

What's Attachment Theory Got To Do With TA?

By Robin Hobbes BA CQSW CTA TSTA

A review of Colby Pearce: A Short Introduction to Attachment and Attachment Disorder – 2009 Jessica King Publishers and Colin Murray Parkes: Love and Loss - 2006 Routledge

In the early 70s when I was training as a social worker at Edinburgh University we had a series of lectures on John Bowlby and Attachment Theory. He was still writing his attachment, separation and loss trilogy. It was not well received by us social workers – the primary critique being that it was out of touch with current social trends of diverse child care and was a “right wing” attempt to return women to the nursery. We reacted to the theory as if it was prescriptive (advising us on a “right” course of action) rather than descriptive (simply describing what is there). As this critique fitted well with my own values I paid little attention to Mr Bowlby and only in the late 80's returned to his thesis with enthusiasm and interest. This interest was in large part inspired by my studying Transactional Analysis and finding the similarities in the approaches remarkable.

Jumping forward to early 2000 I attended a conference at which John Bowlby's son Richard was a keynote speaker. He addressed this reluctance to absorb Bowlby's work and interestingly suggested that because of the “survival” dimension in the attachment relationship - the argument being that we establish the attachment relationship in order to survive – reviewing of this relationship can be experienced as a “threat to the survival” to the reviewer themselves, especially if that relationship is critiqued. Hence there will be a profound reluctance to reflect on and assimilate early attachment experiences if the reflection and assimilation lead to a felt threat to survival. According to Richard Bowlby this explains why it has taken 30 years for Bowlby's thesis to be itself reflected upon and assimilated into mainstream psychotherapy (Maternal Care and Mental Health the first provisional outline of attachment theory was published in 1951).

The theory itself is simple – we seek physical proximity to a significant other with the felt goal of security from birth and establish an affectional bond with this other by about 6 months of age. This then produces a template for organising ourselves for the experience of security from the cradle to the grave. Our attachment behaviours could be understood as forms of action taken when we experience anxiety. Attachment theory has been extensively researched and the conclusions from this research are interesting. There are patterns of attachment in which the security seeking behaviour is modified into four possibilities: a secure pattern, an avoidant pattern, a preoccupied pattern and a disorganised pattern. In the secure pattern the security seeker approaches the attachment figure signalling distress. They make themselves available for comfort then leave the figure to continue exploration of the world. When utilising the avoidant pattern the security seeker does not show signs of distress, does not approach the caregiver but maintains a consistent distance from that figure. They are aware of their presence but seek to maintain a distanced proximity. The preoccupied (also previously called an insecure-anxious) pattern is one where the security seeker clings to the caregiver but does not enter into a state of relaxation. The encounter is often ended by the caregiver pushing the seeker away. Finally the disorganised pattern shows inconsistency in the security seeking behaviours in which approach, distancing and clinging are entered into in a seemingly random way – there is a lack of organisation around the seeking of security. There have

been numerous longitudinal studies which have established the persistence of these patterns over time and also the capacity for an individual to change their attachment pattern.

Attachment theory has had an immense impact on social policy. Bowlby and others alerted wider society to the importance of loss and the experience of loss through the grief reaction. All sorts of approaches to loss – particularly in the child care systems in western societies – have changed dramatically following attachment research as have adoption and fostering approaches in which a greater sensitivity to attachment experience is consistently put into practice.

In the early 90s I wrote two papers for the ITA News drawing attention to the similarities between attachment theory and Transactional Analysis. In particular I synthesised the four patterns of attachment with Berne's Life Positions, and the similarity Script theory and Attachment's concept of an Internal Working Model of Attachment. (This is the idea that once the early attachment style is established this is internalised by the child to become an organising system for the maintenance of attachment and is utilised when a child is distressed, ill, or frightened) Taking a systemic view of Ego States I diagrammed three possible Ego State structures to support a preoccupied, avoidant and disorganised internal working model. The articles can be downloaded from www.elantraining.org/downloads. It seemed to me that deepening our understanding of these Internal Working Models will greatly facilitate the reviewing of early attachment relationships that are very often the focus of attention within a Transactional Analysis psychotherapy.

Looking back over these papers I fell into the same confusion that many psychotherapeutic writers fall into. I imply a prescriptiveness i.e. it is better to be I'm OK You're OK than anything else – or in attachment theory terms have a secure attachment without saying why or what evidence supports such a claim. In fact all the longitudinal studies I am aware of that look at how people adapt to life there is no significant correlation between an attachment pattern and achievements in life whether in the home or at work. In other words, whatever your attachment pattern is you may be in a stable, contented relationship or lonely and unhappy. You may be a success at work or a failure – your attachment pattern - your life position isn't a necessary causative factor here.

