




Layers and the role of attachment in mental and social-emotional processing II: Recovery from painful experiences

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partly inspired by material of E. James (Jim) Wilder and Karl D. Lehman

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Introduction

This article is a sequel to [Part I](#),¹ where I noted that our mental and social-emotional processing of experiences is characterized by a hierarchy of layers, and how the development of these processing abilities is strongly relationally determined.

I also paid attention to the significance of the stepwise, alternating development of the right and left hemispheres of the brain for this developmental process. And to the crucial role of synchronization and interpersonal attunement in this.

In this part I will illustrate the consequences this has for our growth into a full and adult being, and for recovery from painful experiences that could otherwise seriously hinder such growth. A good understanding of the hierarchical layering in our mental and social-emotional processing of experiences can be of great help when we want to stimulate this recovery and growth.

A metaphor

When building a house we usually do not start with a roof to end with foundations. No, we begin by driving the big poles of the foundation into the ground, then comes a coherent foundation layer that rests on that and unites the poles into one foundation, and on top of that the upholding or main walls are build. Lastly, the roof comes on top of those. Each phase in such a construction project has its own specific goals and points of attention. Every layer builds on the previous one and is determined by it. As an example: the quality of the foundation determines to a large extent how big the largest building is that can be build on it, and similarly the walls determine what kind of roof construction can be carried on top of them.

The development of human abilities in the area of mental and social-emotional processing of experiences and emotions follows a similar pattern. There too, every phase follows the previous one and has its own specific goals and attention points. The extent to which skills in a certain phase are developed, determines the developmental possibilities in the next phase. And the extent to which one layer can deal with an emotion determines what a subsequent layer can or cannot do with it.

In repairing a damaged house, one should check whether only the roof, the roof and the walls, or also the foundations are affected. In the last case, it has little use to build new walls on the inferior foundations or repair the existing walls – they will soon start to show cracks again or even collapse.


This, too, is applicable in working on social-emotional and mental recovery in people. We can only continue building effectively at a certain layer, when we know that the layers below that one are well formed. This may look trivial, but ignorance of this fact has caused many well meaning counselors to ‘sin’ against it: they work on a layer, without having checked whether the layer below is well in place – with the consequence that the same recovery or healing work has to be repeated over and again and in the long term little progress is achieved.

the loss of the ability to regulate the intensity of feelings is the most far-reaching effect of early trauma and neglect

Bessel van der Kolk

quoted in: Allan N. Schore, [‘The Effects of Early Relational Trauma on Right Brain Development, Affect Regulation, and Infant Mental Health’](#), Infant Mental Health Journal, 22, 2001, p.201-269.

¹ Part I: www.12accede.org/layers_and_attachment.pdf 

This document: www.12accede.org/layers_and_attachment_2.pdf 

See [Part I](#) for the references to the seminal works by E. James Wilder, Karl Lehman, Allan N. Schore a.o. who inspired me in writing this series of articles.

Mental and social-emotional processing of painful experiences – the ideal situation

We all encounter painful experiences in one way or another. The system consisting of our brain and our spirit tries to process them. That process follows the layers as presented in [Part I](#): it begins with an unconscious, sub-cortical process at layer I, it then moves on to layer II and finally it reaches layer III. At every layer it usually progresses from the interpersonal to the intra-personal. If we possess sufficient skills and abilities at each layer to deal with the experience, and if there is sufficient community with others to support us in that process, we will – in and through the experience:

- be able to stay connected/attached with God and others and feel secure (layer I.a),
- be able, from that secure attachment, to face the experience (i.e. stay connected emotionally to what or who causes or contains the experience without dissociating ourselves from it; layer I.b),
- based on the previous steps, stay connected and actively synchronized with God and others such that we have a good basis for the other aspects of processing (layer II.a),
- thereby know who we are and deal with the situation in such a way that it fits who we are (i.e. signifying internal synchrony) with dignity, and that satisfies us most in the long term (layer II.b),
- be able to put all what happens and what we experience in a larger context and perspective that gives more meaning to it, without reaching wrong conclusions about ourselves and others (layer III); this, in turn, will have a favorable effect on the process at the previous layers.

When we come through the painful experience in this way, it can still be painful, but we are not traumatized by it.² It does not hinder our healthy functioning, on the contrary; our healthy, mature functioning will be strengthened by the experience. Our insight and emotional capacity will both be enlarged, and our skills at every layer will have been trained further. It's just like with training in the sports area, by stretching our boundaries just a little, we train our muscles and our endurance and perseverance, such that next time, we will be able to handle just a bit more. As we see, it is a matter of our skill and capacity versus the emotional intensity of the experience.

So it is no surprise that when, on the other hand, we are traumatized by a painful experience, that is because:

... the emotional intensity of life exceeds our capacity to maintain synchronization [*I call this also: internal connection, AHR*] between the four levels of our control center [*the first two layers as discussed here, AHR*]. Thriving means building a strong control center through joyful attachment bonds that bring peace and return us to joy when we become upset.³

The meaning of pain and suffering

As Evangelical Christians we easily connect suffering and pain with the brokenness and death that reign in this world because of sin. Thereby we unconsciously confirm what our fear tells us, namely that we have to avoid suffering and pain as much as we can. And that is exactly what worsens the situation considerably.

In the Bible I see a different image. What I see there, is that pain and suffering can purify someone like precious metal is purified by fire and comes out of it more pure and precious. I see that there is the suffering of love – for example: God Who suffers about how often we turn our backs on Him. His omnipotence and wholeness (un-brokenness) do not prevent that He would suffer. On the contrary, in His immeasurable love and power He chooses to go through the suffering Himself in a frail human body and in that way be with us and stand besides us in the suffering.

Pain and suffering in the Bible are not meant to separate us from each other and from God. On the contrary, precisely *in* pain and suffering true connection – the other who stands besides you in it and who is glad to be with you – can become a deep and strengthening experience. Sometimes this is noticeable in people who suffered a lot and yet stayed connected. They have a warmth about them that gives them also something of invulnerability.

Learning to suffer well is an important skill says Jim Wilder, and I agree completely.

² Thomas Gerlach notices in this context (ICBC Conference, Sioux City, Iowa, 2000), that Jesus went through the most gruesome suffering on the cross at Calvary where He took on the penalty on the sins of us all, but he was not traumatized by it. After His resurrection He did not need psychotherapy or pastoral care to find recovery or healing in order to be able to function normally again. This is all the more remarkable in the light of the fact that even His most dear friends and even His heavenly Father left Him to Himself at that terrible moment. It signifies how – humanly speaking – all layers that we speak about here had reached full development in Jesus.

³ Quote from: 'The LIFE Model of Redemption and Maturity' at [the Life Model website](#).

Traumatization and disconnection; what can hinder processing

Just like with sports, in the above we see a (possibly growing) limit of capacity. If we exceed that limit by too much, we cannot cope with it, resulting in injuries that need attention and time to recover and heal. If our capacity or skills at one of the levels comes short as compared to the pain of the experience, we will not be able to process the experience and the pain it causes at that level. An imminent consequence will be, that from then on every comparable experience can trigger this pain again to surface. This pain will then feel like actual pain, suffered at that very moment. Often, this disturbs relationships and so it hinders our connectedness and attachment to others, thus damaging or restraining our further growth, because, after all, we exactly need good attachment to God and others for that growth.


