

Domestic Violence: Incorporating Attachment and Neurobiology into Treatment

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Goals of Lecture

- Attachment theory overview
- Domestic violence and attachment theory
- Emotional and cognitive aspects of attachment
- Clinical uses of attachment theory
- Neuroscience of emotion
- Clinical use of neuroscience in individual and group therapy

Presuppositions (Siegel)

- During the first two years of life the brain of the newborn is not fully developed
- The prefrontal cortex still in development (which is involved in capacities such as emotion regulation, auto-noetic consciousness, social cognition, body maps, self-reflection, etc.)
- Experience-based development helps to complete the neural maturation process.
- Implicit, but not explicit memory is operational during these first two years
- Early experiences can be either reinforced over later development or not.

Presuppositions (Main)

- All children become attached, what differs is the quality of attachment.
- Each child will have a different attachment quality with each parent.
- Not all close relationships are attachment relationships
- Attachment is but one behavioral system, and therefore not all behavior can be reduced to attachment patterns
- Attachment patterns are persistent, but can change.
- Anger and aggression are some of the most stable personality characteristics

Attachment Behavioral System (Shaver & Mikulincer)

- The goal is “felt security” which terminates the behavioral system.
- Psychologically:
 - Security can allow a person to resume exploration, experience being cared for, appreciate feeling loved and valued.
- Physiologically:
 - Reduce cortisol, adrenaline and other stress hormones
 - Increase neuro-peptides such as oxytocin and vasopressin
 - From a sympathetic (speeds things up) to parasympathetic (slows things down) state

Attachment Behavioral System

- How ones goes about achieving “felt security” is based on experience
- Because children learn to develop strategies based on the demands of the environment (parent’s responsiveness) one can either develop healthy strategies or unhealthy strategies.
- While this is occurring children are forming generalized beliefs or expectations about the worthiness of self and reliability of others
- Bowlby called these expectations internal working models (IWM). Which are art of behavioral system’s neural wiring
- These IWM can be observed through behaviors, but also experienced internally by others (mirroring)

Primary and Secondary Strategies

- Primary strategy is to see proximity to attachment figure or let them know they are needed. When the goal is met, the attachment behavioral system deactivates (achieves a state of calm or well-being)
- But what if the primary strategy doesn't work?
- The child develops what's called secondary strategies
- Chronic hyper-activating strategies can lead to more subjective stress and can eventually alienate others.
- Chronic deactivating reduces the possibility of anyone noticing that help is needed. Although it reduces conscious frustration it actually doesn't lead to feelings of calm and well-being.

Who is an Attachment Figure?

- A caregiving figure who provides protection from danger or threat
 - Parents or parent figures
 - In adulthood, can be one's spouse or partner
- Humans form all types of attachment relationships throughout their life, but some are more significant than others. In the first few years of life when children are learning about relationships, their primary attachment figures are parents and caregivers; in adulthood, that is usually a spouse or significant other.

Who is an Attachment Figure?

- Three criteria
 - Proximity maintenance (the person you want to spend time with and you don't like being away from)
 - Safe haven (the person you turn to when upset)
 - Secure base (the person count on to be available when needed)
- Parents and caregivers are the typical attachment figures for children
- For adults, partners and parents are the most commonly identified attachment figures

One Function of Relationships

- Emotion regulation is a central aspect of attachment relationships
- The primary source of "felt security" based on the perception that the attachment figure is accessible and responsive.
- Maintaining proximity to him/her is the primary strategy for achieving it.
- Large body of observational and physiological studies that have documented the calming effect of proximity to an attachment figure.

Process of Attachment (Bowlby & Ainsworth)

- Pre-Attachment (0-2 months)
 - Inherently interested in and responsive to social interaction with virtually anyone
- Attachment-in-the-making (2-6 months)
 - Being to show preference for caregivers by smiling, vocalizing to and settling more quickly with some caregivers than others
- Clear-cut attachment (6 or 7 months)
 - All behaviors that define attachment are selectively directed toward primary caregivers

Process of Attachment

- Goal-corrected partnership (> 2 years)
 - Less urgent needs for physical proximity and are increasingly becoming more capable of self-soothing, utilize secondary caretaker relationships for soothing, increased patience for primary caretaker availability, and replace actual physical contact with mental representation of caregiver.

