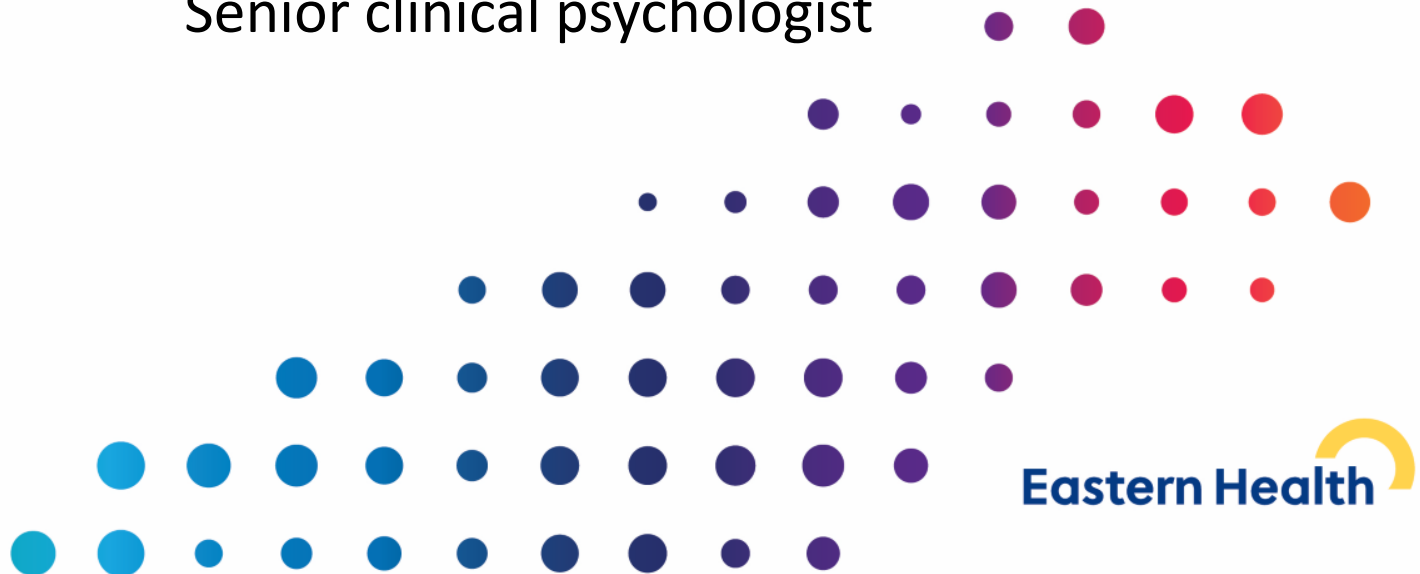




# Attachment in personality disorder and complex trauma: an overview

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# Objectives

To review our current understanding of attachment and how this intersects with personality disorder and complex PTSD.

*“Childhood attachment determines later capacity to make affectional bonds as well as a whole range of adult dysfunctions... [including] personality disorders.”*

– John Bowlby

*“Complex trauma refers to cumulative and interpersonal adverse experiences occurring at an early age, often within primary caregiving relationships. For this reason, it is often referred to using the expression “attachment trauma”. -*

