The Relationship Between Attachment and Dissociation in Adult Survivors of Incest

Catherine L. Anderson and Pamela C. Alexander

A history of child sexual abuse is associated with variable and often overwhelming negative outcomes in adulthood. Adult women survivors of childhood sexual abuse exhibit disproportionate rates of somatoform disorders (Bryer et al. 1987), borderline and narcissistic personality disorders (Herman et al. 1989; Westen et al. 1990), anxiety and phobias (Bagley and Ramsay 1986; Briere 1984), eating disorders (Coons et al. 1989), depression (Putnam et al. 1986), antisocial behavior (Coons 1986), and dissociative/multiple personality disorder (Coons et al. 1988; Putnam 1989; Ross et al. 1989).

Dissociative disorders may be among the most baffling and treatment-resistant symptoms presented by abuse survivors. Dissociation falls on a continuum ranging from full awareness through suppression to repression and, finally, to dissociative identity disorder (Ross 1989; Steele and Colrain 1990). It has been characterized as the lack of normal integration of thoughts, feelings, and experiences into the stream of consciousness and memory, resulting in disturbances of identity (Nemiah 1981; Putnam 1984). In the pathological range, dissociation prevents the integration of dissociated material into the sense of self, producing discontinuities in conscious awareness, which subsequently become entrenched in the overall view of the self as damaged.

In discussing the etiology of more severe dissociative disorders, many researchers agree that the severity, duration, and early age of onset of childhood trauma are correlated with the subsequent degree of dissociation exhibited by the adult survivor (Braun 1989; Putnam et al. 1986). Furthermore, the nature of the relationship between the child and the perpetrator of the abuse has also been hypothesized to be pertinent to the development of dissociation. For example, Spiegel (1989) theorized that severe dissociation results from a double-bind in which the child depends on and expects to receive nurturance from the same person who subsequently abuses her. In other words, even more than is normally the case with family violence, the child who later develops a dissociative disorder must find a way to separate her image of the abusive parent from her image of the trusted parent. This dilemma is exacerbated by the fact that, with severe dissociation, soothing and restorative experiences by other significant adults are generally absent or inadequate (Kluft, 1984). Thus, the child dissociates both to avoid the cognitive contradiction of the abusive parent and also in an attempt to self-soothe.

By focusing on the nature of the parent-child relationship, attachment theory provides a possible theoretical model for understanding both the dissociative process at the time of the abuse as well as the means by which the dissociation is

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maintained into adulthood (Liotti 1992; Main 1991). Attachment has been construed as a biologically based bond between an infant and a caregiver that assures the infant's survival (Bowlby 1969/1982). The infant's close proximity to a predictable and responsive caregiver provides the child with a “secure base” from which to explore the world (Bowlby 1973). The attachment figure thus serves as a source of security for the infant in situations that involve anxiety or fear.

Early researchers in the area of attachment theory initially proposed three persistent patterns of attachment associated with the pattern of responsiveness shown by the parents (Ainsworth et al. 1978; Bowlby 1980; Vaughn et al. 1979). These strategies include secure attachment, in which available and accepting parents help their children learn to tolerate negative affect while maintaining their positive engagement with others (Cassidy 1988); resistant attachment, characterized by the child’s approach-avoidance, angry behavior aimed at increasing proximity to the caregiver in a clinging, dependent manner (Greenberg and Speltz 1988) and by the parent’s inconsistent responsiveness and role reversal; and avoidant attachment, characterized by the child’s detachment, affective neutrality in the relationship, and “compulsive self-reliance” (Bowlby 1973) and by the parent’s insensitive and/or rejecting behavior (Cassidy and Kobak 1988; Cummings 1980; Troy and Sroufe 1987).

As infant attachment research extended into more high-risk populations, the three attachment classifications described by early researchers could not be used to accurately classify increasing numbers of subjects (Crittenden 1983; Egeland and Sroufe 1981; Main and Solomon 1986). As a result, researchers identified an additional pattern of insecure attachment, labeled disorganized/disoriented, in which the child exhibits no coherent coping strategy in emotionally laden situations (Carlson, Cicchetti, Barnett, and Braunwald 1989). For example, a disorganized toddler may rise to greet the parent before falling prone to the floor, may scream for the parent at separation and then silently avoid the parent upon reunion, or may appear dazed or freeze all movement in the presence of the attachment figure (Main and Solomon 1990).