Process of Adult Attachment (Hazan & Zeifman)

- Pre-Attachment
 - Sexual attraction, romantic interest draws partners together into flirtatious and arousing interactions.
 - Increase in selective proximity seeking
- Attachment in the making
 - Beginning to fall in love
 - Physical contact at highest
 - Start to show safe haven behavior - increased proximity and comfort seeking when anxious or stressed.
 - Repeated physical and verbal intimacy strengthens attachment bond.
 - Prefer partner as source of comfort and anxiety alleviation over other sources.

Process of Adult Attachment

- Clear-cut attachment
 - Habituation to each other
 - No longer as aroused to each other's presence
 - Less sex, and less urgent needs of physical contact
 - Sufficiently reliant on one another that separations are distressing
 - Begin to use each other as bases of security

Process of Adult Attachment

- Goal corrected phase
 - Mental representations of each other can suffice for actual physical interaction
 - Attention is redirected toward previously neglected friendships, work obligations, and so forth
 - Fewer overt displays of attachment behavior
 - Interactions between partners take on a more mundane, less passionate quality

Who-To Questionnaire

- Proximity-seeking function:
 - Who is the person you most like to spend time with?
 - Who is the person you don't like to be away from?
- Safe haven function:
 - Who is the person you want to be with when you are feeling upset or down?
 - Who is the person you would count on for advice?
- Secure base function:
 - Who is the person you can always count on?
 - Who is the person you would want to tell first if you achieved something good?

The Caregiving System

Critical to successfully parenting as well as relationship satisfaction

Caregiving System (Goodman and Mikulincer)

- Parents and other caregivers are the primary providers of care and protection of children.
- Partners are called upon to provide protection, support and security with adults.
- How parents respond to a child's need for caretaking will affect how the child's attachment and caretaking systems develop.
- How a partner responds will affect the quality and stability of the intimate relationship.
- The caregiving system helps us learn compassion and loving kindness towards others
- Its purpose is to reduce other people's suffering, protect them from harm (safe haven), and foster their growth and development (secure base)

Caregiving Components

- Sensitivity (awareness of signals)
- Responsiveness (appropriate response)
- Cooperation (setting aside own needs for other)
- Empathic stance (by taking the others perspective in order to help him or her effectively reduce suffering and distress or pursue growth and development)
- Encouragement (managing own separation anxiety for the sake of the other)
- Acknowledging differences (needs, reactions, experiences, perspective)

Patterns of Attachment

- *“Happy families are all alike; every unhappy family is unhappy in its own way.”*

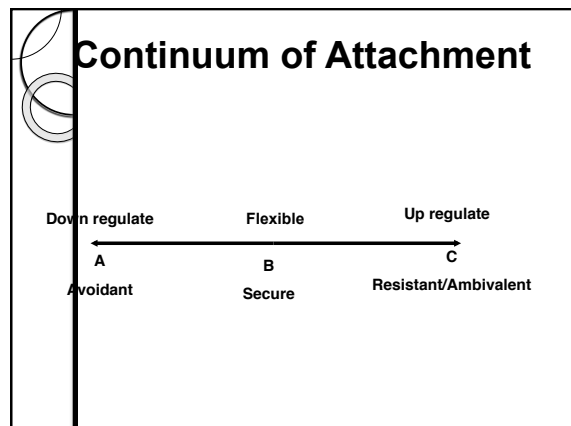
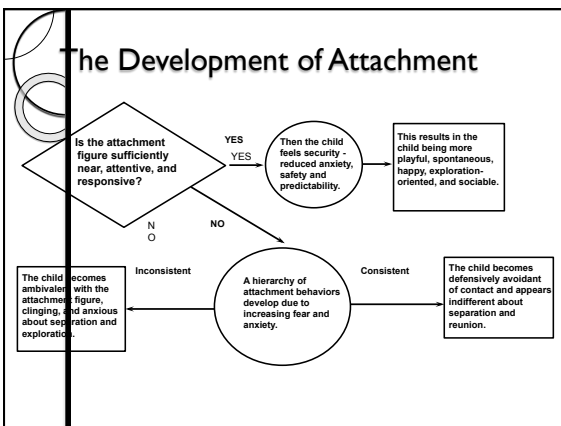
Tolstoy's Anna Karenina, 1917

