

UNDERSTANDING TRAUMA-GENERATED DISSOCIATION AND DISORGANIZED ATTACHMENT: GIOVANNI LIOTTI'S LASTING CONTRIBUTIONS

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Trauma, Dissociation, and Disorganized Attachment: Three Strands of a Single Braid.

Giovanni Liotti (2004, p. 472)

Abstract

With his extraordinary publications, Giovanni Liotti has left us an awe-inspiring legacy for our understanding and treatment of patients with trauma-induced disorganized/disoriented attachment (D-attachment). He revealed and analysed D-attachment's dissociative nature as an integrative failure occurring when a child experiences an unresolvable conflict between attachment and defensive action tendencies vis-a-vis a frightened or frightening parent figure. And he showed how the controlling punitive and controlling caregiving strategies which children with D-attachment may develop in middle childhood are also rooted in a dissociation of the personality. Giovanni Liotti will also lovingly be remembered as a warm, caring colleague and friend, who, on a personal level, practiced the compassion and collaboration that he wrote about in his theories and research.

Key words: Giovanni Liotti, trauma-induced dissociation of the personality, disorganized attachment, controlling-punitive strategy, controlling-caregiving strategy

COMPRENDERE LA DISSOCIAZIONE E L'ATTACCAMENTO DISORGANIZZATO GENERATI DAL TRAUMA: I CONTRIBUTI DURATURI DI GIOVANNI LIOTTI

Riassunto

Con le sue straordinarie pubblicazioni, Giovanni Liotti ci ha lasciato una impressionante eredità per comprendere e trattare i pazienti che presentano un attaccamento disorganizzato/disorientato (D-attachment) conseguente al trauma. Egli ha rivelato e analizzato la natura dissociativa dell'attaccamento disorganizzato come un fallimento dell'integrazione che si verifica nel momento in cui il bambino fa esperienza di un conflitto irrisolvibile tra l'attaccamento e tendenze all'azione difensive di fronte ad una figura parentale spaventata o spaventante. Inoltre, ha anche mostrato come le strategie controllanti di tipo punitivo o accudente che i bambini con attaccamento disorganizzato possono sviluppare verso la metà dell'infanzia hanno anch'esse la loro radice in una dissociazione della personalità. Giovanni Liotti verrà ricordato amorevolmente come un amico e un collega caloroso e premuroso, che anche a livello personale ha messo in pratica la compassione e

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la cooperazione di cui ha scritto nelle sue teorie e nelle sue ricerche.

Parole chiave: Giovanni Liotti, dissociazione della personalità indotta dal trauma, attaccamento disorganizzato, strategia controllante-punitiva, strategia controllante-accudente

The field of psychotraumatology and dissociation suffered a tremendous loss with the demise of Giovanni Liotti on April 9, 2018. However, his voice remains to be heard and will continue to inspire generations of psychotherapists and other mental health professionals. Personally, I cherish fond memories of the few real-life encounters I have had with him at some conferences. Over the years I have carefully collected and studied his publications, which meant, and means, so much to me, and which have strongly influenced me. I have felt, and still feel, a strong personal connection with him, and I have had in my mind many conversations with him. Sometimes I felt I “knew” what he would say if he were present, and at other times I felt an unfulfilled but strong wish to hear his responses. Given this personally felt connection, the suffering he and his family have experienced and his serious illness during the last year of his life evoked deep sympathy in me, also my sharing in the grief of his family and close friends.

Firmly rooted in empirical research and extensive clinical experience, since 1992 (as far as I know) Liotti has consistently described and clarified the detrimental effects on children of being raised in insecure attachment relationships with their parents and/or other caretakers, who manifest frightened or frightening parental behavior, as first described by Main and Hesse (1990). Since the parent is both a needed attachment figure and a source of threat, an insoluble conflict between the simultaneous need for defense and attachment develops with the same significant caretaker (Main and Hesse 1990). The ensuing insecure, approach/avoidance attachment pattern in infants is called disorganized/disoriented attachment (D-attachment; Liotti 1992, 1999, 2009; Main and Hesse 1990). Liotti and colleagues have found that the mother’s suffering of major loss or other severe life events within two years of the child’s birth is a major determinant in the development of D-attachment (Pasquini et al. 2002). While these parents are not abusive, their emotional unavailability can be experienced by the child as life-threatening (Bowlby 1969; Liotti 1992, 1999a). However, when parents also actively maltreat or abuse the child, the detrimental effects become all the more complex.

