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# Attachment Theory

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Attachment theory developed out of the Freudian schools of psychoanalysis, so I will begin with an overview of Freudian theory. Then, I will discuss the attachment theories of development and psychotherapy. I will emphasize the parts of these theories that have the strongest implications for my work with the girls.

## Freudian Schools

S. Freud theorized that human development occurred through a series of psychosexual stages (Mitchell & Black, 1995). The infant grew up instinctively competing with the parent of the same gender for the affections of the parent of the opposite gender. Infants were pushed by the sexual and aggressive drives in the id—the most primitive part of Freud's tripartite psyche. These drives urge individuals to try to gratify their sexual and aggressive needs and fantasies, which may not always be socially appropriate. This is why the ego and superego, together, try to control the id (G. Bellows, personal communication, June 4, 2010).<sup>1</sup> The superego tries to morally repress the drives (Mitchell & Black, 1995). The ego is where compromises are reached in the form of the defenses, which allow the drives to be discharged in socially appropriate ways (A. Freud, 1966). It has been my experience that those clients who repress their deepest desires tend to suffer from the most severe depression and psychosomatic symptoms. This speaks to the core principle of Freudian analytic treatment:

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Clients should freely explore their unconscious to get in touch with their deepest desires, let them out in session, and have a cathartic experience that will resolve their presenting symptoms (S. Freud, 2007; Mitchell & Black, 1995). This theory coincides with the point I made in the beginning of this book about how talking at length can often lead to a feeling of relief.

Freud developed his model of therapy through working with adults, and he applied it to children without ever having directly observed them (Mitchell & Black, 1995). This gap was partially closed in the 1930s and 1940s by ego psychologists, who were interested in human development and directly observed relational behavior. Wolf and Spitz (as cited in Mitchell & Black, 1995) were among the first analytic researchers to study children and expanded theories about children's emotional needs for relationships with their mothers. Spitz (1951) was particularly interested in how children were affected by the loss of a core love object and how children who did not have their emotional needs met developed severe emotional problems.

Whereas S. Freud focused primarily on the drives, his daughter Anna and his other followers were more interested in the ego and elaborated on the theories of the defenses. They founded ego psychology and focused on human development. They theorized that the ego is both an adaptive and a survival strategy (Mitchell & Black, 1995). A. Freud (1966) noted that infants are born with immature egos and need their parents' help to adapt successfully to various stressors in their immediate environments. The parents provide the infants with auxiliary ego strength when the infants cannot adapt successfully on their own. When infants adapt successfully, whether by using their own ego strength or the auxiliary strength of their caregivers, they will grow internally stronger. In the girls' stories, it is clear that they often used each other as auxiliary support, which was vital to their psychic survival.

## Relational Development

John Bowlby is the founder of attachment theory. Bowlby was psychoanalytically trained, though he diverged markedly from his predecessors. Whereas the Freudian psychoanalysts conceptualized human behavior as a manifestation of unconscious conflict, Bowlby (1960) theorized that behavioral patterns were learned based on life experience. He took ego psychological research a step further by looking more deeply at how early life experiences facilitate a system of relating to the self and others (Bowlby, 1960; Mitchell & Black, 1995).

In short, infants learn how to relate to others on the basis of how they are raised by their mothers, as their mothers learned through their own early life

experiences (Cassidy & Shaver, 2008). If the mother-child relationship is based on consistent and reliable love, affection, nurturing, and trust, the infants will tend to relate to others in this more secure way. If the mothers are emotionally unavailable, unreliable, or otherwise raise the child insecurely, the children will go through a process of grief and mourning that eventually leads them to “give up” (Bowlby, 1960, 1969). This giving up is traumatic and causes these children to grow up feeling bad about themselves and distrusting others (Bowlby, 1969).

