The Two-Person Construction of Defenses: Disorganized Attachment Strategies, Unintegrated Mental States, and Hostile/Helpless Relational Processes

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Since the initial identification of disorganized and controlling forms of attachment behavior 15 years ago, the accumulated findings of attachment research have also contributed to the paradigm shift in psychoanalytic thinking toward a more fully relational theory and model of treatment. This research report will provide an overview of recent work charting the developmental pathways and family processes associated with disorganized forms of attachment behaviors in infancy. These research findings both converge with and expand on earlier less systematic analytic clinical observations which have variously described inconsistency or role reversal or coercive discipline in the parenting behaviors of parents of clinically referred children.

Attachment research provides one scientific foundation for positing relational as well as biological contributions to many forms of psychopathology. However, attachment theory also advances a more specific model within the broader relational framework. I will describe some of the more specific tenets of attachment theory of the development of controlling forms of attachment behavior.

First, from a research perspective, the attachment system is only one of a number of goal-corrected behavioral/motivational systems, and all or most of the interactions between parents and children will not be integral to the attachment system even in infancy. For example, interactions around play, teaching, or even routine caregiving are not necessarily engaging attachment motivations or affects.

The attachment system can be thought of as the psychological version of the immune system. The attachment system is the preadapted behavioral system for combating and reducing stress, just as the immune system is the biological system for combating physical disease. Under normal conditions, an adequately functioning attachment relationship will serve to buffer the infant (and adult) against extreme levels of fearful arousal. However, the attachment system itself may also malfunction, just as the immune system may develop autoimmune disorders. Based on accumulated research findings, disorganized and controlled forms of attachment behavior are now thought to represent signs of malfunction of the attachment relational system.

This emphasis at the heart of attachment theory on fearful arousal and the modulation of that arousal is clearly a departure from an emphasis on libidinal and aggressive drives as the central motivational systems. It is also a departure from Freud’s view of anxiety as signal anxiety provoked by the threat of drive-related derivatives breaking through the repression barrier. Instead, it regrounds clinical theory in the developmental dynamics of fear. In addition, attachment research has uniquely and reliably illuminated the ontogeny of defensive adaptations to caregivers’ refusals or failures to provide the needed soothing responses to infant fear or distress. These infant defensive adaptations involve alterations of the attachment relational system, just as the immune system may develop autoimmune disorders. The early appearance and systematic use of defensive strategies by one-year olds was Mary Ainsworth’s crucial scientific contribution.

Attachment theory is a two-person theory of conflict and defense. It emphasizes the coping or defensive processes required to deal with fearful arousal within a particular set of attachment relationships. In contrast to an intrapsychic theory of defense, attachment theory and research locates the ontogeny of defenses in an intersubjective field. Defense formation occurs at the interface between individual fearful arousal and the responses of central attachment partners. Therefore, both infant individual differences and caregiver differences will contribute to the infant-caregiver negotiations...
that occur around distress and comfort, as well as to the potential defensive adaptations that may result from those negotiations.

Although the attachment relational system is viewed as only a single circumscribed motivational system among other systems, it is also regarded as preemptive when aroused, since it mobilizes responses to fear or threat. In that sense, the quality of regulation of fearful affect available in attachment relationships is foundational to the developing child’s freedom to turn attention away from issues of threat and security toward other developmental achievements, such as exploration, learning, and play. Therefore, attachment security has far-reaching consequences for development for at least two separable reasons. First, at all ages the regulation of fearful arousal is a preemptive motivational system. Second, fearful arousal is a prominent affect from the beginning of life so that later developmental acquisitions are partially dependent on this early-functioning system. Buffering by others is needed starting at birth and the prolonged immaturity of the human infant leaves the infant unusually dependent on the security-providing responses of others for a long period in early development.

Recent neuroscience research with both rats and theses macaques is suggesting that an event stronger statement regarding the foundational nature of the early attachment relationship may be warranted. These studies are demonstrating that both infant neurotransmitter systems and the infant stress response system mediated by the hypothalamic-pituitary-adrenal axis are open systems at birth that depend on the patterning of caregiver behavior to set enduring parameters of their functioning across the life span. Therefore, the attachment system may also be foundational at a physiological level in setting up relatively irreversible patterns of neurotransmitter activity and levels of hypothalamic-pituitary-adrenal axis responsivity to stress or threat. For example, when caregiving behavior is impaired among macaque mothers due to uncertainty about the ease of obtaining food, macaque infants develop enduring fearful behaviors and elevated levels of corticotropin releasing factor that do not wane after a predictable food supply is reestablished (Nemeroff, 1996). In addition, using a cross-fostering design with newborn rat-pups, Francis and colleagues (1999) have recently demonstrated that both the quality of parent-pup interaction and the pup’s associated physiological stress responses mediated by the HPA axis may be passed on intergenerationally, independent of genetic influence. These findings converge with findings from human attachment studies which have also documented the intergenerational transmission of attachment strategies over two and three generations. More research will be needed to assess how closely human brain and HPA axis development reflects the effects of caregiver responsivity documented in animal research.