Along with Barach (1991), Liotti emphasized the dissociative nature of D-attachment (e.g. 1992, 2016), which he analyzed in increasingly sophisticated ways. Indeed, longitudinal empirical studies supported his view, in that they found D-attachment in young adults is strongly correlated with chronic dissociation and dissociative disorders (Lyons-Ruth et al. 2006; Ogawa et al. 1997). In line with these empirical findings, our own clinical observations (Steele et al. 2017) indicate that most of our adult dissociative patients are characterized by a D-attachment style. Essential for clinicians to understand, Liotti discussed the therapeutic implications of such characteristics in some of his studies (e.g., Liotti 1995, 2000, 2007, 2012, 2013; Liotti, Cortina e Farina 2008).

Liotti noted that chronic threat from a needed caretaker “exceeds the limited capacity of the infant’s mind for organizing coherent conscious experiences or unitary memory structures” (2009, p. 55). In other words, he made it clear that the development of D-attachment involves traumatic experiences. In this short paper honoring Giovanni Liotti and his most important work, I want to highlight some of his views that had a major impact on my understanding of trauma-generated dissociation, adding some associations of my own: (1) dissociation as an integrative failure; (2) D-attachment as a dissociative phenomenon; (3) the dissociative nature of controlling punitive and controlling caregiving strategies which children with D-attachment may develop in middle childhood; and (4) treatment implications.

Dissociation as an integrative failure

In the trauma and dissociation field there is a long-lasting difference of opinion about the nature of trauma-induced dissociation. Apart from the view that there is no real difference between trauma-induced dissociation and so-called normal dissociation, which everyone experiences. Liotti is one of those who rejects this view; and so am I (Van der Hart et al. 2011). He stated that “the theory that dissociation is *primarily* a defense mechanism whose function is to compartmentalize perceptions and memories related to trauma, and to allow the victims to detach themselves from the full impact of trauma” is not supported by his interpretation of attachment theory and research (Liotti 2009, p. 59; see also Liotti and Liotti in press).

In his own study of attachment, Liotti emphasized (as mentioned above) that chronic threat from a needed caretaker “exceeds the limited capacity of the infant’s mind for organizing coherent conscious experiences or unitary memory structures” (2009, p. 55). Such overwhelming threat involves childhood traumatization, that is, dissociative “breaking-points” (Ross 1941) in the child’s mind. In other words, traumatic experiences are dissociative in nature and are due not just to defense, but more importantly, to integrative deficits (Van der Hart et al. 2011). Thus, Liotti concludes that:

that dissociation during personality development concerns primarily a failure in the integration, into a unitary meaning structure, of memories concerning attachment interactions with a particular caregiver. Such a failure should be ascribed to a type of intersubjective experience that appears exceedingly complex besides being frightening (2009, p. 59).

Previously, Liotti (1999a) argued that when the child is already bound by a disorganized pattern of attachment to a parent, and this parent creates traumatizing events by maltreatment,

the paradox of being forced by inborn needs (the attachment behavioral system) to rely for protection on the very source of danger is greatly strengthened. We may conceivably expect that an extreme degree of dissociation will be the outcome of such an interpersonal situation, not because of primarily defensive purposes, but just because there is no possible *organized* way of construing such a situation. In these circumstances, to think of dissociation as a defense would be analogous to thinking of bone fractures as defensive reactions to physical trauma (p. 304).

I want to emphasize that Liotti’s view of dissociation as an integrative failure is remarkably similar with Pierre Janet’s original views (Janet 1889, 1911), which Liotti also paid attention to (Liotti 2014a, Liotti and Liotti in press). While also acknowledging a role for constitutional vulnerability, Janet regarded physical illness, exhaustion, and, especially, the vehement emotions involved in traumatic experiences, as the primary causes of this integrative failure. According to Janet, this deficit manifests in (1) a narrowing of the field of consciousness and (2) a dissociation of the systems of ideas and functions which, in their synthesis, constitute personality (Janet 1907). This view, especially with regard to traumatic experiences, is also shared by my colleagues and myself (Nijenhuis and Van der Hart 2011; Steele et al. 2009, 2017; Van der Hart et al. 2011).

