

ATTACHMENT, AFFECT REGULATION  
AND TRAUMA: THE TRANSMISSION  
OF PATTERNS ACROSS GENERATIONS

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**Introduction**

This presentation focuses on the way in which attachment trauma in early life impacts not only on our ability to mourn loss but also on our capacity to make and sustain emotionally meaningful and mutually enriching intimate relationships in adulthood. Trauma is viewed both in terms of overt separation, loss and abuse and as deriving from the cumulative effect of severe parent-child misattunement. The paper attempts to explicate how the internal representation of early self-other relational patterns tend to be activated and

externalised in our current relationships with partners and children, particularly at times of stress involving separation and loss.

The intergenerational transmission of trauma and of secure, insecure and disorganized patterns of attachment is explored, keeping in mind the historical legacy of slavery and our forebears' attachment experiences of separation and reunion. Consideration is given to the crucial developmental accomplishments of affect regulation and reflective functioning, that is the capacity to recognize and evaluate both our own and the other person's behaviour in relation to her or his underlying emotional and intentional states of mind. Research indicates that these vital capacities are compromised by early attachment trauma which then makes it difficult for us as adults to reflect on and organize our subjective

experience in situations that evoke fear of rejection and abandonment.

The paper will refer to the key attachment concepts of the secure base and safe haven. The provision of these emotional functions, by the caregiver in the parent-child relationship, and by each partner in the adult romantic relationship, help to meet the child's and the adult's attachment needs, deactivating attachment distress and restoring a sense of safety and security by regulating fear and anxiety. Repeated benign experiences of these kinds may challenge outdated expectancies and promote emotional and psychological growth and change. From an attachment perspective, in order to separate, move on and lead relatively autonomous lives, we first need to feel securely attached – within ourselves and within our families and communities. When we feel alienated, isolated and insecure, exploratory play in children and

autonomous endeavour in adults tend to cease and our potential remains unfulfilled.

The presentation concludes with a clinical case assessment of two brothers which illustrates the way in which experiences of separation, loss and reunion in childhood may, if left unresolved, traumatically impact on our ability to develop enriching relationships in adulthood – how the relational past lives on in the interpersonal present.

### **Introduction to Attachment Theory**

Attachment theory describes a number of separate but overlapping biological behavioural systems, the functions of which are to regulate human attachment, exploration, caregiving, peer-affiliation, fear and sex. Attachment is defined as any form of behaviour that results in a person attaining and retaining proximity to a differentiated other

(Bowlby 1980). The primary caregiver is the source of the infant's stress regulation and, therefore, sense of safety and security (Schoore 1994, 2001). Attachment theory emphasises the role of the parent as mediator, reflector and moderator of the child's mind, and the child's reliance on the parent to respond to their affective states in ways that are contingent to their internal experience (Slade 2005). Within the close parent-child relationship neural networks dedicated to feelings of safety and danger, attachment and the core sense of self are sculpted and shaped (Cozolino 2002). These networks are conceptualised as internal working models of attachment (Schoore 1994, 2001; Panksepp, 2001; Siegal 2001).

Characteristic patterns of interaction operating within the family's caregiving-attachment system give rise to secure, insecure and disorganized patterns of attachment. These are represented in the child's internal working models of self-

other relationships. Secure attachment is promoted by the repair of ruptures to the attachment bond, and by the interactive regulation of affect which facilitates the recognition, labelling and evaluation of emotional and intentional states in the self and in others, a capacity known as reflective functioning or mentalization (Bateman & Fonagy 2004). The recognition of affects as having dynamic, transactional properties is the key to understanding behaviour in oneself and in another. The child comes to recognize her or his mental states as meaningful self-states via a process of parental affect mirroring and marking (Slade 2005). Secure children are able to use sophisticated cognitive strategies to integrate and resolve their fear of separation and loss (Solomon et al 1995).