According to Main and Hesse (1990), the child’s disorganized and conflicted behavior may result from the parent's display of frightened and/or frightening behavior toward the child. In other words, the child’s presence may trigger the parent’s own attachment anxieties and memories of unresolved trauma, such as loss of a parent or an experience of sexual abuse (Ainsworth and Eichberg 1991). The parent may then turn to the child for nurturance and may become hostile or aggressive when the child necessarily fails to meet the parent’s attachment needs (Bowlby 1985; Liotti 1992). The child is thus placed in the untenable position of trying to avoid the very person from whom she seeks reassurance when anxious or afraid. Since the attachment figure thus simultaneously functions as both the source of the problem and the solution to the problem, the child appears unable to successfully develop an organized attachment strategy for eliciting appropriate caretaking from the parent (Main and Solomon 1986). Consistent with Liotti’s (1992) analysis, disorganized 6-year-olds attempt to manage the anxiety inherent in this situation by assuming control of the interactions with the parents through the adoption of either caretaking or punitive patterns of interaction (Main and Cassidy 1988).

Because the etiology of disorganized attachment includes the same type of double-bind experience referred to by Spiegel (1989), because both disorganized attachment and dissociation are associated with early childhood trauma (Ainsworth and Eichberg 1991; Carlson et al. 1989; Chu and Dill 1990; Coons et al. 1988), and because even the behaviors observed in disorganized toddlers show remarkable similarity to descriptions of dissociation (Main and Hesse 1990), disorganized attachment would appear to be theoretically related to the development of dissociation.
Researchers have hypothesized that attachment evolves across the child's developmental stages through the construction of mental representations, known as "internal working models," that the child uses to achieve an understanding of the relation of the self to others (Bowlby 1969/1982; Bretherton 1985). The concept of internal working models provides a potential link between the development of severe dissociation in childhood and its maintenance into adulthood. Because of the extremely contradictory behavior on the part of the parent toward the child, the child develops multiple contradictory models of the self (e.g., "I intimidate my parent," "I protect my parent") of the parent (e.g., "My parent loves me," "My parent hates me," "My parent can't live without me," and "My parent wishes I were dead"). Moreover, the establishment of these inherently contradictory ways of thinking so early in the child's development precludes the child from reconciling these contradictions through the use of metacognition, or "thinking about thinking" (Main 1991). Finally, the frequent use of dissociation precludes the child from developing the ability to use metacognition, as most children are able to do. Therefore, the maintenance of dissociation into adulthood may result from the inability to resolve contradictory internal working models through the use of metacognition.

The self-fulfilling nature of the internal working model also explains why, theoretically, patterns of attachment that develop in childhood are likely to remain into adulthood. Thus, adult attachment is marked by clearly identifiable, conceptually differentiated patterns that are presumed to be continuations of attachment patterns developed during childhood (Bartholomew 1990; Hazan and Shaver 1987; Kobak and Sceery 1988; Main and Goldwyn 1984). Although few longitudinal studies of attachment have as yet followed children into adulthood, studies of personality, interpersonal functioning, and physiological arousal have demonstrated connections to adult attachment in theoretically prescribed ways. In addition, studies have demonstrated concordance between mothers' adult attachment and their children's attachment patterns (e.g., Main and Goldwyn 1984). For example, researchers in adult attachment have found that adults identified as secure are characterized by a positive self-image, by ease in recalling both positive and negative childhood experiences, and by an ongoing valuing of attachment relationships (Kobak and Sceery 1988; Main and Goldwyn 1984). In contrast, individuals with a preoccupied state of mind, who correspond to resistant children, describe a history of both parental closeness and frustrated attempts to gain parental support during times of increased stress (Main and Goldwyn 1984). They are more dependent and report considerable fears of abandonment in intimate relationships (Bartholomew and Horowitz 1991). Adults characterized as dismissing with respect to attachment (corresponding to avoidant children) tend to downplay the significance of childhood attachment relationships and the impact of childhood experiences on adult functioning, are higher in hostility and loneliness, are uncomfortable trusting or depending on others, and tend to be overtly unconcerned about their lack of intimacy and trust with others (Kobak and Sceery 1988; Main and Goldwyn 1984).