Bowlby's Central Proposition

- Beginning in early infancy, an innate component of the human mind -- called the **“attachment behavioral system”** -- in effect asks the question: Is there an attachment figure sufficiently **near, attentive and responsive?**

The Possible Outcomes

- **If the answer is yes**, then the infant is playful, less inhibited, visibly happier and more interested in exploration.
- **If the answer is consistently no** then the child experiences fear and anxiety (visual checking; signaling to re-establish contact, calling, pleading; moving to reestablish contact). If the signals repeatedly fails to get the caregiver to respond appropriately then the child's mind eventually deactivates or suppresses its attachment system, at least to some extent, and defensively attain self reliance.
- **If the answer is inconsistently no** the proximity seeking behaviors become exaggerated (angry and clingy) as if intensity will get the attachment figure to respond (which may or may not work). Like the dynamic between a gambler and the slot machine, the attachment figure pays off in sufficient frequency that the infant becomes preoccupied or anxious about the attachment figure's availability.



Disorganized Attachment

- About 5% of infants and children don't show a consistent pattern when turning toward their caregiver. They both actively seek and actively avoid contact when distressed.
- ~80% have experienced physical, sexual or psychological maltreatment (parent is frightening)
- ~20% one parent has unresolved trauma or loss (parent is frightened when child is in distress)

Disorganized Attachment

- The person who was supposed to be a haven of safety for the infant was also the source of fear. Main and Hesse wrote that these infants were experiencing "**fear without solution.**"
- Disorganized attachment has the worse mental health outcomes as compared to the other insecure categories.

Rates of Attachment Categories

- Secure (65%)
- Insecure
 - Resistant, ambivalent (10%)
 - Avoidant (20%)
 - Disorganized (5%)

Attachment Terminology

Child Terms	Adult Terms
Secure/Autonomous	Secure/Autonomous
Anxious-Resistant	Preoccupied
Anxious-Avoidant	Dismissing
Disorganized/Can not classify	Unresolved/Fearful/ Can not classify

Parent-Infant Attachment Correspondence

- 63-75% Predictability
- The attachment status (or state of mind regarding attachment) of the parent, is going to have a direct effect on the attachment of the infant to that parent - as high as 75% predictability.
- Secure adults engender security in their children, dismissing adults tend to engender avoidant relationships with their children, pre-occupied adults engender ambivalent attachment in their children and adults with unresolved trauma or disorganization may act frightening or confusing with their children, causing disorganized attachment in their children.

What's so great about attachment security?

- Children:
 - Engage in more elaborate make-believe play
 - Display greater enthusiasm,
 - Are flexible and persistence in problem solving
 - Have higher self-esteem,
 - Are socially competent, Cooperative with peers
 - Liked by peers. Empathic
 - Have closer friendships
 - Have better social skills.
- Adults:
 - Happy, positive outlook
 - Adaptive emotion regulation strategies
 - Stable close relationships
 - Flexible problem solvers
 - Compassionate, empathic
 - Accepting of differences.

Adult Attachment

- Secure children generally become secure adults (~80% continuity)
- Insecure children become insecure adults
- What contributes to the 20% discontinuity?
- Life and experiences (therapy, learned skills and abilities, secure base relationships, changes in life circumstances).