A large body of earlier research on fearful arousal has documented the range of individual coping responses to pain or fear, captured by the summary label “fight or flight”. In addition, Seligman and others have described “freezing” and “learned helplessness” as responses occurring when more active responses are unavailable or ineffective. Recently, Shelly Taylor and colleagues have advanced an alternative “tend or befriend” hypothesis regarding primary responses to threat among social primates, arguing that “fight or flight” may be more relevant to the stress responses of males, while various forms of affiliative responses may be more common stress responses of females. From an attachment point of view, however, we would expect affiliative responses to threat to be available to all social primates, without regard to gender. As we will see below, this entire array of coping or defensive responses appear in some form in the behaviors that are part of the disorganized/controlling spectrum of attachment behaviors.

### Parental Affective Communication Patterns Related to Infant Disorganization

If caregiver responsivity is indeed implicated in guiding early brain development, what have we learned about caregiver-infant interactions among infants displaying disorganized attachment responses when under stress? All of the parental factors shown to predict infant disorganization, such as parental psychosocial risk factors or parental unresolved loss or trauma on the Adult Attachment Interview (for review, see Lyons-Ruth & Jacobvitz, 1999) suggest that aspects of parent-infant interaction contribute to the development of infant disorganization. In relation to insecure infant behavior that is avoidant or ambivalent, it has already been documented that parental behavior that is somewhat insensitive, that is, somewhat rejecting and intrusive or somewhat inconsistent and self-preoccupied is related to the infant’s insecure behaviors. However, parental behavior that is somewhat insensitive is not correlated with infant disorganized attachment behavior, since studies using Ainsworth’s rating scale for sensitivity have generated only a small association between parental behavior and infant disorganization. On the other hand, maltreatment is clearly associated with infant disorganization, but that criterion for problematic parental behavior is too extreme since 15% of infants in low-risk families display disorganized attachments. How do we capture the parental behaviors most implicated in the process of disorganization?

Recent research in our lab has focussed on exploring the family contexts and later correlates of disorganized attachment behavior as first observed in infancy. To this end, we have been conducting a 19-year longitudinal study of low-income families, half of whom were referred to a clinical infant service because of concerns about the quality of parent-infant interaction. The other half were socioeconomically-matched non-referred families from the same communities. Here we will focus on only one aspect of this work, namely the types of parent-infant affective communication processes that we have found associated with infant disorganized attachment behaviors.
Main and Hesse have advanced the hypothesis that disorganization of infant attachment strategies is related to parental unresolved fear, fear that is transmitted to the infant through parental behavior that appears frightening or that is frightening to the infant. According to Main and Hesse’s reasoning, if the parent herself arouses the infant’s fear, this will place the infant in an unresolvable paradox regarding whether to approach the parent for comfort. This is because the parent becomes both the source of the infant’s fear and the haven of safety.

Along with others, we explored Main and Hesse’s hypothesis that the parent’s frightened or frightening behavior is the distinctive element that is associated with disorganization of infant attachment strategies. Prior to the development of the Main and Hesse coding instrument for frightened or frightening behavior, however, our pilot work had led us to advance two additional hypotheses regarding the parental behaviors that might be disorganizing to the infant. First, we reasoned that parents might display competing or contradictory caregiving strategies, much as the disorganized infant displays competing or contradictory attachment strategies. Second, we reasoned that the parent’s overall regulation of the infant’s fearful arousal might be more important than specific behaviors, so that failure to respond to the infant’s attachment bids might be as important as more obviously frightening parental behaviors. In this view, parental withdrawing behaviors or role-confused behaviors that left the infant without adequate parental regulation of fearful affect would also be potentially disorganizing, whether or not the parent’s own behaviors were directly frightened or frightening to the infant.