This unthought prescriptiveness looms over Parkes' and Pearce's books – less so in Parkes but still it is there. You find it in the psychotherapy world in many forms, some subtle and some not so subtle. The use of medical metaphors within psychotherapy is a good example where concepts such as "a healthy life position" or the idea of "cure" or a "treatment plan" all move psychotherapy beyond the deepening of a narrative into a potentially prescriptive activity in which a client is treated in order for them to live in the "right way".

Pearce in Attachment and Attachment Disorder is the worst offender here. He goes full tilt for the medicalization of attachment theory and is preoccupied with assessment of different types of childhood disorder – is it RAD or DAD or maybe ODD not forgetting CD or AHDD etc. However he does have a clear description of attachment that is simply put, although current research does not support some of the conclusions he draws. I would imagine it is the sort of book that would be useful for carers of very disturb children – but unhelpful in its mystification of disturbance into all these different categories. In a nutshell the problem children have coming from highly disturbed early attachment relationships is in both learning to live in a world where stable attachment relationships are the norm and with having to assimilate an intensity of experience stimulated by difficult attachments and this assimilation is extremely problematic given the catastrophic failure of

the environment to support its expression. An environment that facilitates assimilation is a requirement here and all that can be done to enable this is useful. Pearce attempts to do this but over complicates the issues through his fondness for spurious diagnostic categories.

Colin Murray Parkes has more interesting things to say. *Love and Loss – The Roots of Grief and its Complications* has much to say about how patterns of attachment influence the way a loss is processed through the life cycle. The core of the book is researching whether the “problems which cause bereaved adults to seek help from a psychiatrist are attributable, in some degree” to the patterns of attachment made by these bereaved people to their parents as children or not. He used the Retrospective Attachment Questionnaire (RAQ) which he distributed to 200+ patients referred to him as a psychiatrist. They were mostly, but not exclusively, identified as having trouble with a recent bereavement. RAQ is a comprehensive questionnaire from which the four attachment patterns can be assessed. The book includes the RAQ which is useful for therapists to know of as it can sensitise their capacity to facilitate the deepening of a client’s attachment narrative by focussing attachment inquiry towards the most relevant areas.

Parkes’ seems to find out very little that is new. His research confirms that patterns of attachment are established early in life – that they influence significantly the ways people react to the experience of love and loss. But he concludes that very little can be predicted on how an early attachment relationship effects a later reaction to love and loss. Parkes emphasises that it is lack of social support and the unexpected loss of support – say through an early death of a loved one or the development of a serious illness – that may result in people seeking psychiatric services. He shows persuasively that secure, preoccupied and avoidant patterns result in styles of response to loss that are not in themselves problematic. He does make the observation that disorganisation around security seeking is prevalent in those diagnosed with Borderline Personality Disorder (DSMIV). Also the only “hard” finding I came across was that those with an avoidant pattern have significantly higher incidents of arthritis and other forms of physical disability – presumably because of their disinterest in experiencing touch.

Parkes , presumably because of his psychiatric background, wishes to introduce a complex web of Disorders of Attachment as if our attachment patterns and responses need treating but fails to produce convincing evidence for this. This medicalization of patterns of human relating returns us to the prescriptive approach that Pearce was so fond of. This entrapment of psychotherapy into a reifying, alienating “scientific” paradigm is not convincing. Transactional Analysis psychotherapists like other Humanistic and Integrative approaches need to be wary of this. Our task is much more akin to art and religion in which our clients deepen and develop meaningful narratives of themselves and others arriving at a form and beauty that reflects greater peacefulness often through the assimilation of an intensity of experience. Good attachment theory and research writing aids us in aiding others to deconstruct and construct these meaningful narratives and Parkes’ book certainly aids us in developing these therapeutic abilities.

Parkes concludes: “It seems that love and loss provide the point and counterpoint of a symphony whose first movement sets the colour and feeling tone of all that is to come. Succeeding movements introduce new themes, which may challenge, replace or develop the earlier themes but cannot wipe them out. Order alternates with chaos as the music of life progresses and the whole moves towards some kind of resolution that, in great music, is always unexpected, subtle and deeply moving. The

greatest music, like the greatest drama, is the saddest, and its greatness stems from the emergence of meaning out of discord, loss and pain. The sublime in music, as in life, reflects the human search for meaning, the grasping at eternity, the transcendence of the littleness of I.”

Robin Hobbes is Director of Training at Elan Training and Development an ITA registered training centre in Manchester.