

*Santa Barbara Graduate Institute*

**Considerations of Attachment and the Correlation with Intimacy**

**In Conjoint Therapy with Couples**

**By**

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**Human Sexuality**

The massing amount of divorce within the United States and the recent evidence that couples are choosing to not enter into marriage is a clear indicator that there is a foundational break down which is directly connected to our earliest relationships in life. Internal conflict which is often birthed in deficits within a child's attachment to caregivers early in life serves as a direct correlation to deficits in one's ability to attach to a significant other later in life in addition to entering into a state of intimacy. The advancing field of neuroscience now gives us understanding and awareness into how early deficits in ones attachment system do have a direct effect upon our brain and bodies. This paper will present the implications of attachment and the correlation with intimacy later in life. And why conjoint couple's therapy should include considerations of one's early attachment style and the direct correlation it has to a couple's ability to be intimate with one another.

## **Considerations of Attachment and the Correlation with Intimacy**

### **In Conjoint Therapy with Couples**

Through the advancing field of neuroscience we now have access to a wealth of understanding into how the body stores memory from our earliest attachment experiences and how relationships are a critical component. Relationship experiences have a dominant influence on the brain because the circuits responsible for social perception are the same as or tightly linked to those that integrate the important functions controlling the creation of meaning, the regulation of bodily states, the modulation of emotion, the organization of memory, and the capacity for interpersonal communication (Siegel, 1999). The separation of a child from their primary caretaker is traumatic in and of itself. With this in mind let us briefly examine the necessity of attachment in the first place. Then we will move on to bridge the necessity of reviewing attachment during assessment so as to fully understand the core inner workings and fundamental dynamics that are taking place for a child within the foster care system.

John Bowlby, known to the world as the “Father of Attachment” described the fundamental dynamics of the attached relationship and the critical importance for healthy development. A child’s sequential response to separation from the primary attachment figure is one of protest, despair and detachment (Shore, 2003). With this understanding it becomes clear that an infant, child or adolescent that is separated from a primary caregiver has within them characteristics of protest (anger/hostility), despair (apathetic withdrawal/depression) and detachment (social withdrawal/challenged within their attachment systems). The American developmental neuropsychologist James Prescott

has demonstrated this in his studies of the long-term consequences of lack of bonding through studies at the US National Institute of Child Health and Development (Prescott, 1996). They showed that neural circuits were damaged through rejection or abandonment of a child by parents or through inadequate bonding. The degree of bonding depends on the amount of attention given to the physical and emotional needs of a developing child at each stage of development – preconception, pregnancy, infancy, childhood, and adolescence (Ridgeway, 2006). There is abundant evidence to show that bonding rests on three emotions: trust, affection, and love, each in a system of the brain (Prescott). A fundamental postulate of contemporary clinical psychiatry holds that the major source of stress precipitating psychiatric disorders involves the affective response to a rupture or loss of a significant relationship (Kolb, 1977). Allan Shore expounded upon disorders within the personality and explained how Borderline personalities were now being diagnosed in childhood (Cicchetti, 1994), and throughout the lifespan they manifest “oscillations in attachment (Melges & Swartz, 1989). Individuals with inadequate attachment early in life frequently present with neuropsychological problems that are associated with difficulties in social interaction and an inability to cope with stress and relationships later in life (Kernberg, 1989). Pine (1986) postulates an etiological model of the “borderline-child-to-be,” emphasizing a history of stress due to mismatched parenting, the evolution of developmental deficits, and the establishment of inefficient mechanisms for coping which become pathological defenses (Shore, 1994).

To further expound on the necessity of consideration of attachment in the restoration of intimacy in conjoint couples therapy is what I have termed the “hidden components” of healing. The term “flashback” is often referred to in recalling traumatic events from ones past. Most are familiar with visual and auditory flashbacks, but the term flashback might also apply to somatic (body) symptoms that replicate the traumatic event in some way. Whatever the sensory system involved, a flashback is highly distressing, because it feels as though the trauma is continuing or happening all over again (Rothschild, 2000). Our earliest implicit memories have a direct connection to our ability to trust another individual. The hope lies in the understanding of attachment. In 1913, Freud proclaimed, “It remains the first aim of treatment to attach him [the patient] to it [the process of therapy] and to the person of the doctor” (Freud, 1913/1958, p. 139). This speaks volumes to the foundational principle and direct relevance of developmental attachment to the psychotherapeutic process. And this occurs in the form of interactive right brain-to-right-brain emotion-transacting interaction. A number of authors have pointed out the direct parallels between the clinical attributes of an effective therapist and the parental characteristics of the psychobiologically attuned caregiver of a securely attached child (e.g., Dozier, Cue, & Barnett, 1994; Holmes, 1993; Sable, 2000; Shore, 1994). The right-cortical hemisphere of the brain is centrally involved in attachment. Our right hemispheres are where we experience both our emotions which direct our bodily states. The advancing field of neuroscience gives us understanding into the futile attempts at accessing repressed memories, which are stored in the right hemisphere, through left-brain cognitive processes alone and independent of right-brain and somatic

involvement. Having laid this foundation it becomes clear that in consideration of intimacy, an individual's early blue prints and memories of what attachment, bonding and intimacy truly mean are often distorted and even feared. This creates enormous blocks involving both somatic, implicit and explicit memory.

