

But we’ve got safety, we present process, we assemble, affect deepen into things and then we’re structuring interactions between partners to, to give the experience that we talked about earlier of, of regulating together.

So we have the partner turn and talk about when I felt you.

I’m, I’m kind of switching my examples up.

Sorry about that away from the furrow brow one.

But we’re going back to the example of when I, you know, when I heard you talk about the, the uh you know, grocery list or stopping by the store another time that and I, and I got angry.

We go, we go through that description I gave a little bit ago and then we asked the partners what it’s like to turn and hear one another in that place.

We might turn to the partner who heard it and we might say to the partner hearing it, what’s it like to hear him talk about that right now that, you know, he wants to feel trusted by you.

You’re the most important person to him.

And this kind of ST stirs up some pain around feeling not trustworthy and that the reaction gets strong from that place because you mattered him.

What’s that like for you guys?

And so then we process what it was like to talk about.

All very present, all very experiential.

And then we move into sort of like summarizing or, you know, sort of bringing together what just happened in that talking about and helping the couple see the importance of that.

So that when they’re outside the therapeutic setting, we’ve given them something they can hold on to and have discussions around that.

Uh this way, very, very similar process with an individual and an imagined other, an individual and a spiritual figure, an individual and the therapist, we set up that same sort of enact process, an individual and a partner who’s not there.

Uh And a very small process with, in family where we’re setting it up between family members.

Um you know, between parent a little different with family because we’re, you know, the, the levels of responsiveness, we’re not setting up enactments where the child of course, is responding in a way that they’re demonstrating responsibility for how the parent that at that time, it’s a little different that way.

But it, it’s essentially the same kind of mechanical process moving through the therapy and it’s such a powerful thing to see.

So if we take that and then move forward to the idea of like social connection, um There’s, there’s a sense of competence around the idea that I can feel things I can be in touch with what’s going on inside for me and I can talk with other people about that and if something goes awry, I can find repair, so it’s not that scary to talk with other people because if it goes off track a little bit, it’s repairable.

Right.

And so that makes that and then we get all benefits.

Yeah, that was a lot.

Sorry.

That was, that was great.

Um, you know, why, why do you think people are so scared to talk to other people?

I mean, I can imagine based on what we’ve discussed, but I’d love to hear your thoughts on that.

Why are we afraid to engage with the other, the other humans?

If I keep the attachment lens, which I do, I’ve had experience, one has had experience, I have two had experiences around it where it doesn’t work well and if it goes wrong its gonna go horribly wrong, right?

Like am I talking with you even?

No, I’m not afraid I look forward to talking with you.

There’s a, there’s a little under current of anxiety.

You know what if I say something that, you know, colleagues or other people would judge is not smart or something?

What would that mean?

Right.

Then I’m seen as not smart.

Well, that’s a, that’s an old, you know, what the hell were you thinking?

That’s good.

Right.

That, that goes back years and years.

And I’m gonna feel the shame and isolation, an aim of having said something that people found reject in me.

And then if historically that’s been catastrophic and it’s meant that there’s no opportunity to bounce back from that or I can’t say, oh my gosh.

I, you know, I’m sorry, and find some grace in that.

Um It’s gonna be difficult to take that risk again.

So we’ll have to have experiences where it feels safe to take a risk.

I also think currently that, um you know, uh uh phenomena like the, well, like the pandemic and like the ways that we communicate with each other.

So, you know, you and I are speaking now and we spoke in person a couple of times.

Um But we’ve also spoken via email and on cell phone or, you know, the text messaging a lot, right?

So if this is my first time seeing you and I’d never had the, you know, the benefit of being in your physical presence and not knowing.

I think the conversation would feel different to me.

I, I’m imagining and I think for a lot of people it’s, and a daunting, they’re sort of out of practice with it again.

We don’t have the social structures for it.

So, you know, I guess what I’m saying is there, there, there have either been experiences in the past that have made it uh treacherous to make ourselves vulnerable and open with other people that, that could go really, really wrong or um, we’re at a practice with her or we don’t have proximity to other people.