Because of this, there is such an enormous link between traumatization and disconnection. People who grew up in their first years – or sometimes already before that⁴ – with little secure attachment (and so acquired a pattern of insecure attachment), will have a smaller capacity and less developed skills to deal with painful experiences. As a consequence, they get traumatized more easily. By this traumatization, their ability to attach to or truly connect with God and others will diminish further, which will seriously hamper their further growth and recovery. This is why a small cause can have such devastating effects in the long term.

This we will see on each of the three layers:

- At **layer I** we experience basic security and joy or a deficit in these, by our past experiences with attachment connections with people who were there for us. If this attachment was there and we became securely attached (experienced sufficient basic security) and build up a strong joy center in our brain, that will equip us optimally for the processing of painful experiences. When these connections failed and – as a result – we developed insecure attachment styles, this basic security and joy will fail to give us sufficient basis for processing at this layer and in the subsequent steps. On the contrary, the pain of an experience will probably add to our feelings of unsafety.⁵ Additionally, it will become difficult to function as one (whole) person. The way this works depends to some extent on the type of insecure attachment.
 - With **avoidant attachment** our experience of pain and other feelings may be somewhat diminished (as the vegetative branch of our parasympathetic nervous system is activated and our affect – feelings – are somewhat numbed). As a result, our brain will not receive some signals from our body or from our environment, or not very well. This will considerably hamper living from connection and processing painful experiences.
 - With **anxious-ambivalent attachment** quite the opposite will happen: all emotions will be experienced more intensely (because the vegetative branch our parasympathetic nervous system works less hard). We will not be able to sufficiently balance sad, anxious or angry feelings by basic joy and peace. This, too, makes processing of painful experiences a lot more troublesome. And it draws heavily on our environment, because often we will need others to help us back to peace and quiet.
 - **Disoriented** or **disorganized/chaotic attachment** is the worst starting position for the processing of painful experiences. Here, both parasympathetic and sympathetic nervous systems work unpredictable and absolutely not in a way that is conducive to a quiet processing of what we experience. In this situation it will be really difficult to process even a bit of the pain here and at the higher layers.⁶

Like I noticed in Part I, the emptiness that we experience will drive in particular these three groups to intense experiences or other things or behaviors that will numb the pain. A characteristic of intense experiences is that the intensity diminishes with repetition. That's why this often leads to taking more and more – and to addiction: think of alcohol, narcotics, workaholism, fast cars, violent computer games, etc. The rise of the interest in these things among young people shows that the skills to deal with difficult emotions at layer I has seriously diminished in the last decades. This must be seen in the light of ever increasing individualization intellectualization of society and the increased distance that has arisen from parents (particularly mothers) towards their (young) children.

⁴ See e.g.: Terence Dowling, 'Talks in St. Mary's Cathedral' , Newcastle upon Tyne, 1986.

And: David Hartman & Diane Zimberoff, [Memory Access to our Earliest Influences](#) , *Journal of Heart-Centered Therapies*, 2002, Vol. 5, No. 2, pp. 3-63.

⁵ Jim Wilder speaks in this situation also of a *painful existence*; elsewhere people speak about *the missing floor in one's existence* or about *missing a sense of being*. Each of these expressions indicates how existential this is and how essential for all other life functions, including abilities to process pain.

⁶ Respected expert in this area Karl Lehman saw no possibilities for processing of painful experiences at all here! From my -limited- experience I am inclined to say: humanly speaking this is very difficult, but, fortunately, with God a lot is possible – even what seems humanly speaking (almost) impossible!

- Deficits in the interpersonal side of layer I will also have a strong influence on our capacity on the intra-personal side of layer I. With insecure attachment at layer I.a we will have a lot of trouble at layer I.b not to avoid the pain – by dissociation or other mechanisms. And if we avoid the pain here, no processing at higher layers can take place, of course. Avoidance of pain and switching off at layer I.b can take place at every stage in the processing – immediately at the beginning, or later, when at any moment the pain becomes too large for our capacity at layer I.
- At **layer II** we see something similar: a side of connection and the personal capacity that follows from that. Here the processes are conscious (cortical), in contrast to layer I (sub-cortical). Here is at stake to what extent we have learned to stay consciously in contact with others amidst the pain, and face the pain and deal with it in a way that fits who we are. So, this is about skills – especially the skill and emotional capacity to endure pain, knowing you will come through and find joy and peace again. Next to that, we must possess the will to go through it, and we need sufficient practical connection with God and others to process the experience. When our capacity is actually still a bit small for it, but there are others who stand besides us and we do want to come through, it may well be that we succeed to yet come through the pain after all. Lastly, also time is a factor: if we do not have or take the time and opportunity to do the processing work, we do not get through either.
- At **layer III** our worldview and image of ourselves in relation with others plays a large role.⁷ Things in our images (or schemata) that do not fit the reality of Christ (for example lies like “I am not loved” or “I will never manage”), will hinder our processing. Some attention is paid to this in mainstream psychotherapeutic and pastoral literature, albeit from a limited viewpoint where truth is seen far too little from a *relational* angle.⁸

Conscious processing at layers II and III will have a positive effect on our internal connectedness (our brains conclude: this kind of experiences may be painful but I come through and they fit into a larger context), which may have often a positive effect on processing at the other layers. It is essential in that case that we involve God and others in our analysis of the situations. If we don't do this, we may easily get stuck at this layer in our old woundedness and the worldviews and views on who we are that fit this woundedness.⁹

These deficiencies of traumatization and disconnection are not isolated. Compare how experts in criminology recognize a thief or murderer by his typical ways of operating, as visible in the traces that he leaves behind (his *profile*), we clearly recognize here the work of the satan, the opponent of God. God is a God of connection and wholeness.¹⁰ His antagonist above all wants to destroy that connection and wholeness, knowing he has little time and limited power in this world. Emotional woundedness of people can be a gate through which he can sell his evil lies. Especially people with an avoidant or disoriented attachment style are vulnerable in this area. If they engage in some form of occultism or when they allow anxious thinking to flourish, they easily become isolated, which increases their vulnerability to fear and *schemas* full of lies. This poisons their ability to process painful experiences at all layers. In such situations recovery will have to be coupled to liberation and thorough education about God's truth: Jesus Christ. Thereby I already touch upon the subject of the next section: what is needed for recovery from traumas that people got because the pain of an experience was too large for their capacity.

⁷ Because of this, Téo van der Weele often says that we need a ‘theology of suffering’ if we want to deal well with traumatic experiences and support others in that process. See also [Part IV](#) of this series on the topic of *life stories*.

⁸ The most clear exponent of this is probably the series of books by William Backus: *Telling the truth... (to troubled people, etc.)*; see also the cognitive-behaviorist colored approach by Jef DeVriese a.o. Biblically seen, truth is always personal: Jesus is The Truth. When Eve replaced God's truth by the lie of the antagonist, she thereby distanced herself from God.

⁹ *Transactional Analysis* and *Schematherapy* focus specifically on the correction of these images, that they call *life scripts* or *schemas* (or *schemata*). See e.g.:

Claude M. Steiner, *Scripts People Live – Transactional Analysis of Life Scripts*, Grove Press, New York, 1974 / Bantam Books, London / New York / Toronto, 1975. The metaphor from this: [A Warm Fuzzy Tale](#), is available on the web).

Claude M. Steiner, [Emotional Literacy – Intelligence with a Heart](#), webdocument, 2002 (extensive revision and update of: Claude Steiner & Paul Perry, *Achieving Emotional Literacy: A Personal Program to Increase your Emotional Intelligence*, Avon Books, 1979).

