Reflective Practice Article

“I” Movement: A Reflective Account of Navigating Identity Within the AIP Model

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Abstract

This article explores the impact of adolescent identity formation following conversion to Orthodox Judaism. Through the lens of the Adaptive Information Processing (AIP) model (Shapiro, 2001, 2018), it integrates a deeply personal narrative with clinical reflection, examining how conversion at age thirteen functioned as an adaptive coping strategy and an attempt to preserve attachment relationships, while also risking a trajectory toward identity foreclosure (Marcia, 1966). Rather than framing the experience in terms of pathology, this account suggests it may be understood as adaptation under relational threat (Bowlby, 1988; van der Kolk, 2014). Clinical implications are considered for trauma clinicians working with adolescent identity conflict, belief systems, and meaning-making under conditions of developmental stress.

Keywords: Identity conflict; relational trauma; EMDR; Adaptive Information Processing; attachment; reflective practice

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Introduction

Identity formation during adolescence is typically understood as a process of exploration, negotiation, and gradual integration. However, under conditions of relational threat, identity may form under constraint rather than exploration. This article offers a reflective account of such a process, situated within the Adaptive Information Processing (AIP) model (Shapiro, 2001, 2018). Through the integration of personal narrative and clinical reflection, it considers how identity formation in the context of attachment disruption may be understood not as pathology, but as adaptation.

Reflective Account

My father pulls away in his car. As I stand stoically on a street corner in Brooklyn, noticing the contrast between the filth and smells of this city, the men in black rushing past me, strollers and young children everywhere… and the fresh air of the suburban life I've just left, I am struck by the disorientation of it all. I am reminded of Dorothy's line in *The Wizard of Oz*: "Toto, I have a feeling we're not in Kansas anymore" (Fleming, 1939, 20:51). I'm not sure when I will see my father again. Earning the nickname "The Rock" at a young age due to my ability to restrain emotion, I do not cry when he hugs me goodbye. I watch the car until it disappears. This is a scene that would replay repeatedly—in dreams, in waking life, and later, in the early stages of my EMDR work.

Far from the familiarity of my earlier life, this overwhelming city became my new home. The adults around me held a belief—loving, perhaps naïve—that identity at such a tender age was still fluid enough to be reauthored entirely by environment. That immersion in a Chassidic world could replace what had come before. I walk up three flights to my new home. Inside my room, I collapse to the floor, pounding it, struggling to breathe. I experience a part of myself as if it is floating above me. Inside my head, a voice screams: "come back." I long for attunement—for someone to notice me, to braid my hair, to remember I exist. I cannot recall the last time I was held warmly.

Later, at the Shabbat table, I sit quietly, absorbing a world that feels both structured and foreign. To manage the overwhelm, my mind does what it needs to do: it creates another table. One filled with my Italian family, familiar smells, warmth, laughter, Christmas lights. I become a child between worlds, Chanukah lights and Christmas lights, neither fully mine, neither fully grieved. There were countless "last times," and almost no space to mourn them.

AIP-Based Clinical Interpretation

From an AIP perspective, this period may be understood as an instance of identity formation shaped by foreclosure rather than exploration (Marcia, 1966). What followed was not an overt external crisis, but an internal bind: belonging without safety, meaning without protection, and the necessity of choosing alone. Within the Adaptive Information Processing framework, this experience can be understood as a convergence of intense affect, limited relational support, and reduced developmental capacity for integration

(Shapiro, 2001). Fear, panic, and perceived abandonment became encoded alongside religious meaning and structure, without the conditions necessary for adaptive resolution.

In this context, conversion functioned as a coping strategy—an attempt to preserve attachment, impose coherence, and create order amid chaos. This account suggests that such a response may be understood not as pathology, but as an adaptive and intelligent response to relational threat (van der Kolk, 2014). However, the memories were encoded under conditions of dysregulation and isolation, resulting in parallel memory networks rather than integration (Shapiro, 2018). The division of experience—one part moving forward, another retreating into memory—can be understood as an attachment-based adaptation rather than dissociation in its classical form (Putnam, 1997; Bowlby, 1988).

The AIP model helps us understand how adaptations that are functional under conditions of threat may later become sources of internal conflict, not because they were maladaptive, but because the nervous system has outgrown the conditions that required them (Shapiro, 2018).

Clinical Reflections

Decades later, aspects of this early experience continue to emerge somatically and relationally. For example, as the week moves toward Shabbat, there is often a felt sense of tightening and anticipatory unease. This can be understood as the somatic residue of earlier attachment disruptions rather than a cognitive fear (van der Kolk, 2014).

Rituals, sounds, and imagery may function as memory cues, activating unresolved memory networks (Shapiro, 2001). The resulting internal conflict may appear as ambivalence, but in this case, it may be more accurately understood as the activation of parallel memory systems rather than inconsistency of belief. Relational patterns may also reflect trauma-linked meaning-making. The choice of a partner with a stable identity, for example, may be understood as an attempt to externally regulate internal instability (Bowlby, 1988; Siegel, 2012).

This account suggests that for clinicians, the focus may be less on resolving identity conflict and more on understanding the conditions under which identity was formed. When identities are shaped under pressure, they may contain both adaptive and maladaptive elements simultaneously (Shapiro, 2018). If clinicians approach such conflicts as problems to be resolved rather than experiences to be understood, there is a risk of replicating aspects of the original relational environment. In contrast, EMDR may offer a pathway in which identity shifts organically through memory reprocessing, without requiring forced coherence.

Importantly, adaptive processing may not require full resolution or integration in the traditional sense. Instead, it may involve a reduction in emotional charge, allowing individuals to hold multiple truths without urgency to reconcile them. In this way, integration may be understood as increased flexibility rather than unity.

Limitations

This article is a reflective account based on personal and clinical interpretation. It does not report empirical research and should not be read as evidence of general causation or universal clinical process. Its contribution is reflective and practice-based.

Conclusion

This reflective account highlights how identity formed under conditions of relational threat may persist as internal conflict across the lifespan. Within the AIP framework, such conflict can be understood not as pathology, but as the enduring imprint of adaptive processes that once served survival. Healing, in this context, may not involve resolution, but movement—greater flexibility, reduced distress, and an increased capacity to hold complexity without collapse. If EMDR facilitates any singular shift here, it may be this: not the elimination of conflict, but a transformation in one's relationship to it.

Declarations

Ethics statement

Ethical approval was not required for this article because it does not report new empirical data involving human participants.

AI-use statement

The author used ChatGPT in this manuscript to consolidate and restructure lengthier paragraphs into shorter versions for ease of reading. Changes to the text were reviewed and edited solely by the author, who takes full responsibility for the authenticity of all content, interpretation and originality of the manuscript, including references, which were selected and independently verified by the author against original sources. No AI tools were used to generate a narrative, theoretical connections to that narrative or references.

Conflict of interest

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Data availability

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