Adults who are fearful (to use Main and Goldwyn's, 1988, terminology, unresolved) with respect to attachment are descriptively similar to disorganized children. They are incoherent in describing their past (Main and Goldwyn 1994) and are characterized by low self-esteem, vulnerability, a lack of self-confidence, and difficulty relying on others or allowing others to serve as a "secure base" (Bartholomew and Horowitz 1991). Fearful avoidant attachment is characterized by the belief that others are uncaring and unavailable, and that the self is unlovable. Brennan et al. (1991) have found a higher incidence of this lack of resolution with respect to attachment among adult children of alcoholics. Furthermore, Alexander et
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al. (1995) have found that fearful avoidant attachment predominated in a sample of incestuously abused women. Of special relevance to this paper, attachment theory would predict that this type of attachment provides the developmental link between a history of sexual abuse and subsequent dissociation.

In an attempt to demonstrate the relationship between a fearful pattern of attachment and dissociation in a sample of self-identified adult survivors of incest, dissociation was measured by the Dissociative Experiences Scale (DES—Bernstein and Putnam 1986) and then correlated with both an interview-form assessment of adult attachment and with specific characteristics of the women’s abuse histories (described in Alexander et al. 1995). It was hypothesized that significantly higher DES scores would be associated with fearful avoidant attachment, due to the origins of both. In addition, the relationships between certain abuse characteristics (an earlier age of onset; the use of increased force; more severe abuse; and emotional closeness with the perpetrator), dissociation, and fearful avoidant attachment were assessed.

METHOD

Participants

One hundred and twelve self-identified adult women survivors of incest were recruited through newspaper advertisements in the Washington, DC, area describing a study on the childhood family relationships of incest survivors (cf. Alexander 1993; Alexander et al. 1995; Alexander and Schaeffer 1994). Participants were included only if they were able to recall specific sexually abusive behaviors with an identifiable perpetrator. Of the 112 women who participated in the study, 10 were not classifiable by attachment pattern and another 10 women either failed to complete the measures or did not meet the abuse criteria, resulting in a sample of 92 women.

Eighty-six percent of the remaining participants were White, 7% were African-American, and 7% identified themselves as belonging to other racial/ethnic groups. Their ages ranged from 19 to 64, with a median age of 37 (M = 36.5, SD = 8.8). Educational levels fell between 10th grade and the completion of a doctoral degree, with a median educational level of 16 years.

Forty-two percent of the women reported that their abuse was perpetrated primarily by their biological father, 32% by their stepfather, 3% by their mother, 11% by siblings, and 12% by other family members living within the home. Fifty-eight percent of these women were abused by more than one perpetrator during childhood, with a reported range of 1 to 5 perpetrators. The median age at the onset of the sexual abuse was 7 years of age (age of onset ranged from 1 to 16 years). Women who reported an earlier age of abuse onset reported receiving independent corroboration of the abuse by siblings or other family members. The median duration of abuse was 72 months, ranging from a single occurrence to 240 months. Of the 92 women in the study, however, only 8 reported a duration of abuse of less than 1 year. The frequency of the women’s childhood abuse ranged from one time only (8%) to daily (14%), with a median occurrence of more than once per week. Thirty-two percent of the women reported that the sexual abuse by their primary perpetrator was limited to fondling and/or digital penetration; 20% reported oral-genital contact; and 48% experienced anal and/or vaginal penetration. With respect to coercion to comply and to refrain from disclosing the abuse, 41% experienced psychological coercion only, 11% experienced verbal prohibitions, 10% endured verbal threats of harm, and 39% experienced physical coercion.

Procedure

The women were each seen by one of three female interviewers experienced in the area of sexual abuse for an interview lasting approximately 2–3 hours. The vid-
eotaped structured interview was used to assess current state of mind with respect to attachment. In addition, a comprehensive sexual abuse history was elicited and participants completed a number of paper-and-pencil measures of demographic information and psychological functioning. Only the earliest detailed memory or reportedly corroborated incident constituted the age of onset. Additionally, no coding was done with details of satanic ritual abuse experiences, because memories of experiences such as these have constituted the greatest debate within the field regarding veracity.