See also [My Psycho-Pastoral Kitchen](#) under *Transactional Analysis* and *Schematherapy* and [note 1](#) in my Dutch article ‘[Lastige emoties, sociaal-psychologische 'spelletjes' en de drama driehoek van Karpman](#)’ (Difficult emotions, social-psychological ‘games’ and the *drame triangle* of Karpman) for more references.

¹⁰ See a.o. my article: [What is our Ultimate Life Goal – on the role of intimate connectedness with God as our ultimate goal and life fulfilment as well as the ultimate source for healthy living](#), here at www.12accede.org, and the references in it.

What is needed for recovery from traumas

If we as yet want to process old traumas, or help others in that, it is important, to get a good insight in the various layers and the deficits that are there at each layer, as well as a good insight in how we really can be helped through the pain and be healed.

Knowing: God is there and He is glad with us

To start with the latter: the Biblical image of God Who is glad with us and Who came to us in Christ, is central for me in this. In the Bible we see many people who went through intense suffering in certain periods of their lives – think for example of patriarch Joseph, or of Moses, who knew he was called to lead the people of Israel from slavery in Egypt, but had to walk 40 years seemingly useless behind the sheep of his father-in-law. And of course Jesus, Who took the largest suffering of all times freely onto Himself on Calvary. In each of these situations suffering was a period in which God allowed nasty things (I do not say that God brought the suffering on their path!) and prepared them thereby for what was to come. Essential in the ability to process the pain of that suffering were two things: the sight on what would come behind that suffering, and the joy of connection. In suffering it makes such a difference whether we have the feeling that we are alone in it, or that we feel connected with God and others who love us and who are glad to stand besides us.

Before we can know truth at a transforming level of deep change, we must experience it in the context of relationship

Sandra Wilson

Into Abba's Arms, Tyndale, USA, 1998, p.27.

Therefore, layer II.a plays a pivotal role in recovery. It is here that we consciously choose for connection, and take responsibility for recovery from disconnection (from our old, insecure attachment patterns). Layer II.a also is in the center of the model as described in [Part I](#) of this article. This level influences what happens at layer I as well as layer III. Here we can face it ourselves, when we lack the necessary capacity at layer I, and seek healing with God and safe and loving others, allowing ourselves the time for such a healing process. Here we also can open ourselves for correction in our worldview and views on ourselves and others at layer III, and consciously take time for reflective prayer with the aid of God's Word. I find it appealing how David deals with this, as it appears from Psalm 27:4 (boldface mine):

One thing have I asked of the LORD, that will I seek after; that I may dwell in the house of the LORD all the days of my life, **to behold the beauty of the LORD, and to inquire in His temple.**

He sees, that he needs the deep fellowship with God at two levels. Firstly, he needs to “gaze at” or “behold the beauty of the LORD” – this nourishes his layer I, like it is nourished by a good and well synchronized mother (compare Is.66:10-14, in which it is indicated how God wants to nourish us both directly and indirectly via our brothers and sisters, and wants to satisfy us deeply with His motherly love). And, secondly, he wants to “inquire in His temple” – this expresses the reflective prayer, where we allow God to correct us in our thinking about all kind of issues, through the Bible (layer III). I see this also clearly in Psalm 43, where the writer prays that God comes to him with His truth and light, because he sees that he needs that for the right perspective on the things that bother him.¹¹ In that Psalm the layering (layers I – III) is well recognizable. Also, it appears clearly that the writer knows that with God he can find the joy and peace that his heart so desperately longs for, amidst injustice and suffering.

John Piper stresses in his books and sermons that we are created to enjoy God. That is what I mean by the joy of connection, and what Jim Wilder means when he talks about being glad to be together.¹² This joy, to know that God and others are glad with us, which implies that we are existentially and relationally valuable, can become a flooring in our every day living and suffering for a lifetime.

Reading the Bible, we see that in the first place God **is there**. To Israel in Egypt He makes Himself known as “I AM” – The One Who is Present.¹³ We, too, may learn that our *being there* is more important than our *actions*. That is also true for what we can mean to each other and how we can support each other in processing tasks. What someone needs who has pain to process – regardless whether it is pain from the past or pain from the present – is in the first place (at layer I) that there is someone who is glad to be with him or her. In case we didn't receive this as a child from our parents, it is hard to imagine for our unconscious mind at layer I that God will yet be there for us. It is very good in this case when there are others who make God's love palpable by *just being there*. In that way, our sense of basic safety/security and our

¹¹ See also '[I Will Go to God, My Exceeding Joy](#)', a sermon by John Piper about this Psalm.

¹² The expression that Jim Wilder often uses is “being glad to be together” or “the joy to be together”; Karl Lehman talks more formally about “relational connection joy”. See also my article '[Abundance of Life and Joy – on the way out from the valley of pain and depression](#),' here at www.12accede.org.

¹³ For a deeper study of the relevance of God's *being present* as revealed also in His holy Name **YHWH**, see: André H. Roosma, *The holy Name of the God Who was there, Who is there and Who will be there*, **Accede!** webdocument, July 2009 (www.12accede.org/Gods_holy_Name.pdf); also available in Dutch).

sense of being can grow such that it becomes a foundation on which we can stand when we experience suffering.

Building connection / attachment and skills on every layer

In recovery trajectory it is important that on each layer a number of ingredients and conditions for recovery are present. A good counselor can provide a good contribution to this.

Those ingredients and conditions are:

- There is sufficient time, will and emotional space available for the processing task.
If, for example, someone's home situation does not allow this (e.g. by kids or others needing a lot of care constantly), a first action is to look whether change is possible in this situation and how (e.g. involve others in the needed care, ...) and/or whether and how the person can be temporarily removed from this situation. If there are no such possibilities for change, then it may be advisable to postpone a recovery process for the time being; in that case the only alternative may be to work on dealing with his/her limitations in the present, as well as possible.
- There is a will to learn to allow God and others in the pain; some people only reach this stage after painful confrontation with the destruction their problems bring to their lives and to their social structures. A good counselor can lower this threshold considerably by offering basic safety/security and empathy.
- There is sufficient connection (fellowship) and community with God and others to support the person and to return to joy together regularly; this is an issue that is often underestimated: a good and wholesome community can soothe and stimulate the whole process enormously.
- The safety and space that is offered through the points above, forms a foundation to build the necessary skills at each layer; in this process of learning new skills examples of others (role models) and a careful support can fulfill a large and important role; it's just like learning how to bike (which we do a lot here in the Netherlands!): messing around on your own isn't half as effective as learning with adequate support.

From this foundation I will now visit each layer and discuss some points that deserve attention. The processing at the various layers is a kind of spiral process, where each bit of recovery at one layer will give openings for recovery and new skill learning at the layer above it, thereby enabling the process there to continue. That, in turn, may create extra space or attention for a next piece at the lower layer.

In the brain the hippocampus plays a big role in this with regard to the communication and cooperation between the layers. Remarkably, the scientist Ellert Nijenhuis has observed that the hippocampus is on average about 25% smaller in people suffering from a Dissociative Identity Disorder.¹⁴ This seems to indicate that such a person has had fewer experiences with good examples of re-synchronization that would have let the neuronal network in the hippocampus grow in stead of decrease.

Layer I.

In practice I am alert regarding problems at layer I when I see one or more of the following symptoms:

- The person complains that he/she feels nowhere really at home in this world, leads a painful existence (terminology Jim Wilder), and/or feels lonely often, even despite company.
- The person has difficulty functioning as one integral (whole) person; there are large inconsistencies in behavior.
- The person does things, or omits things, outside his/her own will.