Speranza et al., 2022

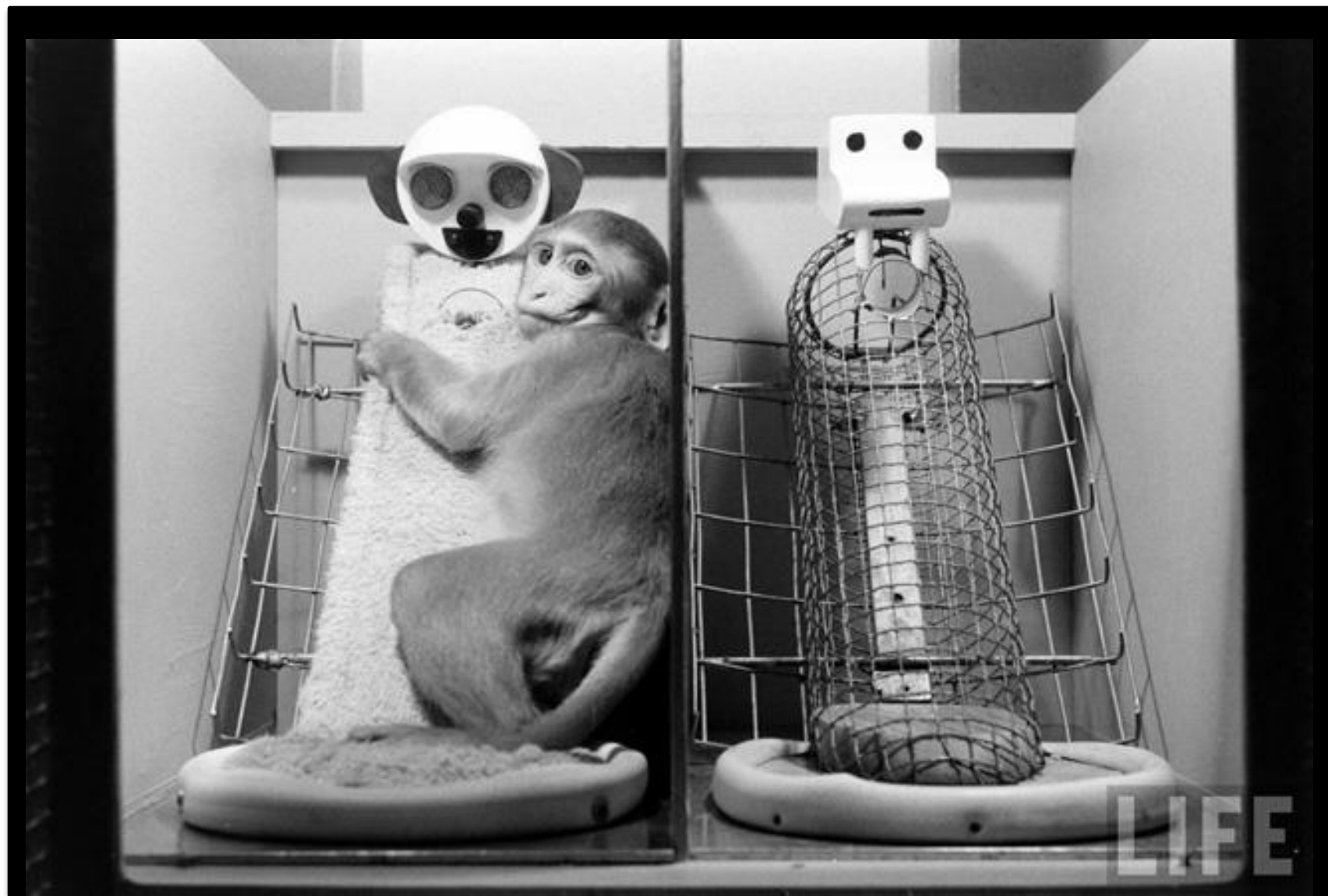
# The attachment system

A neurobiological system which has evolved to promote survival.



## PROXIMITY

- Keeps the ducklings close to mum
- and mum close to the ducklings



# Types of attachment systems

*Attachment systems* are ways of navigating our attachment needs and thereby our survival. They are grouped into four main types:

<p>Organised attachment systems: coherent approaches to <b>activating</b> or <b>deactivating</b> attachment</p>	<p><b>Secure</b> (~60-70% of general population) Comfortable balancing proximity and independence <b>Low dependence</b> on others <b>Low avoidance</b> of others</p>
	<p>Insecure-anxious aka. <b>'preoccupied'</b> (around 10% of general population) Preoccupied with proximity/connection <b>High dependence</b> on others <b>Low avoidance</b> of others</p>
	<p>Insecure-avoidant aka. <b>'dismissive'</b> (perhaps 20%) Dismissive of proximity/connection <b>Low dependence</b> on others <b>High avoidance</b> of others</p>
<p>Disorganised attachment systems: <b>incoherent</b> approaches to <b>activating</b> or <b>deactivating</b> attachment</p>	<p>Fearful-avoidant aka. <b>'disorganised'</b> (perhaps 15%, and much higher in trauma populations) Seeking yet fearful of proximity/connection <b>High dependence</b> on others <b>High avoidance</b> of others</p>



# Secure attachment



When our caregivers are attuned to our **environmental** and **emotional** needs, and respond adequately, we develop a **secure attachment system**.