Liotti emphasized that many of children’s traumatic experiences take place in the context of their attachment relationships, resulting in D-attachment, involving the development, maintenance, and potential reactivation of different Internal Working Models (IWMs; Bowlby 1969) (e.g., Liotti 1999a, 1999b), which may characterize different dissociative parts of the personality – the narrow field of consciousness of each of part dominated by its specific IWMs.

D-attachment as a dissociative phenomenon

The impossible bind of the child with D-attachment is the insoluble conflict between the simultaneous need for defense and attachment with the same significant person (Main and Hesse 1990). Liotti (2004, 2016), and my co-authors and I with him (Steele et al. 2017, Van der Hart et al. 2011), argued that this involves the simultaneous or rapidly alternating activation of two different inborn motivational or action systems, the attachment system and the defense system (including subsystems of freeze, flight, fight, submission, collapse) that mediate the child's behaviors. Liotti (2016) explains this in terms of a dissociated IWMs comprising both action systems, while we would argue that D-attachment involves the (re)activation of at least two dissociative parts of the personality caught in an insolvable conflict.

As D-attachment is such a key dynamic in the development of ever more complex trauma generated dissociation, c.q., dissociative disorders, I want to return to the label of diorganized/disoriented attachment. In line with what Liotti (2016) formulated, I believe that D-attachment consists of the simultaneous or rapidly alternating activation of dissociative parts respectively mediated by the attachment and defense system. Is, then, the label "dissociative attachment" more correct? The problem would then be that this label does not acknowledge either the fact that also parts mediated by the defense action system are reactivated: A more adequate construct should straddle both attachment and defense. For now, I tentatively propose: "dissociative attachment/defense (D-attachment/defense)."

Controlling punitive and controlling caregiving strategies and dissociation

In discussing the attachment and defense action systems, Liotti (2016) called upon an evolutionary multi-motivational theory, which played an essential role in Bowlby's attachment theory (Bowlby 1969). This theory has also been applied to the domain of trauma-induced dissociation (Nijenhuis 2015; Steele et al. 2017; Van der Hart et al. 2011). Thus, while there is discussion about which other action systems mediate our actions, those system we distinguish in daily life functioning include: exploration, care, sociability/cooperation, competitive/ranking, play, energy regulation, and sexuality-reproduction action systems.

Liotti (2016) called upon this multi-motivational theory when he discussed the empirical evidence that most infants with D-attachment subsequently develop either a so-called controlling-punitive strategy or a controlling-caregiving strategy vis-a-vis their parents (cf., Lyons-Ruth and Jacobvitz 2008). The latter strategy is directed especially toward parents who manifest helplessness, for instance rooted in unresolved grief, in the relationship with their child. In the controlling-punitive strategy, the child learns to defensively engage the caregiver in a power struggle of dominance (Liotti 2011). When this is repeated in a therapeutic relationship, these patients may be angry, obstinate, and highly demanding of the therapist and others around them. Here the dominance action system seems to be reactivated. In the controlling-caregiving strategy, the child takes an apparently submissive role, but is actually precociously caring for the care-giver. In a kind of role-reversal, the child's care-giving action system has been reactivated. Liotti (2016) noted that, "these controlling strategies seem to compensate for disorganisation in the child-parent interactions: they allow for *organised* interpersonal exchanges" (p. 29). Both strategies are intended to help the child receive what she or he needs in terms of attachment, but usually unsuccessfully so because these strategies do not activate the parent's care system in the interactions with the child.

In his 2016 article, Liotti related D-attachment and these controlling strategies, when they occur in the context of cumulative relational traumatization during childhood, to the development of DID. Thus, he once again emphasizes trauma-generated dissociation of the personality, and with us (Steele et al. 2017; Van der Hart et al. 2011), he argues that different dissociative parts are mediated at least by different action systems or “a characteristic type of tension” (p. 32) between these systems. Liotti even includes a type of dissociative part which might use a controlling-punitive strategy toward the self—that is, to other parts of the personality--“in a sort of masochistic repetitive, severe self-shaming process” (p. 32): a dissociative part which seems to have some similarities with what we call “perpetrator-imitating parts.”

