

The Core Components of Attachment Repair

By

Dawn Wadiak



**FOUNDATION FOR
FAMILY HEALING**

Introduction

The rising amount of children being diagnosed with psychiatric disorders today presents a challenge to the mental health system at large to examine the critical components of attachment formation and the period in which many believe is the foundation from which all psychiatric disorders form (Schore, 2003). This research paper will explain the components of attachment, the significance of secure and insecure patterns and the lifelong implications of this process. A comprehensive framework for clinical repair will be identified based upon current neurological research with children of all ages.

The Definition of Attachment

“Attachment is an inborn system in the brain that evolves in ways that influence and organize motivational, emotional, and memory processes with respect to significant caregiving figures” (Bowlby, 1969). And attachment and bonding between mother and baby begin before birth where, “the pre-nate forms impressions of his mother’s internal state and the world outside by listening to her voice...” (Verny, 2002) and there is emerging research that perception and consciousness emerge within the womb as sensations are present, “first in the experience of the earliest fetal cells, and later in the emerging neural networks that form the organs of sensation and the brain” (Verny). “Hormones involved in the process of attachment, such as ACTH and vasopressin, as well as the endorphins, have already been secreted by the baby early in its foetal life so that the real attachment between mother and baby started well before birth” (Odent, 2002).

The Lifelong Implications

The current research within the field of prenatal and perinatal psychology and the neurological implications of attachment gives evidence to the critical implications of a child's early developmental years beginning within the womb. The advancing field of neuroscience coupled with prenatal and perinatal psychology now gives significant evidence into the neurological, life long implications of early psychological and physical imprinting upon an individual as it relates to our earliest attachment to others and development on multiple levels. Our first relationship begins within the womb between a baby and mother and the time in utero through three years establishes a blue print for all future relationships (Schoore, 2003). Our earliest of memories are often the most profound simply because they are our initial impressions in life (Odent, 2002). Another significant component in early formation contributing to attachment is the level of maternal stress which is often associated with a child's (lower) birth weigh, irritability, regulatory deficits and learning disabilities later in life (Zuckerman, Bauchner, Parker, & Cabral, 1990). Prenatal stress may also result in permanent alterations in dopamine activity and cerebral lateralization, making offspring more susceptible to both anxiety and limiting their functioning into adulthood (Field et al., 1988). During the first initial hours after birth the hormones secreted by both the mother and the baby are present and contribute to the process of attachment (Odent).

John Bowlby believed that attachment schemas formed by a culmination of multiple experiences with caretakers that then become "unconscious reflexive predictions

of the behaviors of others” (Cozolino, 2006). “Secure attachment occurs when a child has a mental representation of the attachment figure as available and responsive when needed. Infants are considered to be insecurely attached when they lack such a representation” (Cassidy & Shaver, 1999). Attachment formation has also been connected to temperament. Studies of attachment have revealed that the patterning or organization of attachment relationships during infancy is associated with characteristic processes of emotional regulation, social relatedness, access to biographical memory and the development of self reflection and narrative (Main, 1995). Various studies on the differences in infancy, adolescence and adulthood confirm that there are life long implications related to insecure attachment (Ainsworth, 1995; Bowlby, 1979; Egeland, 1974). Both theory and research suggest that early attachment experiences have an enduring effect on personality development and significantly impacts the well-being and future functioning of the individual (Ainsworth, 1985, 1989; Bowlby, 1969/1982, 1973, 1980; Hesse, 1999; Karen, 1998; Main, 1995; Schore, 1994, 2001a; Siegel, 1999; Sroufe et al., 2005a).

Principles of Attachment Theory

Attachment theory presents that early relational models construct patterns in relating to others in the future. Within the security of attachment being offered by a parent or caregiver a child learns that their parent can serve as a consistently secure base. This safety prepares the child to engage the world around them through developmental stages. Through this consistency of security the child also seeks the parents out as a “safe haven” from the fear that is present within their environment.

Early experiences are internalized and shape the way children process information.

“Secure attachments build the brain in ways that optimize network integration, autonomic arousal, and positive coping responses. The regulation of these systems becomes established early in life and organizes enduring patterns of arousal, reactivity to stress, and interpersonal behavior” (Cozolino, 2006). Further, Allan Schore built upon the work of John Bowlby in explaining the process of imprinting during the early developmental stages of development when attachment should occur. “The term imprinting is derived from the German word *Pragung* which literally means forging or stamping. The mechanism of this process of attachment has been understood to involve an irreversible stamping of early experience upon the developing nervous system” (Schore, 1994). In this regard attachment schemas are, “implicit memories that are *known* without being *thought*” (Cozolino).

