

19th International Conference for Bonding Psychotherapy in Belgium,  
Bruges, June 7-9, 2013

***The Added Value of Attachment Theory for Clinical Work with Families***

(Texts of the slides of the Powerpoint presentation)

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**What does the Client Expect, When Seeking Council or Therapy?**

Situation: distress beyond own coping capacities

Feelings: weak and disoriented

Hope: help and orientation provided by a stronger and wiser person.

→ He/she seeks support, care, and guidance.

→ ***His/her attachment system is highly aroused.***

Challenge for the therapist: Client's "handling" of his attachment feelings.

**I.**

**Attachment Theory: Basic Assumptions**

Attachment Theory is based on the Theory of Evolution.

In human evolution, those infants died,

- who failed to be **attractive** to at least one "**older and wiser**" adult for continuous investment in his survival,
- who failed to show **separation distress**.
- who failed to **attach** to a "stronger and wiser", who was willing to protect, care for, and guide the young one.
- Loss or rejection had implied death

Anthropologist Sarah B. Hrdy: *Mother Nature* (1999), p. 379:

*"Maintaining maternal commitment was once as important for an infant's survival as oxygen - and often still is."*

Examples of today's „lost“, unprotected children

- Children of enemy-soldiers after a war.
  - Children sold for slavery or prostitution.
  - Orphans in institutions are at risk for exploitation.
  - Children sent away as far-away farm-workers.
- Survival/Strength of the Parent is Vital for Protection
  - The diagnosis of PTSD was present more often when trauma involved threats to the caregiver than to the child herself (Scheeringa & Zeanah, 1995)
  - Injury, illness, grief, disappointment → weakens parent, reduces ability to protect child.
  - A weak parent may elicit aggressive behavior in children.
  - Function: An angry parent seems strong.
  - Terminally ill children may pretend feeling better than they do.
  - Function: A happy parent seems stronger than a sad parent.
- External** Organization of **Internal** Processes by Caregiver
- Temperature regulation  
Protection from infection (nursing, hygiene)  
Protection from danger

Contact comfort,  
 Stress reduction,  
 Neuroendocrine regulation (Oxytocin, Cortisol, Growth Hormone, Adrenalin, and others)  
*Nothing could be more threatening than losing the caregiver or dysfunctional caregiving.*

### **Early Attachment Relationships „Tune“ the Stress-Regulatory Systems**

Neuroscience has discovered the functioning of the Attachment System:

Quality of nurturance, care, and support from primary relationships

- “tunes” the brain’s sensitivity to stress for **effective or ineffective** physiological and emotional regulation (Epigenetics)
- creates expectations of deriving **comfort and support or not** from close social relations.

Stress management is linked to health-related outcomes.

(Egle, 2010; Diamond & Hicks, 2004, Hellhammer et al., 2012 )

### **❑ Frequent and Extended Stressful Negative Experiences Change the Architecture of the Brain**

Frequent stress experiences without comfort create wider and quicker pathways for stress signals.

Reliable comfort determines amount of Cortisol uptake (GABA)

Lack of the Neurohormone GABA allows stress signals and Cortisol to march quickly through the brain.

## **II.**

### **Development of Patterns of Attachment and Attachment Disorganization**

#### **❑ Regulation of Distress via Sensitive Responsiveness**

Sensitivity to infant signals ~ Sensitivity to signals of the client (Ainsworth et al., 1974):

1. Open to perceive the signals (body, voice, face, behavior)
  - stressed or not stressed
2. Correct interpretation (from the point of view of the weaker one)
  - Signals need for consolation/stress-reduction or for support of exploration
  - errors and repair
3. Appropriate reactions (for the competence of the weaker one)
  - comfort or challenge
4. Responding promptly (to link up need to response).

Difference between spoiling and sensitive responses:

Spoiling: Doing for the child what he can do for herself.

Sensitivity: Always answer. Comfort if overwhelmed, challenge if competent.

#### **❑ Sensitive Communication**

**❑ Longitudinal Impact of Mothers’ and Fathers’ Sensitivity and Challenging Support**  
 (Summary of our research study of children from birth to 22 years)

When **mothers’ as well as fathers’** interactions were sensitive, supportive and accepting during the first 3 years,

their children were more secure as 6, 10, 16, and 22 year olds,

their adolescents had a good relationship to them, were able to cope well with perceived rejection, and showed “secure exploration”.