When the parent is unavailable or unpredictable, the infant develops one of two organized insecure patterns of

attachment, avoidant or ambivalent-resistant. These defensive strategies involve either the deactivation or hyper-activation of the attachment system. Deactivation is characterized by avoidance of the caregiver and by emotional detachment. In effect, the avoidant child immobilizes the attachment system by defensively excluding thoughts and feelings that normally activate the system. Hyper-activation is manifested by an ambivalent preoccupation with the caregiver and with negative emotions, particularly anger and anxiety. However, in common with the avoidant child, the ambivalent child appears to cognitively disconnect feelings from the situation that elicited the distress (Bowlby 1980). I will address the development of disorganized attachment a little later in this presentation.

It should be noted that the strength of the attachment bond is unrelated to the quality of the attachment relationship. Indeed,

abused children and battered spouses typically show signs of being strongly, albeit traumatically, attached to their abusive caregivers or partners (de Zulueta 1993; Dutton & Painter 1981). Significant disruptions in caregiver-infant affective communications are associated with disorganized and ambivalent-resistant forms of child attachment (Grienenberger et al 2005). Such disruptions may consist of clearly dramatic trauma – sexual or physical abuse – or be correlated with more subtle parental behaviour, for example, withdrawal, dissociation, role-reversal, frightened and/or frightening behaviour and hostile intrusive attitudes. These kinds of caregiver orientations thwart the child's psychological integration. Unregulated shame-exchanges in particular create a rupture to the attachment bond and are an important source of severe emotional disorders associated with the under-regulation of aggression in children and adults (Schoore 1991, 1994).

The impact of systemic and institutionalised racism needs to be kept firmly in mind when considering the parenting of black and minority ethnic children. Franz Fanon, an early pioneer in the field of black peoples' mental health, understands the experience of racism as psychic trauma. Similarly, Barbara Fletchman Smith argues that African-Caribbean peoples' experience needs to be understood in the historical context of slavery. Slavery imposed a complete and final disruption from the African's land, people, language and customs. Attachments were violently and finally severed. The sense of continuity with the past, and of an expectable future, was destroyed, and slavery was a condition passed down to one's progeny (Gump 2000).

Other authors have written about the internalization of oppression, a process whereby the values and beliefs of the oppressor are absorbed. Thus, as we heard from Aileen a little

earlier, the painful legacy of slavery, followed by systemic racism, can lead to self-hate, low self-esteem and the disowning of one's group. [Present day racism may re-open historical wounds. This may partly explain why apparently small injuries to the sense of self can be so deeply felt.] I would also draw attention to the intergenerational transmission of trauma – the way in which psychic trauma is passed on interpersonally from generation to generation. Clinically, this process may be seen in the children of survivors of the Holocaust, and in their off-spring, and in the descendents of those who lived under the tyranny of slavery. The legacy of slavery reverberates in parenting practices which may compromise the development of a secure psychological self. This paper explores in general terms the way in which attachment theory and research may add to our understanding of the personal sequelae of such momentously

traumatic historical events, emphasising the links between attachment and trauma.

### **The Intergenerational Transmission of Affect**

Attachment research demonstrates that discrete patterns of secure, insecure and disorganized attachment have as their precursor a specific pattern of caregiver-infant interaction and their own behavioural sequelae (Main et al 1985; Main 1991). Repeated patterns of interpersonal experience are encoded in implicit-procedural memory and conceptualized as self-other working models of attachment. These mental models consist of generalized beliefs and expectations about relationships between the self and key attachment figures, not the least of which concerns one's worthiness to receive love and care from others (Bowlby 1980).

Attachment theory may be considered a theory of emotion regulation. The mechanism of transmitting attachment organization and, thereby, a characteristic style of regulating affect, lies in the particular quality of the person's early caregiving experience. Subtle fine-grain interactive micro-behaviours are related to attachment and to the transmission of emotion from one generation to the next (Beebe & Lachmann 1992; Peck 2003). Such micro-behaviours operate at the level of implicit relational knowing and include the coordination of gaze direction, vocal inflection, body posture, and facial expression (Stern et al 1998). The infant perceives and remembers the caregiver's repetitive subtle behaviours in the form of pre-symbolic interactional expectancies. This pre-verbal intersubjective process 'instructs' the infant into the logic of being and relating and is experienced as a phenomenological form of knowledge conceptualized as unformulated experience. Thus, the cumulative impact of

parent-child interactions that are consistently matched or mismatched creates a structuring effect on the infant for good or ill. In later life the person generalises these non conscious interactional expectancies to other interpersonal contexts.