Secure Adults (Shaver & Mikulincer)

- Highly invested in relationships
- Tend to have long, stable relationships
- Relationships characterized by trust and friendship
- Seek support when under stress
- Generally responsive to support
- Empathic and supportive to others
- Flexible in response to conflict
- High self-esteem

Preoccupied Adults (Shaver & Mikulincer)

- Obsessed with romantic partners.
- Suffer from extreme jealousy.
- High breakup and get-back-together rate.
- Worry about rejection.
- Can be intrusive and controlling.
- Assert their own need without regard for partner's needs.
- May have a history of being victimized by bullies.

Dismissing Adults (Shaver & Mikulincer)

- Relatively un-invested in romantic partners.
- Higher breakup rate than pre-occupied.
- Tend to grieve less after breakups (though they do feel lonely).
- Tend to withdraw when feeling emotional stress.
- Tend to cope by ignoring or denying problems.
- Can be very critical of partner's needs.
- May have a history of bullying.

Disorganized Adults (Shaver & Mikulincer)

- Introverted
- Unassertive
- Tend to feel exploited.
- Lack self confidence and are self conscious.
- Feel more negative than positive about self.
- Anxious, depressed, hostile, violent.
- Self defeating and report physical illness.
- Fluctuates between neediness and withdrawing.

Attachment and Diagnosis

- Insecure attachment is not the same as psychopathology, rather it is thought that insecurity creates the risk of mental health problems.
- Dismissing: may lead to deficits in social competence, conduct disorders, may have higher rates of schizophrenia.
- Disorganized: higher rates of dissociation, PTSD, attention and emotion dysregulation problems, and borderline personality disorder.
- Pre-occupied: high rates affective disorders, particularly anxiety and substance abuse.

Attachment and Domestic Violence

- Don Dutton first described batterers from an attachment perspective
- All four categories were found in his studies.
- Amy Holtzworth-Monroe also found these patterns.
- Secure
- Dismissing – Psychopathic batterers
- Preoccupied – Over-controlled batterers
- Disorganized – Borderline batterers

A Particular Vulnerability to Violence: The transition to parenthood

- Marital satisfaction decreases
- Generational patterns get repeated
- Strength of relationship predictive of transition as well as parenting experience
 - Can amplify or mitigate stress
 - Positive/Negative working models
 - Positive/ Negative communication skills
 - Constructive/Maladaptive affect regulation strategies

Attachment Patterns

- Secure/Secure: Most stable
- Secure/Insecure: Less stable
- Insecure/Insecure: Least stable
- Preoccupied/Dismissing: anxiety and avoidance
- Dismissing/Dismissing: lots of avoidance
- Preoccupied/Preoccupied: lots of anxiety
- Disorganized: unresolved trauma acting out extreme behaviors

How Insecure Attachment May Lead to Violence

- Preoccupied attachment: Intense anxiety (up-regulating) due to emotional neediness and fears of abandonment.
 - Partner pulling away or just wanting to have separateness will trigger intense anxiety.
 - Poor at self-soothing and therefore become violent
 - Needing to control partner to feel better.
- Dismissing attachment: Avoidance of emotions and needs (down-regulating)
 - May hold back until trigger overwhelms ability to deny need or emotion.
 - May denigrate partner's emotional needs in response to normal desire for closeness.

How Insecure Attachment May Lead to Violence

- Disorganized attachment: characterized by intense and overwhelming approach/avoidance emotional reactions to situations trigger trauma memories.
 - Could be triggered by real or perceived abandonment, anger or criticism. Emotional outbursts linked to unresolved trauma and loss.
 - Resolving the trauma is key to reducing the reactivity.
- Secure attachment: research indicates that there are some securely attached individuals who have perpetrated violence.
 - Can probably make better use of interventions and may be more likely to have positive outcome in treatment.

Intervening in therapy: Preoccupied

- Therapist will feel anxiety (mirroring) and notice anxious behaviors (talking a lot)
- Therapist needs to self-soothe to not only model, but to help the client reduce anxiety.
- Talk to client in calm, reassuring voice
- Shift from anger and/or withdrawal to talking about vulnerable emotions sadness, fear of rejection, etc.
- Teach client self-soothing techniques (breathing, self-talk, etc.).
- Point out how controlling partner only pushes that person away and defeats the purpose of wanting to be closer. It's about learning to control one's own emotions.