Mary Ainsworth, a former student and follower of Bowlby, researched reunion behavior in her Strange Situation study (Ainsworth, Blehar, Waters, & Wall, 1978). In this study, researchers observed the relational behavior between 12- to 18-month-old infants and their mothers and how the infants behaved around strangers. Ainsworth was particularly interested in how infants were affected by being separated from their mothers and how they behaved once they were reunited. Data were categorized on the basis of the infants’ observed desire for proximity and their capacity to be soothed by self and others and whether their responses suggested internal security or insecurity. Their way of relating to their mothers was also compared with how they related to strangers. Researchers particularly noted the infants’ levels of preoccupation; dismissing responses; crying and fussing; proximity to mother and strangers; and amount of exploration, smiling, and vocalization.

Ainsworth et al. (1978) found that observed relational behavior tended to fall into three distinct attachment styles: secure, anxious-ambivalent, and anxious-avoidant.

Children raised by caregivers who are consistently and reliably nurturing, soothing, responsive, and emotionally available develop generally positive views of themselves (Bowlby, 1960, 1963, 1969). This translates into healthy senses of trust in themselves and in others and facilitates the development of securely attached children.

Anxious-ambivalent children were anxious regardless of whether or not their mothers were in the observation room. When their mothers were with them, they were clingy. When their mothers left the observation room, these infants grew severely deregulated. They tended to cry and fuss loudly. Sometimes, they would go to strangers for comfort. When their mothers came back, they were difficult to soothe and would engage in contradictory attachment behaviors such as reaching out in request for proximity and then leaning away or hitting their mothers when their mothers picked them up. Ainsworth et al. (1978) theorized that anxious-ambivalent children behaved this way because their mothers were inconsistently available. They were difficult to soothe and continued to engage in attachment-seeking behaviors even after their mothers came into proximity, because they had learned through experience that their

mothers could become physically or emotionally unavailable at any time. Thus they remained hyperactivated in an attempt to keep their mothers in proximity, but they could not use the proximity to regulate. Wallin (2007) stated that one out of 10 contemporary middle-class Americans exhibits the preoccupied attachment style, the adult version of the anxious-ambivalent style.

Avoidant children ignored their mothers both when they were present and when they left the consulting room. When these children's levels of arousal were tested immediately following separation, it was found that they were as emotionally affected by their mothers' departures as were other infants, although they seemed to be making a considerable effort to hide it. These infants were raised by caregivers who were emotionally unavailable and unresponsive, and they dealt with it by trying to fend for themselves.

A fourth style, disorganized, a variant of insecure attachment, was identified later by Main and Solomon (1986). This attachment style is brought on by severe abuse or neglect, which breaks down the attachment system to the point that relational behavior is no longer coherent. Children who are disorganized are most often raised by caregivers with major psychological problems. They tend to be very aggressive or detached, and they may dissociate. When I met with the girls in the group, I noticed that they sometimes seemed to be a little "checked out" when their peers were telling their stories. Teenagers often have wandering minds, but I wonder whether the girls' behavior might be consistent with low-grade dissociation. Wallin (2007) noted that even the most severely traumatized and unsupported children do not relate in a disorganized way all the time; they may sometimes relate to others more coherently. This latter point is consistent with my observations of the girls' relational behavior.

## Theory in Practice

Attachment theory remains, primarily, a research-based theory. Bowlby and his followers studied human development and did not construct attachment theory as a model from which to prescribe treatment. This gap was closed by contemporary attachment theorists. Their research showed that attachment not only applies to the mother–infant relationship, but also to father–child, adult, and romantic relationships (Hughes, 2006; Lieberman & Van Horn, 2008; Sable, 2000; Wallin, 2007).

Wallin (2007) theorized about how attachment styles manifest in the therapeutic relationship. He noted that clients often come to therapy lacking the abilities to behave effectively in relationships, perhaps because they were raised insecurely. To behave more effectively in relationships, they need to be

in a long-term therapeutic relationship that gives them the relational experiences that they lacked in early life. For example, a preoccupied client needs the therapist to be consistently reliable and emotionally stable despite the client's often frantic, draining relational behavior. If the therapist can hold a more secure position over the long term, the anxious-ambivalent client will eventually learn that he or she can have a close, meaningful relationship without having to hyperactivate the attachment system. The avoidant client will tend to resist emotionally connecting with the therapist and needs the therapist to reach out and make this connection happen. The disorganized client needs the therapist to be particularly secure and dependable during the client's intense periods of chaos. If the therapist can be the person the client never had, the client will learn to relate to the therapist more securely, which will result in the client being more capable of relating more securely to others (Wallin, 2007; J. Nelson, personal communication, September 28, 2009).<sup>2</sup>