Their young adults valued close relationship, were willing to help and receive help.

Their young adults were able and willing to consider their partner’s feelings, thoughts, wishes.

(Grossmann, Grossmann, Kindler, 2005)

Development of **Avoidance** of Attachment in Childhood (relationship specific)

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Additional home observations:

- Child demonstrates more anger at home than in a strange environment (fear of abandonment because of frequent rejections of attachment behaviors).
- Play behavior seems to serve as a distraction from attachment needs.

Observations in educational institutions:

- Teachers do not expect compliance, find children less sympathetic, feel annoyed by them.
- Peers see the child as unfair, dishonest, angry, dominant. Not chosen as a friend.
- Child attributes hostility to others, very vulnerable to signs of rejection.

Development of **Ambivalent/Enmeshed** Attachment in Childhood (6-12%)

Home observations:

- Caregiver is preoccupied with her own mind.
- Perceives baby as a doll to play with when in the mood.
- Caregiver is needy of attention, jealous of others.
- Child cannot predict availability. Afraid to separate.
- Children cry louder and longer to ensure being heard.

Observations in educational institutions:

- Teachers treat them as if they were younger. Low expectation for competence. See them as dependent, passive, anxious, impulsive.
- Easy victim of peers. Most disliked by peers.

**High Risk Factor: Dysfunctional Parenting = Protection and Care are Denied in Times of Stress**

**Withdrawal in Communication** (never matches)

**Abandonment**

- Left in an unfamiliar environment/people, frequent change of caregivers

**Rejection**

- Aggression towards the child, child is unwanted, unworthy of love
- Aggressive sexual abuse

**Role Reversal**

- Caregiver demands care
- Sexualized care, seductive sexual abuse

**Fear of the child**

- Depression, „ghosts of the past“.

(Solomon & George, Eds., 2011. Disorganized Attachment and Caregiving)

**Disorganized/Disoriented** Attachment Behavior in Children

Caregiver is present:

- trance-like dissociation
- fear of attachment figure
- Controlling-punitive or controlling-caregiving of attachment figure
- Role-reversal associated with parental substance abuse

Indiscriminate attachment behaviors, or fear of people

*At risk for poor emotional health, behavior problems, aggression and hostility.*

□ Assessing Patterns of Attachment in **Infancy**, Childhood, and **Adulthood**

**Infancy:**

The Strange Situation Procedure: is the attachment person the haven of safety and the secure base after separation?

**Childhood:**

Projective pictures (SAT, Story Stem Method); Projective Puppet Interview; Reunion Procedure (1 hr. separation).

**Adulthood:**

Adult Attachment Interview, Adult Attachment Projective, Attachment Style Questionnaire

**III. Attachment Informed Approaches to Intervention/Therapy: The “Added Value”**

(also refer to Brisch, Bretherton & Kronenberg, 2012)

of sensing the client’s attachment state of mind

Children have no choice - they have to accept their parent’s condition

*„Because children are motivated to preserve their attachment relationships, they will adapt to their primary caregivers’ minds (wishes, desires, projections, etc.) as a means of ensuring a continuing source of comfort and proximity, however distorted this care may be.*

*The child will keep this goal in mind even at the expense of her own development, her cognition, her own feelings and her (better) knowledge.” (Slade, 2004, p. 271)*

Early experiences are deeply ingrained.

**Projections Onto the Therapist:**

Window to Experiences with Attachment/

Patterns of Attachment

➤ Heightened state of distress

->Memory of how did close others respond?

➤ Projections of parental/partner’s reactions to therapist -> “ghosts of the past” (Holmes, 1999; 2009)

➤ Impending intermission: Separation distress

-> informing about strategies of handling interpersonal distress (Rehberger, 1999)

Informs of the client’s attachment state of mind.

**Secure Pattern of Attachment Reflected in the Client’s Responses**

(Overwhelming disaster can happen to every one like death, accidents, traumatic events, fatal illness)

Values emotional connectedness, close relations - attachment

Presents reliability of close relationships (attachments) as helpful (haven of safety AND Secure Base).

Able to perceive and know own mind and other’s feelings.

Expects empathy, understanding, and support.

Able to repair ruptures of social ties.

Accepts attachment needs of child.