Secure-Autonomous Caregivers: A meta-analysis of research findings show that caregivers who have a secure-autonomous style of attachment are capable of a wide range of emotional experience and expression and thus are skilled emotion regulators. This means that they are able to observe their child's distress without becoming overly aroused because of experiencing vicarious personal distress associated with their own attachment histories. This leaves the secure caregiver free to respond to the infant's emotional distress in a flexible and appropriate manner, thereby repairing normal interactive ruptures to the attachment bond in a relatively consistent way. The child, in turn, develops a matching secure pattern of

attachment organization and a free and flexible style of emotion regulation (Main et al 1985; Peck 2003). Research has demonstrated that secure attachment established in childhood perseveres and extends into adulthood (Weinfield et al 2000).

**Dismissing Caregivers:** In contrast to secure parents, caregivers with a predominantly dismissing style of attachment are restricted in the emotions they are able to express to others, and of which they are conscious in themselves. Their infant's distress activates personal distress characterized by an aversive emotional reaction and an attempt to assuage vicariously induced stress. In consequence, dismissing caregivers ignore, or turn away from regulating, their infant's stress and, instead, focus on managing their own emotional conflicts. To avoid rejection, the child minimizes expressions of need and vulnerability and becomes

disconnected from her or his emotional states. Thus, the child tends to match the caregiver's dismissing state of mind by developing a predominantly avoidant pattern of attachment, together with a dismissing and restricted style of regulating emotion (Main et al 1985; Peck 2003). Children classified as avoidant have been found to show a marked lack of empathy towards peers in distress and to behave in aggressive and hostile ways (Main & Weston 1992).

**Preoccupied Caregivers:** Parents with a preoccupied state of mind in respect of attachment are considered to have an under-controlled emotion regulation system, as manifested by an exaggerated style of emotion regulation and by attempts to heighten or maximize their emotional experience. Because of the attachment need to have their infant emotionally dependent on themselves, preoccupied caregivers focus on the infant's negative feelings to the exclusion of helping the child

regulate her or his emotions. Thus, although preoccupied caregivers may appear to respond in a sensitive way, they do not act quickly, appropriately or consistently to end the infant's distress. As with dismissing parents, they are unable to allow the needs of the distressed child to take precedence over their own needs. The failure to provide appropriate and consistent soothing serves to keep the infant intensely focused on the attachment relationship, thereby reducing the chances of the child becoming emotionally independent of the caregiver in age-appropriate terms. In such infant-caregiver dyads, the child is likely to develop a matching ambivalent-resistant pattern of attachment and a style of regulating emotion that is preoccupied and under-regulated, particularly in respect of anger and anxiety (Main et al 1985; Peck 2003).

Unresolved Caregivers: With respect to disorganized/disoriented attachment, findings indicate that

infants develop this pattern in reaction to caregivers who display frightened and/or frightening behaviour associated with their own unresolved trauma (Main & Hesse 1990). Such fear-inducing parental behaviour may consist either of abuse or alternating forms of caregiving wherein emotional availability is followed by an abrupt entrance into dissociative, trance-like states that may be activated by the child's distress and need of comfort. In effect, the unresolved caregiver's mental states take precedence over the infant's attachment communications and initiatives (Peck 2003). Moreover, because of their own unintegrated fear, unresolved caregivers may perceive the child as a source of alarm. The child, in turn, comes to associate her or his own fearful arousal as a danger signal for abuse or abandonment by the caregiver (Main & Hesse 1990).

