

Violence from an attachment perspective

Felicity de Zulueta describes how violent behaviour may be rooted in trauma suffered during infancy.

Many of the people who commit violent offences suffer from what is known in the psychiatric world as 'personality disorders'. These are defined according to *International Classification of Diseases or ICD-10* (WHO, 1994) as a variety of conditions and behaviour patterns of clinical significance that tend to be persistent, and appear to be the expression of the individual's lifestyle and mode of relating to him or herself and others. According to the *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition, 1994), personality disorders are relatively enduring and pervasively maladaptive patterns of experiencing, coping and relating.

A useful starting point in understanding severe personality disorders is the concept of attachment and the importance of social experience in triggering both gene expression and developmental outcomes (Zulueta, 1998, 2006).

Attachment and fear

Attachment is a motivational system which we share with other animals and which has its own specific neuropsychological substrate in the brain. Human infants are genetically predisposed to want access or proximity to their attachment figure, particularly in situations when they are frightened.

Long term separation in infant primates as studied by Harlow (1974) showed that the longer and the earlier these monkeys were separated from their mother, the more antisocial their behaviour in adulthood. They displayed self destructive and self mutilating behaviour as well as an inability to discriminate social cues, a deficiency that persisted despite 'therapy' from their younger caregivers (Suomi, 1997).

The psychobiological substrate of human attachment behaviour involves a great part of the right hemisphere and part of the supra-orbital area of the brain which is important in empathic perception of other human beings. It is a behaviour that is partly mediated by opiates (Schorre, 1996).

As human infants are totally dependent on their caregiver in early life, any threat to the child's sense of security will translate in activation of the attachment system with the characteristic sequence of behaviours: protest, despair and detachment (Bowlby, 1980)

Human infants cannot regulate their arousal and emotional reactions, gratify their emotional needs or maintain psychophysiological homeostasis. As a result, a sensitive caregiver will, in addition to providing protection for the infant, allow for the development of psychobiological attunement between infant and caregiver, a process that provides, from birth onwards, a matching of inner states between mother and infant described by Stern as 'affect attunement' (Stern, 1985). The caregiver responds to the infant's signals through holding, caressing, feeding, smiling and giving meaning to the infant's different experiences. These daily interactions provide the memories that the infant brain synthesizes into 'internal working

models' (Bowlby, 1988, pp129-133). These are internal representations of how the attachment figure is likely to respond to the child's attachment behaviour.

Secure attachment

The 'good enough' mother of the securely attached infant permits access to the child after separation and shows a tendency to respond appropriately to her emotional expressions, be they positive or negative. "These regulated events allow for the expansion of the child's coping capacities and account for the principle that the *security of the attachment bond is the primary defence against trauma induced psychopathology*." (Schorre, 1996).

By giving meaning, sharing and predicting his or her child's behaviour, the caregiver develops the infant's reflective functioning (Fonagy and Target, 1997). This developmental acquisition enables people to understand each other in terms of mental states and intentions. It is key to developing a sense of agency and continuity as well as enabling us to interact successfully with others.

The representation of the Self is closely intertwined with the internal representation of the child's attachment figure. As a result a securely attached child has a mental representation of the caregiver as responsive in times of trouble. These children feel confident and are capable of empathy and forming good attachments (Siegel, 2001).

Insecure attachments

An insecure attachment is one in which the infant does not have a mental representation of a responsive caregiver in times of need. These infants develop different strategies to gain proximity to their caregiver in order to survive. There are three types of attachment behaviour (Bowlby, 1988, pp.123-130):

Group C: Anxious ambivalent type (12%).