Adequate counseling recognizes the deficits at each layer and addresses those

In this article it becomes clear, I hope, that someone who has little skill to deal well with pain at layer I, has little benefit from help existing of rational arguments to live differently (a layer II/III task). Every time he or she experiences pain, the inability to deal with it at layer I will prevent all processing at layers II and III. Such a person needs someone who will synchronize with the painful feelings called forward by the experience and in that way let him (or her) experience that such feelings can be allowed – without being overwhelmed (like a little child has the idea that feelings may overwhelm him or her). In this way helped by the safe synchronization to return to the joy and quiet of being together, the person gains a new (corrective) experience that will considerably enhance and strengthen his or her skill at layer I.

On the other hand, someone who thinks from certain lie-based schemes at layer III will benefit much less from such a synchronization than from a thorough explanation about a good worldview, the dynamics of social behavior and what Jesus tells us about that.

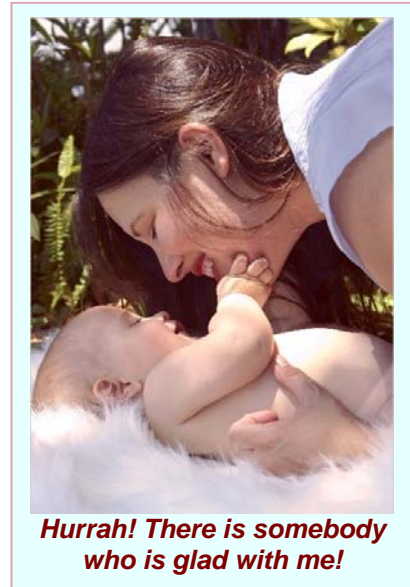
¹⁴ Ellert Nijenhuis, '[Verborgen trauma's](#)' ('Hidden trauma's'; in Dutch), 5th Pieter Boeke lecture, University Groningen.

- When asked further about emotions¹⁵, it often appears that some emotions are seldomly consciously experienced, and/or some emotions – in particular anxiety or a sense of powerlessness – are over-excessively present.
- The person is perceived by others as somewhat ‘cold’ in attitude towards them or towards him/herself, despite the conscious will to love and be more empathic.
- Sometimes there is one or other form of dissociation.
- Sometimes the person may self injure, have suicidal ideas or may be involved in high-risk behavior.

Some non-cognitive diagnostic aids, like Mooli Lahad’s *Six Part Story Making (6-PSM)*¹⁶ can help, in combination with the guidance by the Spirit of God, to get clarity about possibly present layer I issues.

In the ideal case, in laying a good foundation at layer I in the first years of life, the mother plays the major role. I learned a lot about recovery at this level by looking a lot at the loving contact of mothers with her babies and young children, in combination with what God says about it in His Word. What strikes me then, is that some aspects make a huge difference in the basic safety/security, joy and lust for life as experienced by the child:

- the measure of inner peace and quietness (*shalom*) and the playfulness that the mother radiates;
- the measure in which the mother lives from inner riches – that she knows implicitly how much she has to offer the developing child;¹⁷
- the joy that the mother radiates – the measure in which she is glad with her child (see also the photo on the right that shows synchronization and relational connection joy from up close);
- the measure in which the mother is not occupied by her own needs and wants, but can give herself and devote her attention freely to her child.



It attracted my attention that just those babies and young children fare well emotionally who have a mother who scores high on these points. This is often accompanied by a lot of joyful eye contact between mother and child, alternated with rest, and that these mothers sing and dance more than average with and for their children. (By the way: Bowlby noted already that just those mothers were best able to do so, who were supported in this by their husband. So, if *directly* maybe a little less prominently, the father of the child does play an important role *indirectly*!)

Where there is insufficient basic safety/ security at layer I because a mother has not been able to offer it, or the person has not been able to receive it as a child – for whatever reason –, this means there is a

¹⁵ In this I often use a model in which all emotions have been classified in seven categories where for each category a list of *feeling words* are given. See my document: [Hoe benoem ik mijn gevoelens?](#) (How do I name my feelings? in Dutch; in English an abbreviated version is included in: ‘[Attachment: Key to Healthy Living through Adequate Affect Regulation](#)’, here at www.12accede.org).

¹⁶ See the [Accede! Informatie-sheet over Mooli Lahad's Verhaal-in-zes-stukjes -methode \(Six Part Story Making: 6-PSM\)](#) (Accede! Information sheet about Mooli Lahad’s Six Part Story Making; in Dutch). For a more extensive discussion of Mooli Lahad’s 6-PSM, see: Kim Dent-Brown ‘[Six Part Story Method \(6PSM\) – as an aid in the assessment of personality disorder](#)’, *Dramatherapy*, Vol.21, No.2, pp.10-14.

¹⁷ In this context I think of that enormously rich passage from Isaiah 66:
“Rejoice with Jerusalem, and be glad for her, all you who love her; rejoice with her in joy, all you who mourn over her; **that you may suck and be satisfied with her consoling breasts; that you may drink deeply with delight from the abundance of her glory.**” For thus says the LORD: “Behold, I will extend prosperity [or: peace] to her like a river, and the wealth of the nations like an overflowing stream; and you shall suck, you shall be carried upon her hip, and dandled upon her knees. **As one whom his mother comforts, so I will comfort you;** you shall be comforted in Jerusalem. You shall see, and your heart shall rejoice; your bones shall flourish like the grass; and it shall be known that the hand of the LORD is with his servants, and his indignation is against his enemies. . . .”
Isaiah 66:10-14 (RSV; boldface mine)

What strikes me is the swollen, extraordinarily rich language that is used: “**her consoling breasts**”, “**drink deeply with delight**”, “**from the abundance of her glory**”, “**peace ... like a river**”, “**wealth of the nations like an overflowing stream**”. A mother suckling/nourishing her child, gives him/her from the abundance of her glory!

When in Psalm 131 David tries to describe the glorious peace that he experiences with God, he also draws back from the metaphor of the peace, quiet, riches and healthy authenticity that a child can experience after being nourished at the breast of the mother. I believe that this link is not here by coincidence, but that God wanted to give us as children a small foretaste or step-up to long for His peace and to long to really taste it!

deficit at layer I.¹⁸ I observe that God often fills that kind of deficits in some way via other people, similar to the way it would ideally have been provided via the mother: along the points above. Here, the counselor as a *person* can play a large role, more than through his or her pastoral- or psychological-technical knowledge and skills. Help at layer I involves mainly the non-cognitive plane. Knowledge is less important there than one's own inner *shalom*, space and patience for the other person. That does not mean, that as counselors or therapists we cannot or should not train ourselves in this; it does mean that above all training, we will have to go through our own less nice experiences and emotions and learn to receive from God His *shalom*. Jesus is pre-eminently THE SOURCE of a good secure base (*shalom*), like I clearly noted in the previous section.

An important aspect of the primary caregivers' interaction with the developing infant is to respond sensitively to the infant by gauging their emotion accurately. This is necessary in order for the caregiver to regulate the affect, arousal, and behaviour of the young infant, to help the infant deal with frustration, and to direct and focus the infant's attention. Young infants have not developed the capacity to regulate their own level of arousal and impulses, are unable to obtain their own gratification, and require help in learning to plan their actions.

Danya Glaser,

'Child Abuse and Neglect and the Brain – A Review',
J. Child Psychol. & Psychiat. 41-1, 2000, p.97-116.