So I’m suspecting that thats a, a part of it, you know, what, what are your thoughts similar?

Um You know, I’m struck by some of the things that we’ve talked about, right, that it requires trust at, at its core of safety, right?

That I feel safe, um, that it requires a level of trust rapport.

Um, and then there’s a piece of the technology that like sticks out in my mind as, you know, I’ve worked with, um, college students over the last several years and watching, you know, the impact of, um, this is my bias and perception, the impact of, you know, smartphones and being hyper connected on technology and that I used to sit on, um, a committee that looked at mental well being and, you know, there is a decline from year to year, uh, reported decline and I’ve often wondered if in our hyper connected world, um, if that it’s actually harming us in some way because we do need to know how to sit down and have a conversation and to be able to repair that conversation.

Um, if something has gone awry.

Um, and to feel safe doing so, and I don’t know that we teach or have those skills and I think that technology is influencing it in some way.

So that’s like another factor level, uh, that I think of when we talk about the scariness.

Yeah.

Yeah.

I think you’re right on.

I was listening to, um, you know, our surgeon general Dr Vivek Murthy talk about that same thing on an interview he was on and, um, I’m just such a big fan of some of what he’s what he’s doing, you know, um because he has his focus on, it’s, there’s so much focus on loneliness, connectedness, the things you and I are talking about today.

Um And he’s, you know, advisories have gone out that way and I just think it’s such a great way to use, use his office.

But, um, a similar discussion.

Yeah.

And for anyone that’s listening that’s interested, he has a book called Together that is wonderfully written on the physical and mental health impacts of loneliness and isolation.

Um And he, when he started his tenure the first time as a surgeon general, um he went around thinking that he would be focusing on diabetes or obesity.

Um and did focus groups across the country and what he realized pre panem, this is, you know, that’s an important piece is that we are living in an epidemic of loneliness and isolation pre panem.

And then his book was actually published I believe March of 2020.

Um which is just fascinating to me and then you add the pandemic as far as loneliness and isolation goes.

And you were talking about the ripple effect at the ripple um effects at the beginning.

And I worry that we’re gonna see the ripple effects of being disconnected.

If that was a person’s experience during the pandemic, some people might have felt more connected.

Um But I, I worry that we’re gonna continue to see those ripple effects too.

It is a worry.

It is a worry.

Yeah.

Yeah.

And we’re seeing it, it’s interesting to some of the stats coming out and I, you know, I just barely glanced at them.

I look forward to getting to know them better but they had to do with, um, the, the number of people like the, the frequency with which they’re reaching out for a date with somebody else that do it d behavior, um you know, things related to that.

Um And then while that was going down, that moving downward, um the rates of depression, the rates of re reported, you know, and depression is largely a subjective phenomenon, right?

That there, there are symptoms that are experienced that someone has to describe, you don’t necessarily see them externally.

Um And uh you know, rates of depression going up young people reporting when you look at the uh Youth Risk Behavioral Survey, uh the current one versus the prior one, um some pretty alarming increases in the in people in young people, you know, reporting a sense of hopelessness and these are in use, right?

So, so these things are happening and I think those of us in the field that are doing this work, we, you, you know, a big thing is we’ve got to be thinking and attachment lends itself to this.

That’s what turns me on about it.

In part is we have to be thinking about the work we do as mental health professionals in a broader sense.

And it’s not just seeing things in the office where there’s some kind of pathology and I actually don’t even believe I see pathologies in the office.

It’s pretty darn rare that, that something that someone is showing up with something that’s like an organic pathology.

Um And so I, and I tend to take a non pathologize view of what’s happening for people anyway.

Um But, you know, it’s um uh I think a lot of it related to, to this, to this sense of mattering like we had talked about before.

It’s such an important thing.

So mental health professionals, I believe we have to be tuned in to these, to these larger issues and considering people in their environment and how that’s affecting them, that larger subtext, all the communication things we talked about with internet communication, things were exposed to media were exposed to.

It was interesting, I was on um uh just, I guess it’s sort of like my n equals one test of this data, but I was on, on Facebook and I was about to like something that somebody posted and there were other people on the post.