Attachment Repair – Coherent Narratives

So how does one make an impression upon an established imprint? The core components of attachment repair include considerations into the physical, emotional, psychological and spiritual parts of the whole individual. Elisabeth Kubler-Ross incorporated attachment concepts into her book *On Death and Dying* which prompted studies discovering that loss of a primary caregiver due to divorce was accompanied by protest, despair, and detachment by the child. “Healthy reactions to loss in adulthood entail a gradual emotional reorganization and a refocusing of one’s attachment feelings to new figures” (Weiss, 1982). Mary Main contributed a framework of understanding how a clinical model which supports the development of a coherent narrative of the client’s

history helps to form a working model of attachment repair. “The mother who is able to openly acknowledge, access, and evaluate her own attachment experiences will be able to respond to her child’s attachment needs in a sensitive and nurturing way” (Cassidy & Shaver). Effective therapeutic interventions will thus support a parent to identify, process and express the emotions and meanings derived from their own attachment history. In this regard the parent serves as the “emotional regulator” who is responsible for the interactive and corrective repair with their child (Post, 2002).

As Cassidy and Shaver stated, “A vital aspect of security (and a direct outgrowth of the

reflective capacity) is the ability to regulate and thus fully experience a range of affects, specifically distress and pleasure. With understanding comes the capacity to regulate and contain mental states...The mother who is able to reflect upon and thus modulate and integrate her own affective experience will not be dysregulated by her infants (or child’s) aggression or other negative affects, because the vagaries of emotion are familiar to her. And because she is sensitive to the meaning of the emotion, she will respond to her child’s signals as if they are patterned, sequential, bounded and meaningful.”

In this regard the mother’s capacity to give a voice to the pain from own history and to process and integrate the emotions connected to the experiences from her past enables her hold the capacity to accept her child’s emotions and felt experience.

Experiences which contribute in forming insecure attachment within a child lead into the formation of maladaptive patterns for that child both personally and in relationship with others. Maladaptive self formation includes a child’s perception of safety within themselves and the world, aspects of nurture and subsequent trust and a strong sense of self. These three main aspects: safety, nurture and sense of self are a fundamental guide in attachment repair. When a child feels safe, which comes from a caregiver’s presence, consistency of nurture and emotional and physical availability, the

child develops and attachment to that caregiver. Bonding, the ability of the caregiver to offer security, proximity and safety must always precede attachment. In this regard, the caregiver offers these critical components and over time and repeated engagements of positive relationships and a positive environment the child patterns new experiences within their brain and body which form attachment to their caregiver. Jeremy Holmes (1998) suggests that the work of therapy involves both “story-making and story breaking,” helping the patient at once to tell a coherent story and to allow this story to be told in a different (more positive) manner. Holmes states: “Implicit in my argument depends on a dialectic between story-making and story breaking, between the capacity to form narrative, and to disperse it in light of new experiences” (Holmes, 1998).

The Therapeutic Relationship

From an attachment perspective, the therapeutic relationship between counselor and client is essential in the attachment-repair process. As the client develops a sense of trust within the “safety” of the therapeutic relationship reflection can be made about the past and the meaning that was derived from the former, often painful, experiences. “Treatment provides the patient a means to contemplate and indeed reexperience his or her life story within a safe and healing context, with an emotionally available and sensitive other who “marks” and thus gives new meaning and shape to, life events and the patient’s sense of self and relationships (Gergely & Watson, 1996). Therapy in this manner focuses itself repeatedly upon loss, separation and reunion both of the client’s history and in the therapeutic process between client and counselor (Cassidy & Shaver).

Implicit Memory Formation and Repair

“Early attachment schemas persist into adulthood, impacting choice of partners and the quality of relationships. Their impact goes beyond the ability to shape our relationships; they also influence our emotional life, immunological functioning, and our experience of self” (Cozolino). Implicit memory is responsible for the creation of particular circuits within the brain that are responsible for emotion, behavior, perception and bodily sensation. “The fascinating feature of implicit memory is that when it is retrieved it lacks an internal sensation that something is being ‘recalled’ and the individual is not even aware that the internal experience is being generated from something from the past” (Siegel, 2003). Effective clinical interventions therefore should consider awareness into a client’s patterning in thoughts, emotions, behaviors and somatic defense structuring. Awareness into emotional and sensory triggers are key in understanding meanings that were formed during the early developmental period. “Emotion can be thought of as a process that integrates distinct entities into a functional whole” (Siegel). Resonance occurs when an individual internal (bodily/felt) state is aligned with another through the use of non-verbal communication. “This sensory experience of another becomes a part of our ‘memory of the other’ such that the person becomes a part of us. And when relationships include resonance, there can be a tremendously invigorating sense of joining” (Siegel). From a biological perspective, interpersonal communication contributes to the shaping of neurons within the brain from which a returned sense of self is gained. In this regard, our brains respond to the responses of others. And the brain learns through patterning. Contingent communication