A relational context in which the attachment figure is, at one and the same time, the source of alarm and the source of its solution presents the infant with an irresolvable paradox: fear of the parent activates the attachment behavioural system compelling the infant to seek proximity to the attachment figure, but proximity-seeking has the effect of increasing the child's fear. This paradox of 'fright without solution' results in a collapse of behavioural and attentional strategies, which is manifested as odd, disoriented approach-avoidance conflict behaviours. A distinct aspect of this behaviour consists of simultaneous and contradictory tendencies to approach and flee from the attachment figure. In a caregiving-attachment system of this kind, the child's attachment system remains in a state of high activation and she or he fails to develop a coherent, organized strategy for coping with the stress of separation ( Hesse & Main 2000; Lyons-Ruth & Jacobvitz 1999; Main & Hesse 1990). Since there is no physical escape

from this traumatizing situation, the infant shifts from a state of hyperarousal and angry protest to a state of despair, followed by emotional detachment and dissociation, thereby matching the caregiver's dissociated state (Schore 1994, 2001). Findings show that a child may be classified as disorganized with one parent but not with the other. This supports the view that attachment disorganization emerges within a particular relationship and is transmitted at an intergenerational level (Main & Hesse 1990).

Attachment research, then, indicates that parents' internal working models, and their traumatic states of mind, are transmitted to the growing child and powerfully influence her or his working models of attachment. These, in turn, mediate all subsequent relationships, particularly those that are most intimate and significant to the person (Bowlby 1980; Holtzworth-Munroe et al 1997; Roberts & Noller 1998). Early

trauma in the form of abuse, loss, neglect and severe parent-child misattunement compromises brain-mediated functions such as attachment, empathy and affect regulation. Psychopathology is seen as deriving from an accumulation of maladaptive interactional patterns that result in character and personality types and disorders (Beebe & Lachmann 2002; Stern 1985).

Findings also show that older children and adults continue to monitor the accessibility and emotional responsiveness of those with whom they have formed a meaningful emotional attachment. The person seeks to maintain an optimal degree of proximity to her or his attachment figure throughout the life cycle in order to sustain feelings of security. Choice of adult romantic partner is one of the most significant mechanisms by which attachment patterns and early affectional ties are externalized and maintained, particularly

in instances of unmourned loss (Bowlby 1980). This finding is supported by clinical experience and observation, most directly in work with couples. Here, a certain fit or match may be discerned in the respective partners' early insecure attachment histories, with implicitly encoded maladaptive interpersonal patterns being externalized and destructively played out in their current emotional and sexual relationships (Bartholomew et al 2001; Clulow 2001; Dutton et al 1994; Johnson 2004; Mikulincer & Shaver, 2007).

Indeed, preliminary findings provide compelling evidence that attachment strategies formed in infancy influence the playing out of the sexual system in adult romantic relationships. Hyperactive strategies include preoccupied, intrusive and coercive attempts to persuade a partner to have sex. The preoccupied person is hyper-vigilant of a partner's signs of arousal, attraction and rejection, coupled with heightened

arousal about her or his own ability to gratify and hold on to a partner. By contrast, deactivating strategies are characterised by inhibition of sexual desire and avoidance of sexual contact, or by a shallow cynical approach that divorces sex from kindness and intimacy and disparages the partner. Thus, in broad terms secure attachment tilts sexuality towards more successful, less conflictual solutions, while anxious ambivalent attachment or avoidant/dismissing strategies tilt the patterns of sexuality towards less successful, more conflictual solutions (Lichtenberg 2007).

### **Contemporary Views of Psychological Trauma**

Looking briefly at contemporary views of psychological trauma, research shows that trauma is bio-chemically encoded in the brain. If severe and prolonged, trauma leads to the loss of regulation of the neurobiological processes dedicated to the appraisal of, and response to, threat and danger (Cozolino 2002). Trauma results in subjective feelings of intense fear,

helplessness and threat of annihilation, states of mind that disorganise mental functioning and overwhelm the adaptations that ordinarily provide people with a sense of control, emotional connection and meaning (Herman 1992). The explicit memory system may fail during conditions of high arousal because of unregulated increases in the levels of norepinephrine, dopamine, endogenous endorphins and cortisol, and a decrease in the level of serotonin, which mediates mood and emotion. These uncontrolled bio-chemical changes can have a profound effect on reality-testing and memory processing and are thought to be involved with dissociative reactions to trauma and the experience of depersonalization and derealization. The latter psychological processes reflect an altered state of consciousness that allows the victim either to avoid the reality of her or his situation or to watch it as an emotionally detached observer (Cozolino 2002; van der Kolk & Fisler 1995).