In this process, *synchronization*, as briefly discussed in [Part I](#) of this article, plays a major role. Other scientists also mention 'primary level acute empathy', a 'dyadic affective-state relationship' or simply communication between right brain hemisphere and right brain hemisphere.¹⁹ What it is all about, is that the person feels understood as a human being at that deep, subconscious level of layer I; that he or she experiences deep inside: I am being listened to, the other really understands me as a person, and the other stands besides me in what I experience and has the space or room for that (is not threatened or overwhelmed by it). From the latter, our brain deducts at layer I that the feelings apparently are not life threatening then. This takes the anxiety out of the situation, which has a great healing effect, such that we can return again more easily to our secure base.

Concerning synchronization Marianne Riksen-Walraven²⁰ says (boldface emphasis mine):

"The new neurobiological findings make it clear why exactly that **contingency**, that **attunement** in early social interactions has such a large and long-lasting effect on the social-emotional development

¹⁸ Onno van der Hart, a very much respected Dutch psychiatrist and expert in this area, says:

"Infant D[isorganized/Disoriented]-attachment behavior seems to be a response to high levels of disrupted [maternal] affective communication (e.g., Ogawa et al., 1997; Lyons-Ruth et al., 2006), i.e., the [mother's] inability to be a reliable source of comfort for fearful arousal from any source (Lyons-Ruth et al., 1999).

In this disrupted maternal communication, withdrawal or "psychological unavailability" has a major impact in the infant's D-attachment behaviour." (Source: Onno van der Hart (Utrecht University), '[Structural Dissociation of the Personality: The Key to Understanding Chronic Traumatization and Its Treatment](#)', Plenary Presentation at the *ESTD First Bi-Annual Conference*, Amsterdam, April 19, 2008; sheet 51-52).

¹⁹ See a.o.:

Pamela J. Deiter, Sarah S. Nicholls & Laurie Anne Pearlman, '[Self-Injury and Self Capacities: Assisting an Individual in Crisis](#)', *Jl. of Clinical Psychology*, Vol.56, Nr.9, 2000, p.1173-91.

Judy McLaughlin-Ryan, '[The Use of the Dyadic Affective-State Relationship \(ASR\) in the Treatment of the Post-Traumatic Stress Disordered Adult Molested as a Child](#)', *Trauma Response*, The American Academy of Experts in Traumatic Stress.

Karen Finch, '[How Does Psychotherapy Work? New Understandings from Neuroscience](#)', California Association of Marriage and Family Therapists, East Bay Chapter.

Gerard V. Egan, 'The component parts of primary-level accurate empathy', in: *Exercises in helping skills: A training manual to accompany The skilled helper*, Brooks/Cole, Belmont, California, USA, 1975; pp.23-57;

Richard G. Erskine, '[Beyond Empathy: A Therapy of Contact-in-Relationship](#)', an article at the website of Erskine, after the book by himself and Janet P. Moursund and Rebecca L. Trautmann, under the same title.

A quote from this:

"Inquiry grows out of a constant attention to contact. Its goal is contact-enhancement; all of the therapist's questions are designed to help the client establish and maintain contact of some sort. The focus at one point may be on his internal contact ("What are you experiencing?") or at another on his external contact ("Tell me what you are noticing and attending to right now"); often we deal with the contact between therapist and client ("What's it like for you to hear me say that?"). Contact leads to health and growth, and lack of contact to fragmentation and constriction and shutting down. To the degree that our inquiry promotes the former, and moves away from the latter, it will be therapeutic."

See also chapter 2: *A baby and his mother* about emotional synchronization in Jim Wilder's *Living with Men* (Shepherd's House, Pasadena CA USA, 1993; note 1 in [Part I](#)) and the reference in the following note.

²⁰ Marianne Riksen-Walraven, '[Wie het kleine niet eert... – over de grote invloed van vroege sociale ervaringen](#)', (Who does not honor the small things... – about the great influence of early social experiences; in Dutch) inaugural speech at the Faculty of Social Sciences of the University of Nijmegen, March 2002; particularly p. 6-7 and 10-11.

of children and especially on their **ego-resilience** or **the ability to self-regulate**. Summarized briefly it comes down to early social interactions (and especially well attuned or responsive interactions) appearing to play a vital role in the development of those brain structures that are responsible for the later regulation of behavior and emotions.

A ... form of attunement is the “*affect-attunement*”, also described as “state-sharing” or “affect-synchrony”. By this is meant **attuning oneself to the state of the other such that he/she will feel sensed or understood**, a quality that is **not only relevant in the parent-child interaction** but also **in other types of relationships like the one between therapist and client**. When the intensity of positive affect in a dyadic interaction gradually escalates in a process of mutual attunement an effect can appear that –in analogy with physics– is called “*resonance*”. This means that the activity in a system is suddenly increased because it starts to co-vibrate at the wavelength with another system. In case of resonance in the parent-child interaction the level of positive arousal is gradually increased by **subtle mutual attunement of positive facial expressions, gestures and tone of voice**. In the child’s brain circuits involved this resonance generates high levels of metabolic energy that stimulates the neural growth and development. So the brain of the child, the right hemisphere, which is most involved in the communication and regulation of emotions, gets as it were an “energy boost” that constitutes an impulse to self-organization of the system. This phenomenon can be compared in principle with what happens with a therapeutically administered electroshock. The positive arousal peaks brought about by resonance stimulate the brain of the child to a more complex organization that will facilitate the processing of such high levels of arousal in the future.”

In this synchronization we as counselors or therapists are helped by our own bodies and the bodies of our counselees. We have to know that our brain is made for empathy with the other via what are called *mirror neurons*. These *mirror neurons* make it possible to feel what the other feels, at a bodily level. Much more about this can be found in the excellent work by Barbara Rothschild in this area.²¹ I have noticed myself that we can easily either repress or enforce our vulnerability and sensitivity in this – certainly under the guidance of the Holy Spirit.

The body is often a good entrance anyway for working with counselees who have been traumatized at layer I. The therapists at the foundation KERN in Belgium have good experiences with a body-oriented Pesso-therapy.²²

Above I mentioned the mother as a central figure in the acquisition of a secure base by the child. The role of the father in this is also significant, albeit a little less overtly visible. What John Bowlby noted already long ago is namely, that a mother can provide this joyful quiet, attention and synchronization only when she is well connected with a husband with whom she experiences this in mutual exchange (receiving and giving). From a Biblical perspective this observation by Bowlby is of course not surprising.²³ Jim Wilder observes that the quiet and supportive presence of the father – especially in the second year of the child’s life – plays a major role in reducing anxiety. Fathers and mothers differ in the way they act with their kids. Where with mothers the focus is on the feeding / nourishing and cherishing element, fathers are often just

²¹ Babette Rothschild, *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*, WW Norton, New York, 2000; ISBN 0-393-70327-4. En haar artikel:

———, ‘[Mirror, Mirror: Our Brains are Hardwired for Empathy](#)’, *Psychotherapy Networker*, Sept/Oct 2004.

She starts the article with:

“Empathy is the connective tissue of good therapy. It’s what enables us to establish bonds of trust with clients, and to meet them with our hearts as well as our minds. Empathy enhances our insights, sharpens our hunches, and at times seems to allow us to “read” a client’s mind.”

For the right balance, see also her articles: ‘[Understanding Dangers of Empathy](#)’, *Psychotherapy Networker*, July/August 2002; and: ‘[Transference & Countertransference: A Common Sense Perspective](#)’, *Energy and Character*, Vol.25, no. 2, Sep-tember 1994.