Returning to the controlling-punitive and controlling-caregiving strategies, we should not assume that a highly dissociative person uses only one of these two strategies. Indeed, various dissociative parts can manifest one or the other of these strategies (Steele et al. 2017). We regard them as typically two sides of one coin, with one type of part being in the forefront and the other being more implicit:

“When one part is activated, conflict ensues internally. For example, when a controlling-caregiving part is solicitous to the caregiver, anger and resentment is often boiling underneath, and may eventually erupt outwardly or inwardly. And when an angry, punitive part is acting out toward the caregiver, a controlling-caregiving part becomes fearful that the caregiver will be pushed away and retaliate or abandon the child. Therapists must be aware of both types of strategies and how they sequence among dissociative parts. Otherwise they may be confused when a seemingly caretaking patient suddenly becomes angry, or vice versa. The therapist should explore the dynamics between the two positions instead of placating the patient or attending to one strategy but not to the other” (Steele et al. 2017 [original publication], p. 54).

Again, it is my clinical observation that when dissociative parts with these different strategies, mediated by different action systems, have come into being, younger parts stuck in the insoluble conflict of attachment (cry) and defense may still exist underneath or behind them. Even more hidden inside, an infant part stuck in total abandonment may exist. The controlling parts are reactivated by this suffering, and their function is to find relief for it. However, over the years the personality organization becomes more complex and defensive reactions are continuously built in reaction to whatever is going on in the patient’s life; they become layered. In other words, finding relief for the infant need alone is essential but in itself insufficient for complete personality integration to take place.

Therapeutic implications

For survivors of chronic childhood maltreatment who have D-attachment and the controlling coping strategies (as I would call them), there may be an irresistible tendency to perceive the therapist as a caregiver, whether or not the therapist is engaged in caretaking. Thus, intense, compromised attachment needs and related controlling strategies are easily reactivated. And when therapists adhere to a caregiving relational model, this may further hamper the development of a solid therapeutic relationship. Therapists may make extraordinary efforts to be available to their patients and not make mistakes, and eventually become frustrated and exhausted. In this short paper I cannot pay sufficient tribute to Giovanni Liotti for his articulation of the essential principles of sound psychotherapy and the therapeutic frame and boundaries (see Liotti 1995, 1995, 2000, 2007, 2012, 2014b). Instead, let me quote the most important statement which Cortina and Liotti (2014) made in this regard:

“... at the beginning of treatment ... complex trauma can best be dealt with by trying to maintain a dialogue that attempts to limit the activation of the attachment system by taking advantage of the natural tendency to want to cooperate and collaborate on an equal basis level. Optimally, people try to develop a secure bases and a haven of safety in therapy to facilitate the exploration of the relational dilemmas and severe conflict brought by complex trauma and disorganized attachment. But in cases of severe trauma, this goal has to be reached through a circuitous route that tries the limit the premature activation of the attachment toward the therapist” (p. 892).

Cortina and Liotti (2014) and others (e.g., Brown and Elliott 2016; Steele et al. 2017), argued that when the attachment action system is activated, the exploration system becomes de-activated, impeding clients’ curiosity about their own experiences, which is the work of therapy. Instead they become pre-occupied with the availability of the therapist. And when the attachment system is de-activated and the cooperation/collaboration system is active, there is mental and interpersonal space for exploration. Thus, from the very beginning of therapy, therapists need to aim to develop a collaborative therapeutic relationship with their patients. In working with patients with complex dissociative disorders such as DID, this involves a three-step process. First, a collaborative relationship is fostered between therapist and the adult presenting part(s) in therapy, to create a foundation for further work on dissociation. Second, the therapist supports the adult part(s) of the client reach out collaboratively to other dissociative parts, with the therapist as an integrative guide. Third, the therapist helps the patient’s dissociative system to develop internal acceptance and collaboration among parts. Within this frame, some adult parts may be supported in developing appropriate care for child parts stuck in the attachment cry. I should add that all this typically involves protracted efforts.

Conclusion

In the last 25 years, Giovanni Liotti has been the most important clinical scientist straddling the fields of attachment studies and of trauma-generated dissociation, with his ongoing focus on the nature, causes, and sequelae of disorganized/disoriented attachment. His work over the years could perhaps be compared with a musical composition of variations on a theme, such as Beethoven’s Diabelli Variations. However, not only has each of his variations a (slightly) different angle or perspective, they are together also characterized by a progressive integration of the various perspectives involved; culminating in his application of the theory of multi-motivation (actions) theory and a deepening understanding of the dynamics involved in trauma-generated dissociation of the personality. I would have loved to be able to discuss these perspectives further with Giovanni Liotti. However, his immensely rich heritage, fortunately, remains with us and will continue to inspire us in our own attempts to better understand and treat the tragic consequences of D-attachment.

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