Dissociated traumatic memories are encoded and stored in the implicit memory system as sensory fragments with no linking narrative. The traumatized person is left in a state of “speechless terror” and thus is vulnerable to flashbacks of the traumatic event in the form of discrete sensory modalities. However, because dissociated memories still exist, albeit in an unintegrated form, they continue to influence emotion and behaviour without the person understanding quite how or why (van der Kolk 1994; van der Kolk & Fisler 1995). Unprocessed traumatic affect is viewed as a significant factor motivating aggression and destructiveness (Cozolino 2002; de Zulueta 1993; Tyson & Tyson 1990). Dissociation in reaction to trauma represents an uncontrolled and negative expression of neural plasticity, which is reflected in the disruption of learning, memory and neural network organization (Cozolino 2002).

Post-traumatic stress disorder (PTSD) is the result of a loss of integration among neural networks that regulate affect, cognition, sensation and behaviour. Symptoms of PTSD centre on physiologic hyper-arousal and intrusion, and on avoidance of memories associated with the traumatic event (Cozolino 2002). Research indicates that the dysregulation of fear states in early life results in a permanent sensitivity to stress in adulthood because the person cannot prevent an excessive reaction by terminating their stress response (Schore 2001). Moreover, traumatic early life events appear to predispose certain individuals to later psychiatric disturbance when they re-experience an event matching the original stressor (Perry et al 1995; van der Kolk 1989; van der Kolk & Fisler 1995). In essence, cumulative trauma in infancy, consisting of oscillating states of hyper-arousal and dissociation, becomes the template for adult PTSD. An impaired ability to maintain interpersonal relationships, cope

with stress, and tolerate and regulate emotions is associated with anti-social, borderline and sociopathic personality disorders (Schore 2001).

### **Disorganized Attachment and Trauma**

Focusing more directly on disorganized attachment and trauma, unresolved/disorganized states of mind develop when there are additional or interactive factors aggravating the traumatic situation (Lyons-Ruth & Jacobvitz 1999). As noted above, disorganised attachment may occur when the child's parent is both the source of fear and the only protective figure to whom to turn to resolve stress and anxiety. In such instances, neither proximity seeking nor proximity avoiding is a solution to the activation of the child's state of fear (Hesse & Main 2000; Main & Hesse 1990). Disorganized attachment produces maladaptive internal working models and compromises reflective functioning, that is the capacity to reflect on, organize and integrate subjective experience. This

leaves the individual vulnerable to affect dysregulation in interpersonal conflict situations that induce fear and shame (Bradley 2003). In such cases, alcohol and illicit drugs are often resorted to as a maladaptive means of suppressing dreaded psychobiological states and restoring a semblance of affective equilibrium (Schoore 1994).

Findings show that disorganised attachment developed in infancy shifts to controlling behaviour in the older child and adult, reflecting an internalized model of the self as unlovable, unworthy of care and support and fearful of rejection, betrayal and abandonment (Solomon & George 1996). Disorganised attachment is associated with a predisposition to relational violence, to dissociative states and conduct disorders in children and adolescents, and to personality disorders in adults. This state of mind constitutes a primary risk factor for the development of borderline and sociopathic personality

disorders (Schoore 1994). State-dependent moods and situations may retrieve traumatic information contained in the systems of implicit memory. Dissociated archaic internal working models are then activated, influencing and distorting expectations of current events and relationships outside of conscious awareness, particularly in situation involving intense interpersonal stress.