Also Laurie Anne Pearlman and Karen W. Saakvitne spend a lot of attention to the role of the body:

Laurie Anne Pearlman, Karen W. Saakvitne, *Trauma and the Therapist – Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*, W.W. Norton & Company, New York / London, 1995; ISBN: 0-393-70183-2. A citation from this (p.46, partly referring to work by Bessel van der Kolk):

“The recognition that the body is the avenue of experience, that affect is experienced in and through the body, that need and desire are experienced in the body leads to the understanding that sexual trauma is experienced an encoded somatically ... A goal of trauma therapy is to invite the client’s awareness of his body in the work, and ultimately for the client to rework his relation with his body and reclaim it as an integral part of himself rather than a dissociated and despised entity.”

²² See Annelies van Overbeke, [Pesso-therapie, ontbrekende schakel in een toekomstgerichte aanpak van hechtingsproblematieken? Over de rol van lichaamsgerichte psychotherapie in hechtingsproblematieken bij volwassenen](#) (Pesso-therapy, missing link in a future-oriented approach of attachment issues? About the role of body-oriented psychotherapy in attachment disorders with adults; in Flemish), *Kern Vzw*, centre for psychotherapy and relationship-formation, Belgium.

²³ On this issue see also my article: [Family life and personality development](#).

a little more rough in their play and challenge the child to enlarge his or her horizon. In the practice of hanging around with a lot of families with small children in the past 30+ years, I also saw that it was especially the somewhat more rough play of a father with his children, that gives those children the joy and the courage to face the challenges in life.

Researchers have derived also that a combination of a certain measure of playfulness and sincere interest can mean really very much for recovery later in life²⁴. Let it be clear, that all these aspects are more or less perpendicular to the trend of individualism in today's society as well as to the 'professional distance' that is often propagated in therapy educations. In a context of individualism and professional distance one will never experience the deep empathy and help in synchronized emotional regulation. As a consequence, one will never acquire that deep experience of *shalom* and joyful connections at layer I – the experience: others are glad with me as a person, whatever happens (the *secure base*). I believe that this is the reason *par excellence* why traditional psychiatry and psychology score such meager results with people who are seriously wounded at layer I in particular by early traumas (especially A-traumas by a emotionally not attuned or herself seriously traumatized therefore attention seeking mother; with these early at layer I traumatized people one observes a lot of dissociative disturbances: DID, Borderline²⁵ and PTSS²⁶ with dissociations)²⁷.

From the secure base acquired in this way (including such notions as 'sense of being', or 'safe' or 'secure attachment', etc.; I believe this is the essence of the Biblical concept *shalom*) one can work on good skills at layer I, and the layers above. That starts already with activating what John Bowlby called the 'attachment mechanism', which helps us to connect ourselves with others and with joy whenever we get emotionally and/or relationally stressed by something that happens. This is the essence of all emotional skills and *self-capacities*, or *self-skills* – skills in the area of good self care, self-nourishment and self-protection. This self-care then also functions as a basis for empathy towards others (love the other as yourself, says the Bible, and social-psychological and neurological research confirms this relationship²⁸).

²⁴ See: Frances Thomson-Salo, Campbell Paul, Ann Morgan, Sarah Jones, Brigid Jordan, Michele Meehan, Sue Morse and Andrew Walker, '[Free to be playful: therapeutic work with infants](#)', *Infant Observation Journal: The International Journal of Infant Observation and its Applications*, Vol 3, 1999, p.47-62. The authors of this article write a.o.:

"We want here to say something about the power of gaze and of play to have a therapeutic effect on the infant. Mothers describe how, after delivery, their baby fastens on to them with their eyes from the moment of being handed to them, trying to take in with sight someone who was already known long ago in a different way. This cross-modal perception contributes enormously to the emerging sense of self. Genevieve Haag and her colleagues (1994) describe observers watching premature babies and after the observation the readings showed the oxygen saturation was significantly improved, as the infant feels held in the observer's gaze. Observation is also used by Margaret Cohen (1995) with premature babies, and the nurses tell her, 'The babies like you coming.' Infants are aware of the special quality of the clinician's gaze, with its thoughtfulness and playfulness. Looking in order to understand the infant's experience is felt differently from simply looking at the infant. 'Looking thoughtfully at' an infant, whether as part of an infant observation or as part of clinical work, will most often be enough for the infant to feel they have received something of value, to introject as a good object. When the infant knows someone has come to look at them, trying to understand them, gaze becomes tremendously important in the development of self and other. Current research (Schore, 1994, 1996) bears out the infant's need to be in contact with a thinking mind for optimal development."

²⁵ See e.g.: Peter Fonagy, Mary Target, George Gergely, '[Attachment and Borderline Personality Disorder: A Theory and Some Evidence](#)', paper presented by Peter Fonagy as Visiting Professor of Psychoanalysis of the Michigan Psychoanalytic Institute, April 2-9 2000 (document in .rtf format).

²⁶ Allan N. Schore, '[Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder](#)', *Australian and New Zealand JI of Psychiatry*, 2002, 36, pp.9-30. His conclusion in this article is very revealing:

Disorganized-disoriented insecure attachment, a pattern common in infants abused in the first two years of life, is psychologically manifest as an inability to generate a coherent strategy for coping with relational stress. Early abuse negatively impacts the developmental trajectory of the right brain, dominant for attachment, affect regulation, and stress modulation, thereby setting a template for the coping deficits of both mind and body that characterize PTSD symptomatology. These data suggest that early intervention programs can significantly alter the intergenerational transmission of posttraumatic stress disorders.

²⁷ Concerning the adjective 'meager': in a recent Dutch university research it appeared that two important therapeutic approaches that are most applied towards people with a Borderline Personality Disorder (being Schematherapy and Transference Focused Psychotherapy) had in practice a success rate of 45% and 30% respectively after 3 years treatment of 2 sessions a week (so order of 300 sessions!). See the Ph.D. thesis of Josephine Hubertine Giesen-Bloo, '[Crossing borders: theory, assessment and treatment in borderline personality disorder](#)', University of Maastricht, 2006.

²⁸ See a.o.:

Anouk Depuydt, Johan Declerck, Gie Deboutte, '[Re-ligare' een antwoord op 'de-link-wentie'? – Verbondenheid bij de aanpak en de preventie van jeugddelinquentie](#)' (Re-ligare' an answer to 'de-linkwency' – Connectedness in

For the person him-/herself all the above means: taking the time and opening oneself up to as yet learn to receive and experience that deep affirmation, synchronized emotional regulation and joy and to learn to return to that always. That includes: seeking a counselor or others who are willing to stand besides you as illustrated above and help you like a child to receive as yet that *shalom* from God. In this context (in particular at layer I.a; level 2 in the *Life Model*) Jim Wilder talks about *receiving life* to denote how deep this goes. Here the person exercises his or her will at layer II to face the deeper pain at layer I (even as he or she may in the beginning not be able to feel the pain without 'switching off' in one or another way) and start caring in this for him-/herself by allowing him-/herself the healing at this deeper layer. Learning to approach instead of avoiding. Learning to recognize and let go of anxiety bonds and learn to search for and welcome healthy attachments and community.