Our caregivers do this by **mentalizing** our needs as a baby.

**Securely** attached kids become free to explore their world with the **confidence** that their caregivers will be available to meet their needs if and when required.

Securely attached adults have an internal working model that their **self** is loveable and competent, and **others** are trustworthy.



# Preoccupied attachment

Where caregivers have been **unreliable** or **inconsistent** in their response to the child's emotional or material needs,



**'upping the ante'** becomes their best means of getting a response to distress or having their needs met – ie. **attachment activating behaviour** +++

# Preoccupied attachment in BPD/CPTSD

**Preoccupied attachment** in BPD/CPTSD manifests as:

- So-called “dramatic” expressions of distress;
- Hyperbolic descriptions of pain;
- Desperate (but maladaptive) attempts to get help and **maintain proximity**;
- Marked distress around **breaks** and **interruptions** in treatment, or **discharge**, based in terror of **abandonment**



This may **alternate** with **avoidant-style** attachment deactivating behaviours, such as suppression of affect communication, withdrawal, and other ‘protective’ distancing behaviours to protect the relationship

Preoccupied attachment is characterised by a very **negative sense of self** combined with a **positive view of others**.



# Dismissive attachment

Where expressions of needs have almost **no influence** on the caregiver, or provoke a response which **increases distress** e.g. caregiver anger or withdrawal...

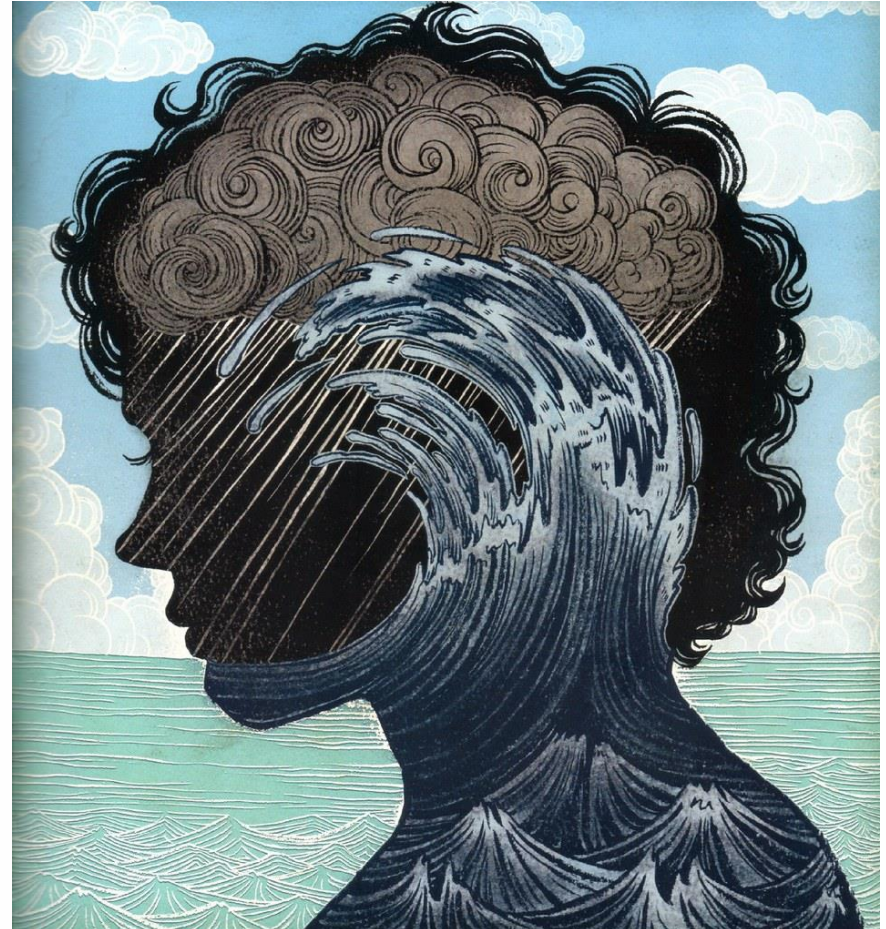


...**suppressing** bids for connection, and managing needs **independently** paradoxically allows the infant to maintain some **proximity** to the carer: ie. attachment **deactivating** behaviour.