### **Attachment and Aggression**

With regard to the links between attachment and aggression, the evolutionary function of anger is the key to understanding aggression from an attachment theory perspective. Angry protest is an instinctive biological response to fear of separation from the preferred attachment figure whose physical presence and emotional availability afford the child safety, protection and psychobiological regulation, thereby promoting exploratory behaviour. The adaptive function of anger is to increase the intensity of the communication to the

lost person with the set goal of achieving reunion (Bowlby 1969, 1973; Schore 1994).

As we have seen, when parents are unavailable or abusive, and there is no substitute attachment figure to turn to for emotional support, the child may defensively exclude attachment-related information from consciousness as a maladaptive means of suppressing affective states that threaten to overwhelm her or him. Defensive exclusion is seen as constituting the heart of psychopathology because attachment-related thoughts and feelings associated with the traumatic situation cease to be experienced. Consequently the child's cognitive-affective response to the loss or trauma becomes disconnected and the experience remains unprocessed (Bowlby 1980).

In sum, the caregiving environment generally, and the infant-caregiver attachment relationship particularly, initiate the child along one of an array of potential developmental pathways. Disturbance of attachment is the outcome of a series of deviations that take the child increasingly further from adaptive functioning. Internal working models of early attachment relationships provide the templates for psychopathology in later life, which may include violent, destructive and self-destructive forms of behaviour. In attachment theory, the main purpose of defence is the regulation of emotions. The primary mechanisms for achieving this are distance regulation and the selective exclusion of traumatic experience (Schoore 1994).

Attachment theory, then, emphasises that anger serves to maintain vitally important relationships. Given this, violence is understood as the distorted and exaggerated version of

potentially functional attachment behaviour (Bowlby 1973, 1988). Disorganized attachment is seen in terms of an unintegrated system of self-other representation. Although this parallel system is segregated from consciousness, it may suddenly become disinhibited by the stress of separation and loss (Bowlby 1980). As already noted, at such times, early, less conscious mental models of attachment tend to become dominant. In later life, separations and losses may activate confused, unstable working models imbued with dysregulated shame and rage deriving from childhood abuse, fear of abandonment and dread of loneliness. This may result in extreme behaviour, including violence (Bowlby 1973, 1979). Relational violence may, therefore, often be explained by the person's inability to tolerate the attachment figure leaving (Bradley 2003; Bowlby 1988). This supposition is confirmed by data showing that spousal homicide imbued with intense affective violence is most likely to occur immediately after

the couple have physically separated (Dutton 1995; Mirrlees-Black 1999).

Although the unresolved individual is able to modulate normative levels of stress and emotional arousal, when rejected and abandoned by their partner, and separated from children of the created family, the person's conscious coping strategies and unconscious defensive structure are vulnerable and liable to break down. This situation may be exacerbated by stressful factors, such as sexual jealousy, bereavement, redundancy and financial problems. Loss and abandonment activate a multiple, disorganised internal working model, together with implicitly encoded state-dependent traumatic memories and unregulated bio-chemical changes (Cozolino 2002; Liotti 1992). These psychobiological states are experienced as posing an imminent threat to the self and fuel a maladaptive, incoherent response. This stressful situation may

overwhelm the person, compromising their mentalizing capacity. Not infrequently, this culminates in the enactment of a long suppressed, shame-driven explosive rage deriving from the original traumatizing attachment matrix in which the self was felt to be endangered (Fonagy 1999; Renn 2003; West & George 1999).

When working in a forensic setting, I found attachment theory of particular help in understanding the clinical issues that underlie stalking and violent behaviour, in assessing the risk of dangerousness and in working therapeutically with people who had committed grave crimes (Renn, 2003, 2006, 2007). The following case assessment of two brothers, Andrew and Peter, illustrates salient theoretical points and the way in which loss, abuse and trauma in early life are implicated in setting the child on a developmental pathway that may culminate in troubled relationships characterized by violence.