Therefore, we also coded five broader aspects of disrupted parental affective communication with the infant. These five aspects included a.) parental withdrawing responses, b.) negative-intrusive responses, c.) role-confused responses, d.) disoriented responses, and, e.) a set of responses we termed affective communication errors, which included both simultaneous conflicting affective cues to the infant and failures to respond to clear affective signals from the infant.

Infants classified as disorganized in their attachment behavior were also subclassified into two subgroups according to standard coding procedures, based on the type of organized attachment strategy their behavior most closely resembled. These two subgroups are usually labeled disorganized secure (D-secure) and disorganized-insecure (D-insecure). Here we will use the more behaviorally descriptive labels of D-Approach and D-Avoid Resist.

As predicted, the frequency of these five aspects of disrupted parental affective communication was significantly related to the extent of the infant’s disorganized attachment behaviors. In addition, these disrupted maternal behaviors, which were coded during a series of separations and reunions, demonstrated cross-situational stability in that they were also related to similar behaviors observed at home. Higher levels of disrupted maternal behavior in the separation procedure were also associated with increased infant distress at home. Neither infant gender nor cumulative demographic risk were significantly related to maternal disrupted behavior (Lyons-Ruth, Bronfman, & Parsons, 1999).

When examined separately, the frightened or frightening behaviors described by Main and Hesse showed the same relation to infant disorganized attachment classification as did overall disrupted communication. However, the specific behaviors described by Main and Hesse constituted only 17% of the behaviors included in our larger coding protocol as disrupted. With all frightened or frightening behaviors removed from the total disrupted behavior score, the remaining disrupted behaviors still reliably distinguished between mothers of organized and disorganized infants. These findings indicate that frightened or frightening behaviors are embedded in a broader context of disrupted affective communication between mother and infant.

There were two additional aspects to the findings that were also quite clinically interesting. The first finding was that, of the five classes of disrupted behavior coded, parental affective communication errors were particularly strongly related to infant disorganized behaviors. These errors often included simultaneous conflicting affective signals to the infant, such as speaking soothingly but stepping out of reach, so that the parent’s attachment-related behaviors towards the infant also displayed some of the same contradictory, unIntegrated quality as the infant’s disorganized attachment behaviors toward the parent. Maternal affective communication errors were also the strongest predictors of infant crying and infant proximity-seeking behavior, along with disorganized infant behaviors. These mixed infant behaviors again appeared to mirror the mixed affective signals of the parent, which included positive cues mixed with subtle or muted negative cues (e.g. laughing at infant distress while picking up infant).

The more surprising finding, however, was that there were substantial differences in maternal behavior within the disorganized infant group, differences that were correlated with the subtypes of infant disorganized behavior mentioned earlier (D-approach, D-avoid resist). Statistically, mothers of the two subtypes of infants differed more from one another than they differed from the other mothers in the study whose infants were not disorganized. When the disrupted behavior subscores were analyzed, mothers in the two D subgroups did not differ significantly in frequency of affective communication errors or in frequency of disoriented behaviors. However, mothers of disorganized infants who also exhibited avoidance or resistance (D-avoid resist infants) displayed significantly higher rates of both role confusion and negative-intrusive behavior than did mothers of disorganized infants who continued to approach their mothers. Negative-intrusive and role confused behaviors were strongly correlated as well, so these mothers were displaying a contradictory...
behavioral mix of rejecting behaviors and behaviors that sought attention from their infants. We termed this group “hostile selfreferential regarding attachment.”

In contrast, mothers of disorganized-but-approaching infants (D-approach) exhibited significantly higher rates of withdrawal than mothers of D-avoid resist infants. Infants of more withdrawing mothers continued to approach them for contact but also displayed signs of conflict, apprehension, uncertainty, helplessness, or dysphoria. Mothers in this subgroup were more fearful, withdrawing, and inhibited and sometimes appeared particularly sweet or fragile. They were very unlikely to be overtly hostile or intrusive and usually gave in to the infant’s concerted bids for contact. However, they often failed to take the initiative in greeting or approaching the infant and they often hesitated, moved away, or tried to deflect the infant’s requests for close contact before giving in. We termed this group “Helpless/fearful regarding attachment”. Infants of “helpless” mothers also looked different from infants of “hostile” mothers in that they all continued to express their distress, approach their mothers, and gain some physical contact with them, even though they also displayed disorganized behaviors, including behaviors such as freezing, huddling on the floor, apprehension, or avoidance while in contact with mother.

