From an attachment-trauma perspective, the client’s symptoms, destructive and self-destructive behaviours are understood as expressing unprocessed traumatic experience imprinted in implicit-procedural memories, as represented in confused, unstable self-other working models. These non conscious state-dependent memories and patterns of expectancies organize the person’s experience and emerge in the relational system or intersubjective field, being communicated directly to the therapist via the client’s narrative style and expressive behavioural display. This, in turn, activates a matching countertransferential or psycho-physiological response in the therapist, enabling the therapist to participate in the subjective experience of the client in terms of shared attentional, intentional and affectional states of mind.

The developing attachment relationship with the therapist provides a secure-enough base from which the client can explore his or her self-states, as reflected in the mind of the therapist moment-by-moment, thereby unlocking the affective components of their unresolved trauma. Crucial aspects of the therapeutic process consist in the repair of inevitable ruptures to the therapeutic relationship, the interactive regulation of heightened affective moments, the provision of new perspectives, the re-organization of maladaptive patterns of expectancies, the transformation of implicitly encoded representations, and the promotion of reflective functioning or mentalization.

An emotionally meaningful therapeutic relationship facilitates a collaborative co-construction of the client’s dissociated traumatic experience and promotes the recognition of the mental states that motivate human behaviour in various relational contexts. More specifically, the process of interactive regulation of affect facilitates the recognition, labelling and evaluation of emotional and intentional states in the self and in others. This, in turn, engenders a coherent, secure and agentic sense of self as archaic internal working models are revised and updated and new relational models develop. This, together with the client’s growing realization that he or she can contingently influence the therapist and, by extension, others in everyday life, engenders a secure sense of self and recognition of other people as separate, differentiated subjects who can be related to in non coercive, non destructive ways.

The enhancement of the client’s ability gradually to organize and integrate error-correcting information consists, in significant degree, of the moment-to-moment micro-repair of misattunement or misaligned interaction - an intersubjective process operating at the level of procedural or implicit relational knowing. The therapeutic process is informed by the tracking and matching of subtle and dramatic shifts in the client’s mood-state as they narrate their story. This interactive process leads, in turn, to the recognition of the existence of the therapist as a separate person available to be used and related to intersubjectively within a shared subjective reality.

By these means, the therapist’s facilitating behaviours combine with the client’s capacity for attachment. Though operating largely out of conscious awareness, this process of mutual influence or contingent reciprocity engenders a sense of safety and security and thus the development of a working alliance or attachment relationship that facilitates a collaborative exploration and elaboration of painful, unresolved clinical issues and dissociated traumatic self-states underlying the person’s problematic behaviour. Key aspects of this intersubjective and reparative process are the dyadic regulation of dreaded states of mind charged with intense negative affect and the co-construction of a coherent narrative imbued with personal meaning.

Optimally, the therapist becomes a new developmental object, the relationship with whom provides a corrective emotional experience, thereby disconfirming the client’s pathogenic transference expectations. This process enhances the client’s capacities for affect regulation and reflective functioning or mentalization. This, in turn, strengthens the insecure/unresolved client’s ability to activate alternative mental models of interaction, enhances their capacity to empathize with others and so make more moral, reasoned choices, and reduces their tendency to deploy mental defences of perceptual distortion,
defensive exclusion and selective inattention in stressful situations that generate a sense of endangerment to the self and a concomitant increase in the risk of destructive and self-destructive behaviour.

From a neurobiological perspective, the process of affect regulation, so central to attachment theory and research, links non verbal and verbal representational domains of the brain. This process facilitates the transfer of implicit-procedural information in the right hemisphere to explicit or declarative systems in the left.