Now that I have explained the core principles of attachment theory, I will discuss how the attachment system is built and how it can be affected by trauma or abuse. J. Nelson (personal communication, May 25, 2009) stated that secure attachment develops neurobiologically when children experience positive and negative arousals and have their underlying emotional states correctly read and responded to by their primary caregivers. This is called *attunement*, and it helps children build a neurobiological capacity for affect regulation. J. Schore (personal communication, June 10, 2009) stated that, when a consistent state of regulation is maintained, other neurobiological and relational capacities develop properly.<sup>3</sup> Attunement also occurs when children and their primary caregivers regularly engage in play or soothing touch, make eye contact, share mutual smiles, and otherwise experience a deeper level of emotional connection and intimacy. These intersubjective experiences teach the children that they are loved and loveable, understood, and capable of connecting with trusted others in meaningful ways (Hughes, 2006). These right-brain to right-brain communications aid in the development of autoregulatory capacities in the brain (J. Schore, personal communication, June 10, 2009).

When infants are regularly attuned to, they will tend to seek proximity with their mothers when they are distressed and will be better able to use this proximity to regulate (Cassidy & Shaver, 2008; J. Nelson, personal communication, November 1, 2009). Infants who have consistently been attuned learn that, when they are distressed, their mothers will respond to their distress and resolve it.

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<sup>3</sup>J. Schore, PhD, is a faculty member of the Sanville Institute, Berkeley, California. She is also one of the leading researchers on the neurobiology of attachment.

Misattunements are inevitable, because even the most attuned mothers will often misperceive what their infants need (J. Nelson, personal communication, November 15, 2009). Sensitive mothers will keep trying to find the source of their infants' distress and will eventually resolve it. J. Schore (personal communication, June 11, 2009) stated that these rupture and repair experiences contribute to the child's development of affect regulatory capacities. Rocking, touching, making eye contact, and other calming experiences help to soothe the infant and repair misattunements (Bowlby, 1969). When ruptures occur and are not repaired, such as when children are abused, the attachment system may break down.

When maltreatment is sufficiently severe, children may be removed from their primary caregiver's custody. Bowlby (1963) noted that permanent separation from the primary caregiver is an irreversible trauma for the child, even though removal from the home of the primary caregiver is sometimes necessary. I have heard from child welfare workers that this is why separating a child from his or her parents is the child welfare system's plan of last resort and why attachment theory remains a strong influence on child welfare practice.

Bowlby (1963) wrote about infants who were severely emotionally deprived and were raised in orphanages. He noted that they were often unable to form lasting attachment bonds with others. Bowlby also theorized that a lack of nurturing and soothing in early life lead to attachment deficits, which were the root cause of why out-of-home placements for severely deprived children tended to fail. In foster care placements, these children were often difficult or demanding. Each time they were too ill-behaved in a new placement, they would be sent to another out-of-home placement, only to act out again and be removed again. Hughes (2006) noted that severely maltreated children act out to gain a feeling of power and control. Under that feeling of control, abused children have a core sense of shame and unlovability, which they may reinforce by preemptively striking out at people who they expect will abandon them.

Insecure strategies are somewhat pathological, but I would add that they are also survival strategies. When I present the girls' stories, I will show that their often chaotic behaviors in relationships were their best efforts to acquire support and protection. For example, they were often hypersexualized, not necessarily out of anxiety but because this is what the world around them taught them that they were worth. When the girls were safe and in each other's company, they often related to each other more securely. When I was working with them, I often tried to come up with theoretical explanations for their behavior, but I consistently found that no one particular theory fully encapsulated the complexity of their lives. Their lives were difficult and dangerous, and they rarely had anyone that they could go to for reliable support. The end result was that they did what they had to do to survive.