Additional subject-based analyses added to this emerging picture of the behaviors of mothers of D-approach infants. Based on Main and Hesse’s hypothesis that frightened, as well as frightening, maternal behavior should be disorganizing to the infant, we examined the small group of mothers who displayed frightened behavior only. Among their infants, 43% displayed the D-approach profile, compared to only 9% of infants whose mothers displayed frightening behavior. When the frightened and withdrawing variants of parental behavior were included together, they accounted for 80% of the mothers of D-approach infants, discriminating them both from mothers of organized infants and from mothers of D-avoid resist infants.

Accurate identification of patterns of caregiving received by infants classified D-approach is important for at least two reasons. First, there are repeated indications in the literature that parents in this group are harder to identify because their more withdrawing and fearful but non-hostile behaviors are harder to discriminate from more confident and structuring parental behaviors. Second, this fearful but not hostile behavior pattern is likely to be particularly prevalent in low-risk middle-income samples, where 15% of infants are still classified disorganized. Finally, there is repeated evidence that compared to D-avoid resist infants, D-approach infants are at equal risk for a variety of negative outcomes, including elevated cortisol secretion to mild stressors in infancy, elevated hostile-aggressive behaviors towards peers in kindergarten and second grade, and elevated rates of controlling attachment patterns towards parents by age 6. We would predict that mothers in this helpless-fearful group would show more appropriate caregiving behavior when the child’s attachment system is not aroused and would become more fearful, hesitant, contradictory, or withdrawn when the infants’ fearful and distressed attachment affects are more directly aroused and expressed. At such times, one would expect the mother’s own underlying sense of helplessness to become more pronounced. As the infant begins to react with conflict and apprehension to the mother’s hesitancy and fear in responding to attachment affects, the mother’s sense of helplessness would be likely to increase, which might lead to more obvious dysregulation in the relationship and compensatory controlling behavior on the part of the child by the time the child is seen during the preschool period (see below).

In previous work, we have also found that different forms of early trauma were associated with these different parenting profiles. Mothers with a history of physical abuse or witnessed violence were more likely to display the hostile profile of behavior at home while mothers with a history of sexual abuse or parental loss (but not physical abuse) were more likely to withdraw from interaction with their infants. Clinical treatment of sexual abuse survivors clearly reveals both the underlying fear and rage of those who have been victimized. However, sexually abused mothers appeared more likely to manage their negative affects by withdrawing from interaction with the infant, while mothers who had been physically abused appeared to handle their underlying fear by identifying with an aggressive style of interaction (Lyons-Ruth & Block, 1996).

### Understanding Intergenerational Cycles: The Developmental Emergence of Controlling Forms of Attachment Behavior

As children develop over the preschool years, many formerly disorganized infants reorganize their attachment behaviors into controlling behaviors toward the parent by the time they reach school age. And, again, these new controlling behaviors can take two very different forms - either controlling through more punitive, hostile behaviors or controlling through more solicitous, directing, caregiving behaviors. These controlling behaviors appear to become increasingly differentiated over the preschool years. We have speculated that the two organizations of parenting behavior that are correlated with disorganized behavior in infancy also provide the relational context for the emergence of two distinct forms of controlling behavior during the preschool period. We speculate further that these two infant subgroups, D-approach and D-avoid resist, are precursors to the caregiving and punitive stances observed among controlling children at age 6. Caregiving children also tend to inhibit their fantasy play while punitive children exhibit more chaotic play scenarios with themes of unresolved danger and blocked access to care in safety. Longitudinal data to evaluate these postulated links between the two D subgroups in infancy and the two controlling subgroups during the preschool period are still lacking, however.
We, as well as others view these two stances as different behavioral strategies for responding to similar core representational and affective themes, namely a disruption in the regulatory function of the caregiving system that exposes the child to inadequately modulated fear. We hypothesize further that without intervention, these behavioral manifestations become consolidated and are reflected in the caregiving constellations we have termed “hostile” and “helpless” parenting stances. George and Solomon first described the pervasive sense of helplessness in relation to the child experienced by parents whose children are classified in the disorganized category. This experience of helplessness may be related either to a sense of the child as “larger than life”, that is, as especially smart or gifted, or to a sense of the child as impossible to control or influence.

