

# Parental Compassion and Attachment Focused Treatment

Why it's crucial to help parents resolve their ambivalence towards the mistrusting child

Jonathon Baylin, PhD

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Dr. Jonathan Baylin has been working in the mental health field for 35 years. For the past fifteen years, while continuing his clinical practice, he has immersed himself in the study of neurobiology and in teaching mental health practitioners about the brain. He has given numerous workshops for mental health professionals on 'Putting the Brain in Therapy'.

Several years ago, Jonathan began a collaborative relationship with Dan Hughes and their book, *Brain Based Parenting*, was released by Norton Press in 2012 as part of the Norton series on Interpersonal Neurobiology. Jonathan has delivered keynote sessions at international conferences and has also given numerous workshops both internationally and regionally within the USA.

His next publication with Dan Hughes, about the neurobiology of how attachment focused therapy "works", is due out in Autumn, 2015

*We would like to thank Jon for writing this short article for DDP network.*

## Helping children with blocked trust

The key to helping children with blocked trust learn to trust when they come “into care” is having new caregivers (and therapists) who deeply understand blocked trust and can use this understanding to resolve what otherwise can easily become chronic ambivalence towards the child. This ambivalence is a natural tension between an adult’s initial loving intentions towards the child and the inevitable feelings of disappointment and discouragement that come along with the experience that “love is not enough” to promote a quick shift in the child from core mistrust to trust.

It’s not enough that the adults avoid “blocked care”. They have to be able to sustain a robust level of compassion towards the child if they are going to provide the child with the kind of relational experiences over time that can scaffold the child’s journey from mistrust to trust.

Therapists working with carers (caregivers) and children with blocked trust need to deeply understand the dynamics of blocked care and know how to help adults work through and resolve their ambivalence towards the child. Neuroscientists have shown that our emotional brain, our limbic system, and very specifically our amygdala, responds strongly to ambiguous facial expressions and incongruities between the literal meaning of words and emotional qualities of another person’s voice. The amygdala reacts to incongruities in social signals because part of its job in our brains is to launch a process of “disambiguation” to quickly figure out what we should do about the “thing” that is sending ambiguous messages. The human amygdala evolved to be especially sensitive to ambiguous social messages because our communication is complex, especially when our words don’t match our nonverbal signals.

Children with blocked trust have hypersensitive amygdalae and are very biased towards appraising anything ambiguous in another person’s communication as negative, as threatening. This is what neuroscientists call the “negativity bias”, a form of the brain’s survival mechanism, as in “better safe than sorry”. Children exposed to threatening environments early in life were typically exposed to high levels of ambiguity in which they were confronted with conflicting combinations of positive and negative facial expressions and tones of voice and gestures from adults. They had to use their young brains to learn to disambiguate these mixed messages in milliseconds in order to “decide” what to do, whether to approach or avoid, engage or defend. This means that a crucial aspect of blocked trust is the child’s bias towards automatically treating ambiguity in other people’s communication as a threat. The child’s social defense system, grounded in the neuroceptive process of reading social cues within a tenth of a second to determine the level of threat or safety in these cues, leads the child to reflexively, mindlessly mistrust an adult who is sending ambiguous, incongruous signals.

When the caregiver is having very mixed feelings towards the child based on an internal conflict between good intentions and negative feelings stemming from the child's mistrust, the caregiver inevitably gives the child "mixed messages", ambiguous messages in the form of fleeting negative facial expressions or tones of voice that belie the content of loving words ("trust me", spoken with sounds of defensiveness or anger). In turn, the child's mistrusting brain automatically responds more strongly to the negative parts of the ambiguous message than to the positive aspects of the adult's communication. Consequently, the adult's ambivalence promotes further mistrust, reinforcing the child's preexisting negativity bias and making it even harder for the child to learn to trust the adult.

## Implications for Attachment Focused Treatment: Parent Work, PACE, and Conflict Resolution

With an understanding of the effects of parental ambivalence on the child's mistrusting brain, it is clear that therapists need to help parents address and resolve their natural ambivalence. This means making it safe for the parents to reveal their mixed feelings to the therapist so there can be a safe enough process for "working through" this ambivalence.



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### About DDP Network

DDP Network is a worldwide body that promotes DDP and supports professionals, parents and carers in finding out about the therapy and the parenting approach. We provide information about the therapy, how to become certified in DDP, the parenting approach, resources, training courses and conferences.

### Contact

Web: [ddpnetwork.org](http://ddpnetwork.org)  
Email: [ddpi.info@gmail.com](mailto:ddpi.info@gmail.com)

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