In the therapeutic process it is important to prevent or at least reduce hyper- or hypo-arousal by difficult emotions. At too much pain or stress layer I switches off the higher layers completely (the amygdala signals danger and cares for the release of stress hormones that switch off a.o. the communication with the cortex – the higher brain parts – via the hippocampus). Rest and quiet, structure, consciousness of – especially bodily – safety in the here and now, yes even banal looking aspects as consciousness of gravity (e.g. via simple balance exercises), can help in this. In fact no trauma-therapy can do without adequate training of skills to stay safely in the here-and-now and prevent hyper- and hypo-arousal, certainly before work on the processing of traumatic memories can start.²⁹ Otherwise the risk of re-traumatization is too large, even in what is meant to be 'therapy' or 'trauma counseling'!

Layer II

Deficits in the development of layer II reveal themselves, amongst others, in difficulty with consciously regulating emotions, consciously recovering from things that go wrong (and everywhere something goes wrong sometimes doesn't it?), experiencing connection in/with a larger group, excessive difficulty in suffering, impulsivity and rapid loss of attention, not knowing what really satisfies, addictions³⁰, et cetera. Something that often is also seen with deficits at this layer (especially layer II.b; level 4 in the *Life Model*) is that people don't seem to be able to learn from their negative experiences.


Just like deficits at layer I reveal themselves in severe trouble reaching healing and well functioning at layer II, deficits at layer II can be noticed in failing processing at layer III. That is the hierarchy in the model: the higher layers need the layers below.

Layer II can be seen as the most crucial layer, because it is at this level that the person makes his/her conscious choices; choices that will have consequences for the processing at layers I and III. This is a choice to no longer withdraw in isolation, but seek the fellowship and community of God and safe others, even when that feels a bit threatening in the beginning. The community to which the person belongs (e.g. church, home-group or group of friends) can be of tremendous help by an attitude of warm acceptance and by listening well.³¹

the treatment and prevention of youth delinquency; in Dutch), article in *Antenne* (publ.: Unie Vrijzinnige Verenigingen vzw), juni 2002, nr. 2, p.42-47

Wim van Mulligen & Ard Nieuwenbroek, '[Agressie: een schreeuw om verbinding!](#)' (Aggression: a cry for connection! in Flemish), *Pedagogiek in praktijk PIP magazine*, October 2001; reproduced at the website of *Leren over Leven*.

Peter Fonagy, '[Attachment in infancy and the problem of conduct disorders in adolescence: the role of reflective function](#)', Plenary address to the *International Association of Adolescent Psychiatry*, San Francisco, Jan. 2000 (in .rtf format).

Pamela J. Deiter, Sarah S. Nicholls & Laurie Anne Pearlman, '[Self-Injury and Self Capacities: Assisting an Individual in Crisis](#)' , *Jl. of Clinical Psychology*, Vol.56, Nr.9, 2000, p.1173-91. A citation from this:

The authors believe that self capacities are not developed fully in abusive or neglectful homes (Pearlman, 1998). **The capacity to maintain a sense of connection with others is the basis from which affect regulation and self-worth develop.** Ideally, connection to others is fostered by early, empathic, and consistent care from loving others; that is, in the context of Bowlby's "secure base" (1981). The adult survivor with impaired self capacities may live in alienation instead of connection, experience terrible affects that he or she cannot soothe, and experience him or herself as toxic, unworthy of living or unable to live. **The ability to maintain a sense of connection cannot develop fully when empathic attunement, affection, and nurturance are lacking.**

²⁹ See a.o.: Babette Rothschild, '[Applying the brakes](#)', *Counseling Psychotherapy JI. / Psychotherapy Networker*, Jan/Feb 2004; and:

———, '[Making trauma therapy safe](#)', *Self and Society*, May 1999.

³⁰ See a.o.: Steven Earll, '[Family Trauma and Addictions: Why Do People Become Addicts?](#)', *Pure Intimacy / Focus on the Family*, 2004.

³¹ See also my articles: '[Empathisch luisteren naar veelzijdige verhalen](#)' (Listening empathically to multi-sided stories, about the use of Thomas Gordon's *active listening*, John White et al's *Narrative therapy* and Téo van der Weele's

I stress again that processing of traumas or otherwise difficult emotions and experiences at layer II can only happen effectively when layer I is sufficiently healed and allows that the person can re-endure the difficult experience anew without dissociating or something like that. At layer II there is then again the challenge to endure the pain long enough – and now also consciously – to experience real and full healing and recovery in it. In this recovery it is again the presence of Jesus –Immanuel–, often mediated by one of more Christian friends or a couple of empathic Christian counselors³², that makes the big difference. It will not be sufficient at layer II to think distantly about the happening and experience Jesus' presence at that –distant– situation, for *in the pain* it all feels different and other brain parts become active, and precisely there is where healing is needed so desperately.

Layer III

At layer III it is essential to have a larger context and a larger framework in which one can place one's life and life experiences. While reflecting one can give words to the experiences. In interaction with others words and contexts are found for pain and for that what is so difficult to address. Family-stories and stories by fellow-sufferers can fulfill an essential role in this. Often I stimulate counselees to start communicating with brothers or sisters or other relatives and to discuss the roots of the specific family dynamics together as well as with Jesus. Frequently I saw how this restored connection in (part of) the larger family context and led to healing insights. Several elements from the contextual approach can be of help in this.

Essential here too, is the connection with God in Christ Jesus. He is the embodiment of the truth that sets us free. Often I saw people suffer because they had engaged themselves in dark practices (e.g. new age 'healers', spiritism, witchcraft, fortune telling, etc.). Their thinking was darkened or troubled and they saw threats that in reality were not there, while not seeing threats of their engagement in the demonic. Also a dysfunctional upbringing can sometimes trouble someone's thinking through lies, wrong images and delusions. This will then have a negative effect on the abilities to process difficult experiences or awkward emotions. God gives us in Jesus Christ and in His Word a standard for what is really *true*. An example: up against possible ideas about our own unworthiness, God puts the given that He finds us so much worthy that He came to us in Jesus and wants to set us free.

Years ago a wave of interest went through the Netherlands about the plumb line approach of Bruce Thompson. Bruce's teaching came down to the notion that we by nature often choose the wrong self-protection method. We then get skewed walls around our heart; walls that do isolate us from God and others while not essentially protecting us. Bruce Thompson pleaded to build good walls, in line with God's instructions in His Word. Only then will we be able to connect us with safe others while at the same time be protected against evil influences.³³

The spiritual dimension

Besides the neuronal-psychical and social aspects and their Biblical sides like discussed above there is yet another important aspect of recovery from trauma. That is the spiritual dimension in the narrow sense. When Eve and Adam in the Garden of Eden decided to value the words of the snake, thus distrusting God, they thereby created distance and disconnection – towards God, towards each other and within themselves. In Christ God has taken the initiative to connect us again, with Him, with each other and within ourselves. That is what the above was about.

But by their lending an ear to the lie of the snake they did more. They became open to the influence of the adversary. That is just what **lies do: they open the door to the world of dark forces.**

This happens generally. It is the nucleus of the Fall and all brokenness in this world. **So, recovery will have to close the door to the darkness by being focused on the truth.** "The truth will set us free" says the Bible. Elsewhere in this article (in a footnote) I have expressed a critical note about the recovery

intercultural listening) at www.12accede.nl and '[Blessing nonverbally – a powerful language!](http://www.12accede.org)' here at www.12accede.org.

³² I refer here to 'counselors' in plural because I am a strong supporter of trauma-counseling in two's (preferably a man and a woman working well together).

³³ Bruce Thompson, *Walls of my heart*, Crown Ministries Intl, USA, 1989.