You are influential in my life.

Theyre important people to me.

And I had this, I had this like internal debate.

It didn’t go on for a long time.

But I, I wondered what the perception of my like and I’m just talking about like the thumbs up part right now, I wasn’t gonna write anything but I went, I went, I went through this uh process of wondering how my like would be perceived and that’s not coming from someplace where I generally am concerned about gosh, Heather, that was awesome, no matter who’s around.

Right.

Like I it be freed up flexible with uh responding positively to other things other people have done.

Um But it’s a, it’s a different kind of way of interacting.

And in that context, I became very, you know, I became like, acutely aware of how my life would be perceived.

And so imagine he with maybe less to lose than a 14 year old high school student in their friend group if I’m feeling it, imagine like there, you know, there’s a lot wrapped up in that, that’s a conversation for another day, for sure.

So con you know, we’ve covered a lot of ground today.

And as you know, our topic for this season is a holistic look at mental health.

And this is our, you know, our wrap up our final episode and saved this one intentionally uh because social connection um is such a major factor for mental health.

And so I would love for you to just um close us up with your, your final thoughts on what you want our listeners to know or understand or maybe take away from today.

OK, Heather.

Well, you know, and first it’s, it’s been really great to be with you and I’m honored to be part of the discussion that you’re having on a holistic look at mental health.

The big takeaway is that the pop notions of attachment, um and it, you know, your, your attachment type uh to, to be careful when you’re looking at that, there’s nothing predetermined about the way these are flexible, internal working models that you can find help with if you’re struggling and you don’t feel flexible and you feel things are kind of rigid and fixed and you’re having a difficult time with um making the kind of connection you want, you feel isolated or some of these so to the consumers and probably, you know, to the providers as well to um understand attachment theory and its implications for people being well and not well and how you would sort of define mental health or mental wellness from an attachment perspective.

Earlier, I I talked about it um that um wellness would be the flexibility to navigate foreign different things.

Um And be able to look at those things with a sense of, you know, explore them with an openness, um have a flexible engagement with things and with self.

So, you know, open flexible engagement, we sometimes think of that as a mindful perspective or a meta cognitive perspective, attachment and mindfulness go hand in hand just brilliantly.

Um And I think, I think that would be the big takeaway.

And then from that sense of flexibility, the um when we can approach things that way, the things that face us in, I feel a lot more manageable, the the the task, the difficulties, the political noise that’s out there, whatever else might be going on.

If we’re hitting that from a flexible standpoint, with a sense of openness, we can navigate, navigate that in a way that um we feel effective.

And when we feel effective, we kind of register that as competence, competence enhances self esteem and self concept.

And um from a place of enhanced self esteem and enhanced self concept, you know, I think our decision making is positively impacted from that standpoint.

So how we determine what we’re going to do next, the goals we’ve set are enhanced when we’re in, when we have that kind of flexibility.

And I, and I think one of the things we’re sadly suffering from, um and I guess this in, in wrapping wrapping is uh for me, um part of the big issue on the social front is uh things are so talked about handled uh put out in a non flexible way in such a way where there’s camps and tribes around things that it’s daunting.

It’s scary to sort of know where you belong and know there’s gonna be out there to feel safe and people are losing the ability to approach things in a flexible way.

And the difficulty with that is that it’s the connection with others and that feeling known that feeling felt that being understood that allows us to dot that flexible stance.

So it’s sort of a catch 22 thing that has to break.

Well, it can break its a hopeful message to it can break.

I so appreciate you joining us today and sharing your path, all, all the knowledge and expertise that you’ve developed and yeah, look forward to more conversations.

I, I look forward to that as well.

And there’s an organization in town that, that’s a learning organization.

Um the Reno T Community for emotionally focused Therapy at R cf.org.

And that’s a place that colleagues can go and actually laypeople can go there too.

There’s some resources um And that organization exists specifically to enhance the quality of and access to um attachment based emotionally focused therapies in our area.

Follow up resource.

Yeah.

So we can include that and then any national resources that you have to.

We’ll post that on your episode page.

Excellent.

OK.

All right.

Thank you.

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