Intervening in therapy: Dismissing

- Therapist may feel anxiety (mirroring) even though client is down-regulating behaviorally.
- Client may seem uninterested in seeking help from therapist; which can create frustration.
- When asked how they feel, most likely to get thoughts, not emotional language
- Teach client to identify emotions through body awareness.
- Suggest how seeking help from others can be a sign of strength.

Intervening in therapy: Disorganized

- Usually the most difficult type of clients for most therapists because of the rapid shifts from neediness to anger/withdrawal.
- Trauma and loss history
- Broach issue of medication early in treatment
- Discuss the use of mindfulness and meditation
- Explain the connection between childhood trauma and domestic violence.
- Focus on resolving trauma/loss
- Consider specialized group for trauma survivors or individual therapy

Developing Reflection Function (Auto-noetic Consciousness)

- One way of understanding their reactions as an adult is thinking about it as memory (not unlike flashbacks in PTSD)
- Certain emotionally charged situations are likely to remind us of similar situations from the past. Upsetting situations that forced us to learn strategies that might have worked at the time, but since then have lost their utility.
- By remembering those experiences, and how they were forced to deal with them, one can begin to understand how the past is affecting their responses to situations in the present.
- Is that awareness sufficient to bring about change?
Generally not. But it's an important part of the process.

Developing Reflection Function (Auto-noetic Consciousness)


- How did they manage feelings of distress as children?
- Which parent did they turn to for safety, help, problem-solving, support, etc.?
- How did that parent respond?
- What did their parents teach/show them about emotions, conflict and close relationships?
- How do they think those experiences affected their beliefs about themselves?
- How do they think those experiences affected their beliefs about close relationships?
- How do they think those experiences affected their adult intimate relationships?

Developing Reflection Function (Auto-noetic Consciousness)

- Asking and answering these questions bring the focus from their partner; to themselves.
- One of the most common characteristics we see in violent individuals is their tendency to externalize their problems.
- They blame others for their violence.
- When asked why they were violent, they talk about what the other person did, as if they were the cause of their violence.
- We can move the focus from the other to the self by asking about these early experiences and talking about their impact on them, their perceptions of others and their interpersonal relationships.


Final Thoughts

- The affect regulation concepts that I will talk about this afternoon will still be critical to helping people learn to control their behavioral reactions to intense affect.
- However, this insight into the past is also key to bring the focus from other to self.
- It can also help the client better understand how their behavior is probably affecting their own children.
- This dynamic in and of itself can have a powerful impact on the change process




Neurobiology & Domestic Violence

Emotions and their role in relationships and treatment




Presuppositions about Affect

- Emotion and feeling are two very different neurobiological processes.
- Emotion occurs in the body, feeling in the prefrontal cortex.
- Emotions are unlearned reactions to events that cause a change in state of the body.
- Emotions help us to solve problems or take advantage of opportunities.
- The purpose of emotions is to promote survival with the net result being to achieve a state of wellbeing.
- Emotions don't need to be felt
- 3 types of emotions: Primary, Background and Social
- Feeling occurs when we are when we are consciously aware of that fact that we are having an emotion.




Presuppositions about Affect

- Feelings allow us to make decisions about how to respond to emotions; they allow us the opportunity to make a choice.
- Allow us to consciously connect the stimulus to the emotion.
- Feelings have the possibility of revealing "good for life" and "not-good for life" states.
- Emotions can be strong or weak, activating or calming.




Emotion / Feeling Process

- Sensory input or attention (e.g., criticism from a partner or memory of abuse)
 - Feeling: Noticing a change in the body.
- Appraisal or evaluation: Is this a good or bad for life situation?
 - Feeling: Reevaluate situation
- Depending on appraisal activation of specific source points in the brain, e.g., the amygdala (fear, disgust, anger); the ventral medial frontal cortex (sympathy, embarrassment, shame)
- Response: the behavioral response (e.g., change in facial expression, tone of voice, language, verbal or physical aggression, etc.)
 - Feeling: Noticing a change in behavior
- No feeling: No Choice



Three Types of Emotions

- Primary: fear, anger, disgust, surprise, sadness and happiness.
- Background: good to bad and everything in between.
- Social emotions: shame, compassion, guilt, pride, gratitude.
- Background emotions are occurring much of our day.
- Primary emotions are more sporadic
- Social emotions occur within the context of relationships.
- One type can affect the other.