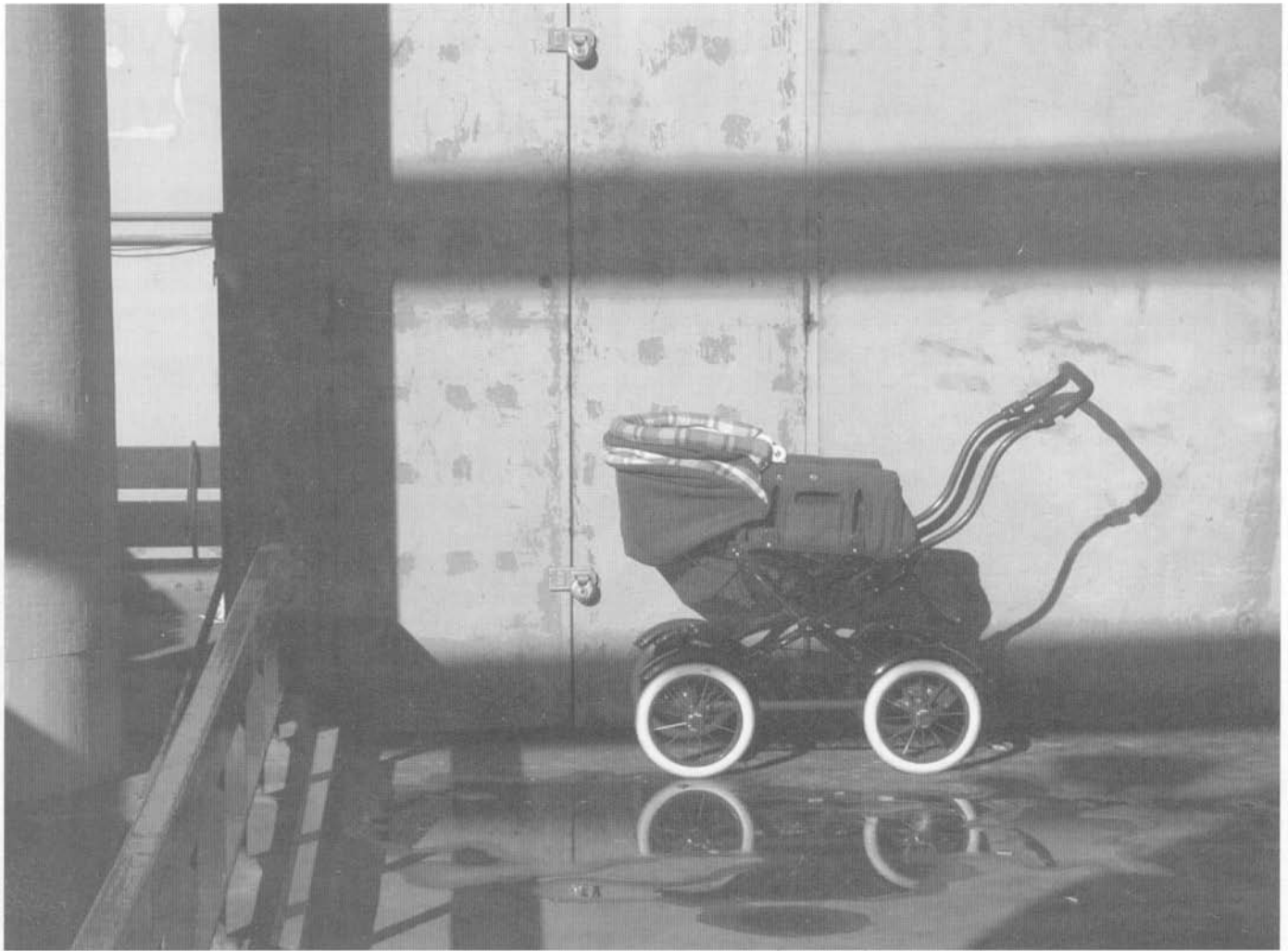
Group A: Avoidant type (20-25%).

Group D: Disorganised (15%).

For the anxiously ambivalent attached infants, there is a pressing need to make sure that their inconsistent parents do not ignore them: this leads to a clinging angry attachment behaviour.

For the avoidant infants, proximity to their rejecting caregiver is ensured by the infant pretending that the parent does not matter; the fact that their heart rate increases when separated betrays their fear. To achieve this state of detachment, the infant and later the adult, have to deny and denigrate that which they might come to need most, the warm supportive response we all want when faced with death, loss or helplessness as occurs in traumatic experiences.

For infants whose early experiences have meant fear, their response in relation to their caregiver is a disorganised one, often a mixture of avoidant and anxious-ambivalent responses. They are also seen to freeze in trance-like states. Their caregivers are



frightening or frightened. In the latter case, the parent herself suffers from post-traumatic stress disorder or PTSD and finds herself reliving terrifying states of helplessness that may be induced by the infant herself.

I have seen this phenomenon in some refugee women who have been raped and whose infant's eyes bring back the nightmares of their traumatic experience. Their terrified and terrifying behaviour leaves their infant in a state of 'fear without solution' (Main and Hesse, 1992). Reflective functioning in these infants is severely impaired with resulting later developmental and social problems.

Attachment and dissociation

The infant's psychobiological response in such states of 'fear without solution' comprises two response patterns (Perry *et al* 1997):

1. A 'fight-flight response' mediated by the sympathetic system. This blocks the reflective symbolic processing with the result that traumatic experiences are stored in sensory, somatic, behavioural and affective states.
2. If this 'fight and flight response' is not possible, a parasympathetic dominant state takes over and the infant "freezes in order to conserve energy, feign death and thereby foster survival. Vocalisation is inhibited" (Nihenhuis, Vanderlinden, and Spinhoven, 1998).