Response of a secure mother to the question

*“when you were sad or upset, what did you do?”*

*M: „ ... when I had problems (as a young child) in school or my brother was really mean to me, I cried. I went to my mother and told her about it.”*

*I: “how did that feel?”*

*M: “safe, very safe. And it stayed that way. ... Once, I just walked out of an apprenticeship that I did not like. I told her about it many days later. And she went to the boss, explained it and sat down with me to find another apprenticeship.”*

Story of a Mother who **Earned** her Security

(possible only later in life with external help)

*„My mother had a very bad temper and abused me physically (gives examples) and psychologically (gives examples) until I was 13 years old. Only then did my father manage to let me stay with him.*

*When I became a mother, I was afraid to lose my temper and beat my child, because I would not know, how to react otherwise to my anger.*

*But a change was possible: My father and the therapist taught me that there are different, better solutions to situations in which the child misbehaves.*

*I am so happy that my child is not afraid of me, and we can talk. She tells me about her distresses. (taken from the journal ELTERN, Jan. 2001)*

#### Intervention for Clients with a **Secure** Attachment State of Mind

If a trauma occurred:

##### **Client/Parent:**

- Can ask for help,
- accepts help,
- motivated to increase own competencies.
- High compliance

##### **Therapeutic approach:**

- revitalizing the temporarily buried competencies,
- professional wisdom.

!! Usually successful !!

#### Intervention for Clients with an **Avoidant/ Dismissing** Attachment State of Mind

Rare occurrence, unless “forced” by family problems or mental breakdown

**Client/Parent:** *“I don’t see a problem”.*

- Afraid of further rejection, closeness and attachments;
- belittles own problems, stresses own strength;
- does not want help, denies desire for care and protection;
- views attachment as dependency and weakness, also in own child.

**Therapeutic approach:** Attachment strengthens competence. Should remember feelings as a child.

- Science of development, Neuroscience = sharing wisdom

*Difficult start, but relatively successful*

□ Response of a mother to the question

*“when you were sad or upset, what did you do?”*

*M: „I cannot remember. I think I kept everything to myself, worked it out within myself. If I felt bad, it was nobody’s business, just mine.*

*I: „Did you ever feel like wanting to sit on your parents’ lap and be hugged?”*

*M: „No, maybe because I did not know such behavior. I think it just never entered my mind.”*

#### Interventions for Clients with an **Ambivalent/ Preoccupied/Enmeshed** Attachment State of Mind

Most frequent client, comes readily to intervention, clings to the professional.

**Client:** Dramatizes neediness and distress.

- Afraid of being exploited again.
- Mistrusts reliable attention and care,
- Either very passive or very angry.
- Very needy, can become troublesome

**Therapeutic approach:** High degree of structure and predictability.

- Strengthening autonomy and self-reliance.
- If it is a parent seek an adult attachment figure (good friend) for her/him.

*Often unsuccessful, will look for a better therapist.*

#### Interventions for Clients with an **Disorganized/disoriented** Attachment State of Mind

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Very hostile, non-compliant, dangerous.

**Client:** afraid of losing control and being controlled by the other. Sometimes dissociations, loss of sense of reality, time, and space.

**Therapeutic approach:** search for attachment traumata in client's or client's parents' history. Uncovering the "ghosts" and bringing them into reality.

- Eliminate self-blame: Children deserve protection and good care.
- Mourning for the lost "good, strong, and wise" parents.
- Forgiving, knowing their own painful attachment history.
- **Fundamental Aspects of Borderline Personality Disorder (BPD) ~ Disorganization of Attachment**
  - ❖ unstable and intense interpersonal relationships,
  - ❖ feelings of emptiness,
  - ❖ bursts of rage,
  - ❖ chronic fears of abandonment,
  - ❖ intolerance for aloneness, and
  - ❖ lack of a stable sense of self.

*Symptoms may stem from impairments in the underlying attachment organization. (Levy, et al., 2005, Holmes, 2004)*

**The Last Word Belongs to John Bowlby (1991, p.296):**

*"... in conditions of adversity, which evoke feelings of anger, fear and sadness, either overt and expressed or potential and unexpressed, that breakdowns of mental functioning are likely to occur.*

*It is precisely on these conditions that the ability or inability to express thoughts and feelings to others, and to seek their comfort and help, proves such a crucial variable.*

*Those who during their childhood have met, when in conditions of adversity, with an understanding response will hope for something similar in the present crisis, whereas those who have met with rebuff and contempt during childhood will expect the same when they are distressed during adult life."*

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