### **Case Assessment – Andrew and Peter**

Andrew had been living at the home of two drug-using friends, Colin and Mary, for about a year. His relationship with them deteriorated because of his feeling excluded and rejected. He and Mary occasionally had sex, but she decided to stay with Colin. When Colin discovered what had been going on, he told Andrew to leave their home. Andrew responded in a rage, attacking Colin with his bare fists and beating him so seriously about the head that he died of his injuries some weeks later. Andrew, who was 31 at that point and also misusing drugs, was arrested and charged with murder.

Andrew is the second of four children, having a brother, Peter, who is two years older, and two younger half siblings. His mother had immigrated to Britain from the West Indies when she was 17. Andrew has no memory of his biological father,

who deserted the family when he was just 18 months old, leaving the mother to cope as best she could with little social or emotional support in a new country. Shortly after this, she sent the two brothers to Barbados to be raised by her parents. Some five years later, when she had established herself in a career and a new relationship, she arranged for the children to be returned to her. Andrew was then aged 7 and Peter was 9.

I had worked briefly with Peter some five years previous to meeting Andrew. Both he and Andrew told me that they had developed a close, loving relationship with their grandmother during their five year stay in Barbados and had felt intense distress at having to leave her to return to England. This transition was particularly fraught because of the mother's routine emotional and physical abuse of her two young sons on their reunion.

Peter responded to this traumatic situation by manifesting emotional and behavioural problems at home and at his State school, where he was bullied and subjected to racist taunts, a situation not helped by his being separated from Andrew, who was educated at a different school. Peter became confused, withdrawn and socially isolated, and took to carrying a knife because he feared for his personal safety. At the age of 12 he began to refuse to attend school and was referred to a child psychologist. He refused to talk with her and so the therapy was discontinued. In his teens he developed a serious drink problem and was soon appearing before the courts. Peter's adult relationships with women were short-lived and often violent. He has numerous criminal convictions for assaulting his female partners, which have resulted in his being imprisoned on several occasions.

Andrew's distress was less evident than Peter's at the early stage of his development. He attended a private day school and was socially outgoing and popular with his peers. He applied himself to his scholastic studies and later attained a vocational qualification which helped him to remain in full time employment in the building industry. He turned to religion for solace in his teenage years and developed a good relationship with his stepfather, who he saw as protecting him from the worst excesses of his mother's violence and emotional abuse.

When Andrew was 19 he entered into his first serious intimate relationship with a woman. Some six years later, when he was 25, she ended the relationship. Although on the surface Andrew seemed unaffected by the loss, it soon became apparent that he was not coping with this stressful situation and that his life was, quite literally, falling apart. He resorted

to alcohol and crack cocaine, heavily misusing both substances, and he emulated Peter by acting out in a sexually promiscuous way, fathering several children. Andrew also felt the loss of his biological father keenly at that time and made strenuous efforts to trace him, but without success. He became increasingly depressed and twice attempted suicide - by overdosing on paracetamol and by hanging himself, which led to brief admissions onto a psychiatric ward. However, the psychiatric assessments concluded that he was not suffering from a mental illness at that time, nor, indeed, five years later when he was again psychiatrically assessed prior to being sentenced for killing Colin.

From an attachment theory perspective, I see the roots of Andrew's and Peter's violence as residing in their unresolved traumatic experience of separation, loss and abuse within a disorganized caregiving-attachment system. Despite the early

loss of the father and separation from the mother, had the boys received appropriate help to securely re-attach to their mother, and thus to use her as a secure base to mourn the separation from the grandmother, their development may well have taken a different pathway. As it was, their sadness, fear and distress were cruelly dealt with and they were forced to adapt to a harsh reality and alien culture as best they could.

This fraught situation was further complicated by their experience of the mother as being not only powerful, dominant and abusive, but also loving, caring and concerned that they should make a success of their lives. Thus, Andrew and Peter both loved her and feared and hated her. These ambivalent, conflicting feelings led to the development of a multiple, incompatible internal working model and to a concomitant disorganized pattern of attachment. As a consequence, their capacity to regulate negative feeling states

and reflect on, organize and integrate traumatic experiences was seriously compromised. Peter, in particular, displayed a pronounced tendency to react violently to even relatively insignificant personal slights, losses and rejections. Such minor injuries to the sense of self seemed to activate the original separation trauma, together with unintegrated affective states of shame and rage associated with racism and physical and emotional abuse, and thus to elicit a response that was disproportionate to the current mortification.