A book in two parts: I. Breaking down the old personality, and II. Renewal of the personality. In part I it appears especially that many problems root in feelings of rejection and in rebellion. At the emotional pain and wounds build guilt feelings and bitterness, as do enjoyment of sin and shame about that. Part II is about that via Christ we learn to know the Father, through forgiveness (giving and receiving it freely) experience freedom, beat the enemy by recognizing and rejecting him and so experience renewal in our total life. Three important steps in this renewal process are: acknowledge wounds and grief, belief (that is: put God's truth up against our feelings), and confess sins and wounds and thus accept responsibility for your own life. If we, on the contrary, judge others, we often step into the same sin.

theology of William Backus, because he reduces all recovery to bringing truth. The problem with Backus' recovery theology is that much conscious truth at layer III (left hemisphere of the brain) leave the traumas at layer I and II undisturbed and so change nothing to the behavior that is predominantly governed by layers I and II. That is not to say that the suggestion of Backus and all those others to be truth focused is worthless. It is an important pillar in keeping the darkness out. Even stronger this counts for the *Theophostic Prayer Ministry* approach of Ed Smith³⁴ or the *Immanuel* approach of Karl D. Lehman and others.³⁵ In his approach Jesus is invited (this demands trust, is a step towards connection!) into the pain of an experience (at all layers) to let His truth replace the lies there.³⁶ If such an approach is combined with the necessary relational focus and affective attunement as discussed earlier, and with training of the necessary basic skills, we get a good and effective therapy, as actual practice affirms.³⁷

Devoting ourselves to God every morning, giving Him praise for Who He is and for His great love and His great plan for us, and seeking the fullness of His Spirit in us, has the positive side effect of keeping darkness away on a daily basis. This is of great value to every person who wants to stay free.

Final notes: the value of a multidimensional approach

In the above I have handed you some aspects that can work beneficial to processing and recovery from traumas. Important is that the approach fits in with the layer on which the trauma had its largest impact. (Note that by the limited knowledge in the classical therapies about the dynamics of what we have named layer I here, people who have a serious wounding there, are not really helped well by such an approach.)

This demands from a counselor or therapist in the first place well trained skills in the area of listening very well and attuning very well to the feelings of the one seeking help. This is only possible if the helper has processed most of his or her own pain, or at least is well underway doing so. Otherwise the pain of the help-seeking counselee may easily bring the helper to unconscious avoidant behavior, leaving the counselee as yet in the proverbial cold.

Recent scientific research continue to demonstrate that approaches that demand less 'professional distance' and more empathic skill from the helper, in general give better results in the practice of helping severely traumatized counsees.³⁸

Good trauma-counseling works multidimensional, that is to say: at multiple fronts and along multiple inroads at the same time.³⁹ It is a great thing if a helper knows to combine different approaches in this, each with their strong points. I myself have experienced that Téo van der Weele's approach of *helping by blessing* (also called: *powerful peace*) and Leanne Payne's approach of *listening prayer*, can be great instruments in Gods hand to see real healing also on the deeper levels, provided that they are skillfully used. Besides that, elements from a client-centered approach or a *narrative therapy* approach can help us to have an eye for all facets of the story of the counselee (see [Part IV](#)). A systems theory approach or a contextual approach can give the counselee a good view on the dynamics of him-/herself in interaction with his/her environments. Schema therapy can help the counselee, to gain insight into his/her own conscious and unconscious mental and behavioral world. Recently it also appears more clearly that the body plays a large role in traumatization and recovery from it. So it is good for a helper to have some knowledge and skills to deal in a trustworthy way with the bodily aspects, including 'reading' the bodily

³⁴ Edward M. Smith, *Theophostic Prayer Ministry – Basic Training Seminar Manual*, New Creation Publishing, Campbellsville, Kentucky, USA, 1996; for more information see www.theophostic.com.

³⁵ See [Part IV](#) for an introduction to the Immanuel approach, and adequate references for further study of it.

³⁶ This is also a positive side of the approaches of Jay Adams, Bruce Thompson and Jef De Vriese: they are focused to replace lies by what the Bible says. Thereby they take away from the adversary a base in the life of the counselee. The problem is that they – like Backus – remain confined to the conscious cognitive plane.

Compare also what I indicate from Romans 14:17 about the essence of 'righteousness' in recovery-work, in the article: [Living as Children of the King](#). There truth (and righteousness) is supplemented by joy and peace such that it can 'land' also on the deeper layers.

Especially valuable I consider what John Piper says about God's light and God's truth in a context of personal relation, in his sermon '[I Will Go to God. My Exceeding Joy](#)' – about Psalm 43.

³⁷ See the materials about this on [the site of Karl & Charlotte Lehman](#).

³⁸ See e.g. the Ph.D. thesis of Josephine Giesen-Bloo mentioned in note 24.

She investigated the effectiveness of two approaches, applied on about 80 people with a Borderline Personality Disorder. *Schema Focused Therapy* after Young appeared more effective than *Transference Focused Psychotherapy* after Yeomans. The conclusion in the summary of chapter 8 is striking: "It is concluded that the therapeutic alliance is an important common therapy factor critically affected by type of treatment." The treatment after Young is more conducive for a more empathic and involved attitude of the therapist or counselor towards the counselee as compared to the treatment after Yeomans.

³⁹ See also the overview of some approaches that I have integrated into my own treatment approach in [My Psycho-Pastoral Kitchen](#)

signals of the counselee well. Elements from drama therapy or body focused approaches can be of great help in solving problems at layer I. I refer to the work of Babette Rothschild and others, as mentioned before.

In all of this I see it also as essential to learn to listen well to God together – both to the instructions in His Word and to the guidance by His Spirit. He is the Author of life and only if we really focus on His instructions we will fully reach our destination. With Him – rooted in His wonderful Love – we also find healing like it often cannot be found through methods or techniques. A good, graceful Christian community can lend a great support in such recovery processes like outlined here.

A very important aspect is also to help and support the counselee in learning new skills. Healing and insight can be important, but without opportunities and support in learning new, good skills to deal with awkward emotions and to connect with others, he or she will make little progress in everyday life.

I conclude here with a quote from Irvin D. Yalom, and one from Babette Rothschild:

“The more the therapist can endure the anxiety of not knowing, the less need he has to embrace an orthodox school. The creative adherents of whatever orthodox school outgrow it eventually.”⁴⁰

“As much as possible the therapist should try to meet clients where they are [*figuratively; AHR*]. And it’s also important for therapists to not be so tied to their methods and techniques that they can’t place every one of them aside and sometimes just sit and talk with their clients. That’s important too, very important.”⁴¹

More information or suggestions


For more information, questions or suggestions you can contact me via e-mail: andre.roosma@12accede.nl



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Thanks for your interest!

⁴⁰ From: Irvin D. Yalom, *Love's executioner and other tales of psychotherapy*, Basic Books, New York, 1989. Cited in: Mia Leijssen, 'De Therapeut' (The Therapist, in Dutch), in R.W. Trijsburg, S. Colijn, G. Lietaer, E.C.A. Collumbien (Eds.), *Handboek Integratieve Psychotherapie (Handbook Integrative Psychotherapy; in Dutch)*, Elsevier / De Tijdstroom, Maarssen, 1998-2003; ISBN 9035219570. (Back-translation from the Dutch translation mine.)

⁴¹ From: [The Body Remembers: an Interview with Babette Rothschild](#), *Psychotherapy in Australia*, Vol. 8, no. 2, February 2002.