Types of Emotion Regulation

- Antecedent-focused (e.g., visiting family for holidays)
 - Situation selection (to go or not to go)
 - Situation modulation (sleep there or in hotel)
 - Redirecting attention (keep away from stepfather)
 - Shift perspective (he can't help himself)
- Response-focused
 - Adaptive (talking, breathing, getting away, medication, etc.)
 - Maladaptive (food, drugs, alcohol, sex, violence, withdrawal, verbal attack, etc.)

Relationships Complicate Things

- Mirroring is one way evolution helped us learn to recognize emotion in others.
- Language is another.
- Language actually reduces mirroring activity in the brain.
- When people show their emotions rather than talk about their emotions, contagion is more likely to occur.
- Families that experience domestic violence are potentially experiencing emotion contagion.
- If both members are not regulating emotions constructively, it increases the household temperature.

Mirroring Can Be Your Friend

- Mirror Neuron System
 - Sensitive to emotional states in others
 - Activates similar emotion source points in observer's brain.
 - Activates similar motor neurons in observer's brain.
 - The better you read your own emotion states, the better you will read it in others.
- Emotions will be activated in you what your client is showing but not telling.

Working with Emotion in Groups

- Don't be afraid to bring out emotion.
- Can be difficult but rewarding
- Talk with group members about the difference between showing emotions and talking about feelings
- Some therapists tend to move away from emotion and stay with the intellectual/ educational
- Client needs to be ready to talk about feeling, especially in a group setting

Working with Emotion and Feeling: General Guidelines

- Connecting with the body is critical.
- Understand the difference between emotion and feeling
- Learn what events are like to trigger an emotion
- Slow down process - involve cognition to consider possibilities (response flexibility)
- Develop emotion identification strategies.
- Learn words for different types of emotions
- Develop calming strategies when overwhelmed
- Explore different ways of regulating emotion, especially antecedent strategies

Dismissing Attachment & Affect

- Connecting with body
- Giving space to figure things out
- Use mirroring as a way of knowing your client's emotional state
- Ask questions, or wonder out loud
- Anger may come out more cynical, sarcasm or devaluing, not directly expressed
- Some therapists don't recognize the anger, and just get irritated with client (mirroring)
- Explore other group members feelings (mirroring)
- Interpretation can help open up the feelings


Preoccupied Attachment & Affect

- Take a deep breath to reduce your own anxiety
- Wanting to be liked, which may seduce you or annoy you, depending on your personal reaction to that type of defense
- Use mirroring to understand the emotional state behind the anxiety
- Often deny anger, so the focus will be learning appropriate expression of anger (therapists feels angry for client)
- Can also be overly focused on anger, and not other emotions (sadness, fear, etc.)
- Not likely to express anger toward therapist so be on the watch for hidden aggression
- Interpretation can be helpful
- Easily wounded by confrontation



Disorganized Attachment & Affect

- Consider either a specialized trauma group or individual therapy
- Balance the focus between past and present and future
- Present: Client needs concrete tools for managing implicit emotional memory
- Past: Talking about their past experience, how they experienced it then and how those reactions manifest in the present
- Future: Imagine what trauma resolution looks like
- When reactions are frequent and/or intense, consider medication evaluation and additional sessions
- Though helpful for all clients, discuss the value of meditation and mindfulness practices (incorporate in sessions)
- The key to resolution of trauma, is the client willing to experience the painful memories in the presence of the therapist – a slow and titrated process; the effects of the trauma, learning a variety affect regulation strategies and knowing the goals – where are we going with this work.



Additional Reading

<http://www.danielsonkin.com/additionalreading2010.htm>