Main and Hesse (1992) describe the behaviour of disorganised infants responding to the entry of their frightening parent: "The impression in each case was that approach movements were

continually being inhibited and held back through the simultaneous activation of avoidance tendencies. In most cases however, proximity-seeking sufficiently overrode avoidance to permit the increase in physical proximity". This life-giving proximity to the caregiver is maintained by 'splitting' off or dissociating experiences that would make the child run away in terror.

It is important to realise that children, and later adults, who have lived in fear of their caregiver's hatred and violence will:

- A. Maintain their attachment to their desperately needed caregiver by resorting to splitting off from consciousness unbearable memories of past interactions with their parent, thereby creating different representations of themselves and their caregiver; this results in a lack of self continuity in relation to the 'other' as seen in people suffering from a borderline personality disorder (Fonagy and Target, 1997).
- B. Hold on to the 'moral defence' whereby they will blame themselves for their suffering and thereby retain power and control as well as hope for better parenting in the future (Fairbairn, 1952). This also results in reinforcing their identification with their abusing parent.

The study of dissociation should no longer be ignored in our understanding of such phenomena as: inexplicable shift of affect and discontinuities in train of thought, changes in facial appearance, speech and mannerisms, apparently inexplicable behaviour or somatic dissociative behaviour.

Continued on page 39

The psychobiology of neglect and abuse

At a biological level, the result of the above reactions is a toxic chemistry that negatively impacts on the development of the brain. High levels of cortisol alter the growth of the limbic system and may have something to do with the fact that the hippocampus is smaller in adults suffering from the effects of long-standing traumatisations. Over stimulation and under stimulation of the neuronal circuits at critical periods of brain growth can lead to pruning or stimulation of the synapses.

The loss of ability to regulate the intensity of feelings is the most far-reaching effect of early trauma and neglect (Van der Kolk, 1996). Regulatory failures are manifest in a limited capacity to modulate sympathetic dominant affects like terror, rage and elation, or parasympathetic-dominant affects like shame, disgust, and hopeless despair. As a result these individuals will show a propensity to self-medicate with drugs or alcohol and resort to violence as a result of their low sense of self esteem.

In certain stressful conditions, a release in endogenous opiates can take place to produce analgesia leading to cutting or self harm as 'self-medication' (Van der Kolk, 1996).

Changes occur in the hypothalamic-pituitary-axis in response to separation or stress with reduced levels of cortisol and increased glucocorticoid receptors (Schore, 1996).

Shame is an extremely important emotion in the understanding of violent behaviour. It is the emotional reaction of a Self that has been totally invalidated through chronic neglect and abuse. As a criminal told Gilligan in his study of American criminals: "Better be bad than not be at all".

Sroufe's team carried out a 19 year prospective study on disorganised infants which showed that they tended to develop a range of dissociative disorders as young adults ranging from borderline personality disorder to dissociative identity disorder (Ogawa et al., 1997).

Implications for forensic psychiatry

Attachment research provides a psychobiological understanding of people with certain types of personality disorders and their propensity to behave violently against themselves or against others. For example, Perry et al. (1995) found that males are more likely than females to display 'fight and flight' responses and tachycardia when exposed to fearful experiences. They also found that in some adolescent boys, the heart rate 'normalises' over time and some of these individuals reported a 'soothing feeling' when they began 'stalking' a potential victim (Perry et al., 1997). Interestingly, a study of criminal men by Raine, Venables and Williams (1995) showed lower heart rates than in controls or antisocial men. This could be described as being the result of a somatic dissociative phenomenon.

Attachment research also has important implications in terms of the treatment and management of these violent individuals. Punishment and fear can only exacerbate conditions born out of fear. The answer lies in providing these individuals with a therapeutic milieu in which their levels of arousal can be reduced so as to begin to be able to learn how to modulate their emotions, reduce their need for dissociation and begin to engage in self nurturing interactions and reflective functioning in relation to others (Gilligan, 2001).

In terms of prevention, this involves committing ourselves to a policy that puts the rights of children at the centre of our

political agenda, whatever their socio-economic background, and in so doing giving them the protection and opportunities they are entitled to (Zulueta, 1998, 2001). For as long as we collude with the populist agendas in labelling those whose behaviour repels us as 'evil', we only confirm what these individuals feel about themselves and fail to both understand, treat and prevent violence in our society.

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