- More **aloof** or independent
- Over-regulation; high **control**
- More **covert** self-injury
- **Normalising** of pain or trauma
- Avoidance of vulnerability & **affect**
- Discomfort with **connection**

# Disorganised attachment

- **Disorganised** attachment develops when primary caregivers are **frightening to**, or **frightened of**, the infant.
- The caregiver may suffer from unresolved loss or trauma;
- They may be **abusive** to the infant, or view the infant in terms of a **past abuser**, or a **despised victim-self**; or they may **dissociate** when reminded of their own trauma or loss





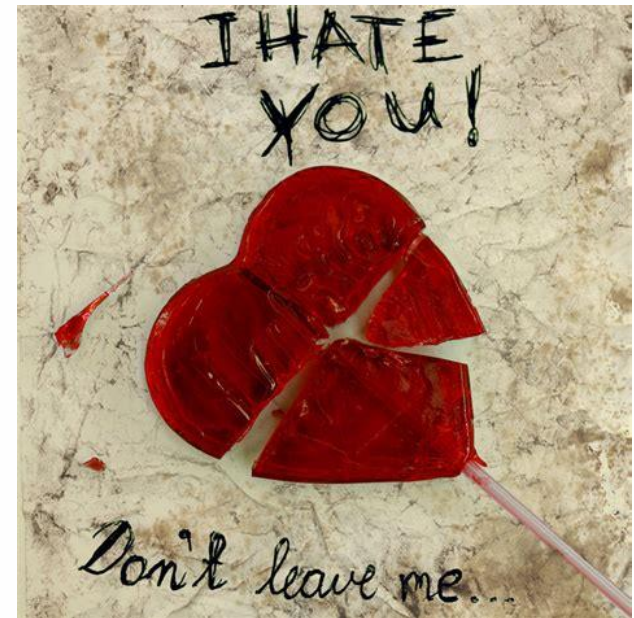
# Disorganised attachment continued

- The infant is **unable to resolve** the conflict between their need for comfort from - and fear of - the same attachment figure
- The attachment figure becomes a source of **deregulation**, rather than regulation, of affect
- The most pathogenic of attachment styles:
- The individual has no **organised behavioural response** to stress



# Disorganised attachment in BPD/CPTSD

- Adults with **disorganised** attachment don't have a consistent or coherent **attachment-activating** or **deactivating** template to deal with stress or distress.
- They crave – yet are terrified of – connection, support or intimacy
- This quickly escalates into overwhelmed and dysregulated affective states



Having to rely on others to comfort you because you can't do it yourself then pushing them away and getting angry when they're not there for you

Manifests as **high impulsivity**, **anger** and **aggression**, self-harm, risk-taking behaviours, **suicidal behaviours**, substance abuse, chaotic relationships, **disorganised** help-seeking, dissociation

# A note on causative parenting

**Blame** is often placed on parents for the child's development of BPD or complex PTSD. But other factors are **frequently** in play:

- **Genetic loading;**
- Child **temperament** and goodness-of-fit;
- Traumatic **pregnancies** and **births**;
- Caregiver **mental illness**, substance dependence or **trauma history**;
- Caregiver's own experience of **being parented**;
- Quality of caregiver relationship; **family strain** or breakdown;
- **Parental stress** (resources, other children or demands, life events);
- Child's traumatic experiences during childhood and **adolescence**.

In many cases parents have done **the best they can**.





# Thanks!

## Further reading:

Levy, K. N. (2005). The implications of attachment theory and research for understanding borderline personality disorder. *Development and Psychopathology*, 17 (959-986).

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Fonagy, P., Campbell, C., & Luyten, P. (2023). Attachment, mentalizing and trauma: Then (1992) and now (2022). *Brain Sciences*, 13 (459-479).