contributes to the developing of new schemas and formations of meaning of self and others. And this co-construction and repair can occur between any two individuals in relationship (i.e. counselor/client, parent/child, husband/wife).

Implicit Memory and Somatic Processing

Somatic (i.e. body) memory is directly connected to implicit memory formation. The earliest memory formation (in utero and within the first year) forms impressions within the body which contribute to attachment patterns within an individual. Stanley Keleman described five steps within the somatic-emotional approach in therapeutic interventions for attachment repair. Step one involves somatic awareness of structure by both the client and therapist. Identifying ways in which the client's body has stored memory from the past through awareness. Step two involves bodily (unconscious) patterning. Within the safety of the therapeutic relationship the client can then move to step three where one begins to explore the fear that is harbored within them from prior experiences. Integration occurs (step four) when the client can identify, process and express these emotions from a left and right hemisphere perspective. In this manner the client is supported to process the somatic sensations, identifying associated images, sounds and feelings combined with cognitive framework of meanings that were derived from these experiences. Step five involves the disruption and repair process whereby the client learns and begins to form new patterns through the attachment and disruption repair process in relationship.

There are many different types of specific attachment-focused clinical intervention models which address the early developmental stages of life. In this

summary I have attempted to formulate a presentation of three working models; namely, Cognitive Construction (i.e. Coherent Narrative), a Relational Model (i.e. Attachment-focused Family therapy) and Somatic Process oriented (i.e. Somatic integration/right hemisphere engagement) interventions. The underlying foundation of every attachment focused intervention for repair involves *relationship*. If trauma, disruption and pervasive developmental stress occurred within the context of relationship which lead to fear-based internal models, neglect and poor sense of self; then an effective attachment focused model will always include security of relationship where one can heal in relationship with another caring and committed individual. The critical components of attachment repair will identify schemas from the past and work to facilitate relational healing through interactive repair between two individuals. This dyadic regulation of emotion within the context of relationship contributes to the formation of new working models that are based upon interactive repair, trust, safety and established self worth.

References

- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. New York: Basic Books.
- Cassidy, J. & Shaver, P. (1999). *Handbook of attachment: theory, research, and clinical applications*. New York: Guilford Press, 7.
- Cozolino, L. *The neuroscience of human relationships*. New York: W.W. Norton & Company, 141.
- Gergely, G., & Watson, J. (1996). *The social biofeedback theory of parental affect-mirroring: The development of emotional self-awareness and self-control in infancy*. *International Journal of Psychoanalysis*, 77, 1181-1212.
- Holmes, J. (1998). *Defensive and creative uses of narrative in psychotherapy: An attachment perspective*. In G. Roberts & J. Holmes (Eds.), *Narrative in psychotherapy and psychiatry* (pp. 49-68). Oxford: Oxford University Press.
- Main, M. (1995). *Attachment: Overview, with implications for clinical work*. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 407-474). Hillsdale, NJ: Analytic Press.
- Odent, M. (2002). *Primal health: Understanding the critical period between conception and the first birthday*. East Sussex: Clairview.
- Schore, A. (1994). *Affect regulation and the origin of the self*. New Jersey: Lawrence Erlbaum Associates.
- Schore, A. (2003). *Affect regulation & the repair of the self*. New York: W.W. Norton & Company.
- Siegel, D. (2003). *Parenting from the inside out*. New York: Penguin Group.

Verny, T. (2002). *Tomorrow's baby: The art and science of parenting from conception through infancy*. New York: Simon & Schuster.

Weiss, R. S. (1982). *Attachment in adult life*. In C.M. Parkes and J. Stevenson-Hinde (Eds.), *The place of attachment in human behavior* (pp. 171-184). New York: Basic.

Zuckerman, B., Bauchner, H., Parker, S., & Cabral, H. (1990). *Maternal depressive symptoms during pregnancy, and newborn irritability*. *Developmental and Behavioral Pediatrics*, 11(4), 190-194.