The need for an individual to be attached early in life creates a triad of developmental processes, including: proximity seeking – children need to be physically close to their attachment figures. A safe haven – when upset, children turn to their caregivers for soothing; and a secure base – after repeated experiences with their attachment figures, children internalize these relationships for a sense of security that can be utilized when physically distant from their parents. Consider for a moment when an individual does not have an early attachment figure that is close in proximity nor a safe haven or a secure base. For this individual who is conditioned to soothing themselves when stress is causing cortisol to surge within their nervous system, this individual will choose to often isolate and return to an independent state for soothing and the return of regulation. The attachment style of a parent will predict the child's style of connection to others with about seventy percent accuracy (Goleman, 2006, pg. 165). This is significant when we consider that 55 percent of Americans fall into the “secure” category, easily getting close to others and able to be intimate with their partners. In contrast, 20 percent of adults are “anxious” in regards to intimacy in relationship, prone to fear that their partner does not love them or threatened that they will leave them. Around 25 percent of adults are “avoidant” and demonstrate an uncomfortability being emotionally close and intimate with their partner. They find it hard to trust their partner or share feelings, and

get nervous when their partner demands that they become more intimate. (Goleman, 2006).

“In our traditional understanding of it, intimacy is self-disclosure...A more positive and productive way of understanding intimacy is as a process of self-revelation, that is discovering yourself in the presence of another” (Resnick, 1997, pg. 180).

Conjoint couples therapy designed to address breakdowns in intimacy between two individuals should consider the factors of early experiences of contingent

communication, reflective dialogue repairs in relationship ruptures and emotional

communication. “When an individual forms warm, nurturing relationships, he can use them not only in times of stress, challenge, or conflict, but also to maintain an ongoing sense of security which will serve as a foundation for all future relationships”

(Greenspan, 2002, pg. 47). “Intimacy involves a capacity to relate to oneself and others in

a modulated and open manner. This potential for intimacy is primarily an ability to

tolerate one’s inner world and the contradictions it presents. Withdrawal from intimacy in personal relationships is one of the more enduring effects of deficits in one’s

attachment early in life (Van Der Kolk, 2007, pg. 539). Scientists began to examine the

brain system and attachment and it’s correlation to long-term relationships decades ago

when British psychiatrist John Bowlby proposed that humans have evolved an innate

attachment system consisting of specific behaviors and physiological responses. Most

scientists now believe that vasopressin and oxytocin, closely related hormones made

largely in the hypothalamus and the gonads, produce many of the behaviors associated

with attachment (Fisher, 2004, pg. 88). Many scientists and therapists do not believe that

early attachment patterns, whether secure or insecure, have a direct bearing upon one's own issues with intimacy with a partner later in life due to the scientific research on these hormones. "There is a great deal of anecdotal evidence for this negative chemical relationship between attachment and intimacy" (Fisher, pg. 92). People around the world say the exhilaration of romance wanes as their marriage or partnership becomes increasingly stable, comfortable, and secure. An example of this would be when oxytocin, what many call a "bonding hormone" increases, testosterone decreases; which is directly connected to sex drive. Many believe that this is a major contributing factor in the breakdown of intimacy between two partners. I believe that this is a significant contributing factor but not one that should be viewed in isolation. As humans we are comprised of a multitude of experiences that have left impressions upon our mind and body's both consciously and unconsciously. And I believe that both need to be considered when therapists are working in Conjoint therapy with adults struggling with intimacy later in life. Psychologists Elaine Hatfield and Richard Rapson believe that adults express one of six "attachment styles" (Fisher, pg. 119). Securely attached men and women choose partners in which they can be intimate with. Those whose history was established with an insecure attachment will reflect often avoidant behaviors toward their partner in which they avoid intimacy all together. While others are ambivalent and will draw close to their partner in intimacy but at the same time are threatened by it and so they pull away. Those with disorganized attachment early in life will reflect patterns of choosing a mate that will, in a similar manner, reflect the cold and abusive patterns of an early caregiver; making intimacy absolutely impossible. "The fundamental proposition

remains: we each have a unique personality, built by our childhood experiences and particularly biology...Individual 'love maps' probably begin to develop in infancy as we adjust to countless environmental forces that influence our feelings and ideas" (Fisher, pg. 121). We carry within our brain and body an extraordinary sum of implicit and explicit memory that can serve as a catalyst to our internal promptings for more intimacy in relationship or a fear reaction to avoid it at all costs.

The idea of attachment and its direct correlation with intimacy later in life intrigued me during this study due to my own personal struggles with intimacy on varying levels. Growing up with an insecure attachment of the disorganized and ambivalent type I learned early on that trust was something that should be avoided in regards to the giving of one's internal self to another due to pain prevention. As a result of years of conditioning of self-soothing and fear based states I've grown in my own awareness of how I had selected partners that did not even have the ability to meet my internal need for a secure attachment in which intimacy could even be developed. It has been a painful process but one of tremendous growth and healing these past two years when I began to consider the "early years" in my life which were filled with much terror and insecurity. My need for proximity, safe haven and a secure base were lacking in some measure. Now as an adult in my mid-thirties I am faced with the challenge of facing the pain and deficits from my past in order to identify, process and express these emotions stored in both implicit and explicit memory. I've been working through this during these past two years and I'm amazed at how much healing and change has occurred in my ability to trust another, which I believe lies at the core of building an

intimate relationship with another individual. Many scientists would say that the basis for intimacy is physiologic primarily and I am aware that this is a major factor. However, we must consider one's early attachment in working with couples in conjoint therapy regarding issues of intimacy. These early relationships have laid a foundation that can be shaped. Change and healing can occur between couples when we consider not only the present factors that are contributing but the foundational imprints that serve as building blocks or bridges between individuals longing for greater degrees of intimacy with one another. I will close with a quote that I think embraces intimacy on every level. "True love is not just about being true to another. The most fulfilling love is when you are also true to yourself. You are open to discovering yourself in the presence of the other precisely because you want to be loved for who you truly are, not for who you can pretend to be" (Resnick, 1997, pg. 184).

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