Moreover, because of persisting states of insecurity and lack of trust neither Andrew nor Peter was able to enter into a committed, emotionally mature relationship. It would seem that the prospect of becoming attached to another person elicited expectations that oscillated between fear of engulfment and fear of abandonment, as expressed in their respective catastrophic narratives. As a result, emotionally

meaningful relationships were generally avoided and intimacy was defended against. Andrew's affective reaction to rejection and abandonment by Colin and Mary could not be contained and processed, but was, instead, acted out in a most violent fashion. In attachment terms, this situation re-traumatized Andrew, activating an archaic disorganized internal working model full of rage, shame and hate. To what extent the legacy of slavery was also implicated, in terms of the intergenerational transmission of trauma and the impact this had on the parenting practices to which Andrew and Peter were subjected, are, I think, pertinent questions.

Andrew pleaded not guilty to murder but guilty to manslaughter. His plea was accepted by the prosecution and he was sentenced to six years imprisonment. Following his release from prison on parole licence we worked on the clinical issues outlined above, as well as on intense feelings of

guilt and shame, symptoms of post-traumatic stress deriving from having killed his friend, heroin addiction and relationship difficulties with his current romantic partner.

We also explored why Andrew's mother had parented him as she had, setting this in the context of what we knew about her own early attachment history, her experiences of separation and loss from home and loved ones in adolescence and of abandonment by Andrew's father shortly after he was born. By means of this process, Andrew came to recognize and reflect on his mother's formative experiences and subjectivity, thereby organizing and integrating the traumatizing aspects of his relationship with her. This, in turn, helped us to understand the ways in which the internalized relational patterns with his mother were being externalized and destructively repeated in the relationship with his current partner.

Although Peter had not re-offended since my brief intervention with him five years ago, he remained a deeply unhappy and depressed man who was dependent on alcohol and whose relationships were in a perpetual state of conflict. He had not felt ready to fully engage in working with me on his difficulties in living when we had first met. This may partly have been because of my position as an authority figure and representative of the dominant white culture. However, he attended a session unannounced with his brother to ask if I could arrange for him to receive help with his problems. Both he and Andrew spoke of their intention to make a renewed effort to find their father and maintain contact with their own children.

### **Conclusion**

And so to conclude, attachment research suggests that the mind can continue to develop throughout the lifespan via changes in internal working models (Siegal 2001). Such

findings are supported by neuroscience, which increasingly recognises that the brain retains plasticity throughout life, adapting to changes in environmental challenges and demands. One such challenge is provided by the process of therapy (Cozolino 2002). An aspect of this process is the identification of distinct behavioural patterns in the complex dynamic interplay between the person's early interpersonal matrix and her or his current relationships, including that with the therapist, while, at the same time, giving due weight and attention to their social, cultural and historical contexts. This facilitates an exploration of the way in which archaic internal working models are being perpetuated in the here and now, particularly at times of intense interpersonal stress. The attachment relationship developed with the therapist establishes a secure-enough base from which the person can collaboratively explore and resolve trauma, thereby attaining a state of "earned security" (Main 1991). Thus, while we as

therapists cannot erase the past, we can help our clients to discern repetitive patterns of behaviour and change how they understand and feel about their relationships in the present.

I would like to end by emphasising, however, that regardless of any therapeutic intervention, recovery from traumatic experiences involving separation, loss, neglect and abuse, as well as from severe parent-child misattunement, can also be greatly aided by the quality of the emotional bonds that we subsequently create in our families and communities. Establishing secure attachments is, I believe, an important way of breaking the intergenerational transmission of historical trauma, including that deriving from the painful legacy of slavery.

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