**Hostile/Helpless Internal Working Models of Relationships**

In line with Freud’s original insights about the dyadic nature of internalized object relations, we have speculated that at a more abstract level, these two very different behavioral profiles represent the two related poles of a single hostile/helpless dyadic representation. Given the lack of balance in the two dyadic roles represented, such an internal model is particularly contradictory in the behavioral choices that it represents. In a hostile-helpless relational pattern, one partner’s goals are being subjugated to the will of the other to a marked extent. Therefore, these models are also likely to be imbued with more traumatic affects, may be particularly susceptible to dissociation of either the hostile or helpless component, and should be more difficult to rework toward a more integrated, flexible, and balanced set of relational options. Entering parenthood with a hostile/helpless internal working model of relationships should place a parent at risk for acting from the extreme stance of one of these unbalanced behavioral positions or else showing contradictory behaviors which reflect his or her experience and conflict around both relational roles. In the current study, we found support for both of these theoretical assertions.

In the “hostile” subtype, parents may be identified with a malevolently represented caregiver from childhood, an identification that is maintained through unintegrated, or “split”, internal models that hold in place a contradictory, polarized model of relationships. Caregivers who display a “hostile” interaction pattern appear to be attempting to master unbearable feelings of vulnerability by denying their own vulnerability. This denial may be accomplished through suppression of conscious experience of emotion and through consistently controlling others in relationships. Behaviorally, these mothers reenact discipline by coercion, suppression of children’s anger, and premature attention to the needs of others (e.g., their own parent) at the expense of having their own attachment needs met. Mothers in this category appear to be fearful and easily overwhelmed by the demands of others. Their longtime focus on others may have resulted in common coping strategies of dissociating from their own affect life and withdrawing from closer emotional contacts with others, so that and they may feel powerless to control their children when their own affects are aroused. Their anxiety and fear of close emotional contact may be noted by their children, who, in turn, develop caregiving strategies to support their parents, thus perpetuating intergenerational cycles. However, mothers in the “helpless” subgroup do not seem to display the more pervasive suppression of emotional life that characterizes the “hostile” subgroup.

To prevent become flooded by their overwhelming affects, Mothers may need to engage in behaviors that appear either frightening (e.g., suppressing children’s emotions, yelling) or frightened (dissociating, withdrawing) to the child. Mothers’ preoccupation with regulating their own affect states and the extreme nature of their distancing behaviors both may also interfere with their ability to repair miscommunications once they occur. Infants and children are likely to be frightened by the lack of comfort when their attachment needs are activated and confused by the disproportionate intensity of their parents’ responses. They appear to adapt to the irresolvable paradox produced by their caregivers’ behaviors by a mix of approach-avoidance, frozen/dissociative, and other atypical behaviors.

**Conclusion**

This theoretical framework for understanding recent findings concerning interactive processes, disorganized attachment behaviors, and unintegrated states of mind offers the possibility of bringing together a diverse range of phenomena that have previously lacked a unifying theoretical foundation. The “double-bind” form of contradictory communication described by Bateson and Haley and the contradictory and unpredictably shifting mental states of borderline personality disorder may represent aspects of a larger array of unintegrated, or mentally segregated, behaviors I and mental phenomena that are related to unbalanced dominant/submissive dyadic processes. The disorganized beginnings of these polarized relational patterns and internal models are evident in infancy but more consolidated contradictory or “split” representations are likely to emerge over the ensuing preschool years. Plotting in more detail the complex developmental trajectories that result in forms of adult psychopathology may be the most important emerging contribution of longitudinal attachment research.
In addition, the developmental transition from disorganized behaviors to controlling forms of attachment behaviors over the preschool period supports the notion that one “grows into” a borderline or narcissistic stance through a complex series of alternative developmental acquisitions. These findings contrast with the more common developmental assumption that the splitting of positive and negative representations and the failures to differentiate self and other that one sees in borderline patients are “givens” of the presymbolic period. Instead, the child in a disorganized attachment relationship appears to use emerging developmental capacities to construct increasingly polarized coercive or role-reversed “false-self” relations with the parent, relational structures and representational models that are still unrealizable with the capacities available to the infant. In addition, continuing to contextualize more global intrapsychic concepts in terms of specific relational processes can help to advance relational thinking and approaches to treatment, as well as to place relationally-oriented treatments on a sound scientific footing.

Footnotes

While attachment-oriented research can expand our understanding of the relational contexts and developmenta1 course of various psychopathologies, an additional clinical question is whether this body of research has implications for psychoanalytic technique. How can this work contribute to the shaping of an intersubjective or relational approach to treatment? In the June issue, Dr. Lyons-Ruth will draw out some of the joint implications of attachment research and dynamic systems theory, for modeling the non-interpretive processes in psychoanalytically oriented treatment.

References