Measures

Family Attachment Interview. A semi-structured interview developed by Bartholomew and Horowitz (1991) was administered to the study participants. This interview format is designed to elicit specific memories of both the individual’s childhood attachment figures and current attachment relationships. A sexual abuse history was also incorporated into the second half of the interview.

Reliability coefficients for the normative prototypes developed by Bartholomew and Horowitz (1991) yielded alphas ranging from .87 to .95. Ratings of attachment based on this interview format have been validated against self-reports, friend reports, romantic partner reports, and ratings of peer attachment, and have significantly predicted latent outcome variables (Griffin and Bartholomew 1994). Bartholomew and Horowitz’s (1991) coding system was used due to its conceptualization of attachment both as categorical and as a series of dimensional variables rather than solely as a forced-choice categorization. On the basis of these prototypes, the women in this study were assigned to one of four primary attachment categories. These categorizations were based both on interview process variables such as elaboration, coherence, and idealization, and on evidence of current proximity seeking and self-confidence. Coding does not rely on the veracity of memories but instead is attempting to capture the woman’s current state of mind with respect to attachment. The four prototypes can be briefly described as follows: The secure prototype is characterized by a valuing of interpersonal relationships, coherence and thoughtfulness in addressing attachment history, moderate elaboration, and the integration of both positive and negative aspects of early attachment relationships into one’s memories. The preoccupied prototype is characterized by excessive elaboration in describing attachment relationships, overinvolvement in intimate relationships, a dependency on others for feelings of self-worth, idealization of others, and an exaggerated emotionality in describing relationships. The dismissing prototype is characterized by an unwillingness to acknowledge either the importance of close relationships or the impact of early attachment relationships on current interpersonal functioning, and by a tendency to idealize parents despite an apparent contradiction due to specific negative memories. An effective restriction is also noted in this prototype, and a lack of clarity and insight in the discussion of attachment-related issues from early childhood. The final prototype is the fearful avoidant category, which is characterized by an avoidance of close relationships due to a pervasive fear of rejection, a sense of personal insecurity, and a distrust of others. Individuals characterized by a fearful avoidant attachment history tend to relate that history in an incoherent, overwhelmed manner. Thus, the fearfully attached individual presents a relationship history characterized by a lack of interpersonal soothing secondary to a chronic approach–avoidance conflict with significant others.

On the basis of the videotaped interview, each subject was assigned to the best-fitting primary attachment category by two of five independent, trained coders who were blind to the participant’s outcome measures. The interrater agreement for the primary attachment category by the two initial raters was computed, resulting in a kappa of .69 for the categori-
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cal rating of attachment, which is considered to be generally good agreement (Fleiss 1981) in that kappas tend to be lower than intraclass correlations (Lambert and Hill 1994). When disagreement between the two independent raters occurred (as it did in 26 cases), the tape was then rated by a third coder. Eight tapes from the original group were excluded from further analysis due to a lack of agreement by two of the three coders.

In addition to the categorical rating, each participant was also rated on four continuous 9-point scales describing the degree of correspondence with each of these attachment prototypes. Although the alpha coefficients for the attachment categories of secure (.54), preoccupied (.65), and dismissing (.60) were modest, the reliability coefficient for fearful attachment (the category of interest in this study) reached a more acceptable .75. These coefficients were based on the ratings of the two coders who agreed on the primary attachment category of the participant.

Dissociative Experiences Scale. The Dissociative Experiences Scale (DES) is a 28-item screening tool for the measurement of dissociation (Bernstein and Putnam 1986). Internal consistency was .94 for a clinical sample and .93 for the normal sample (Frischholz et al. 1990), and the measure was shown to have excellent discriminant, construct, and criterion-referenced validity (Bernstein and Putnam 1986; Carlson et al. 1993; Chu and Dill 1990; Frischholz et al. 1990; Ross et al. 1988, 1990).

Conflict Tactics Scale. The Conflict Tactics Scale (CTS), which was designed by Straus (1979), is a well-known measure for the study of relationship aggression. It is a paper-and-pencil measure comprised of 18 items of increasing coerciveness. Research suggests that responses to the CTS are not confounded by social desirability (Newberger and White 1987), and construct validity has been demonstrated by, among others, Straus (1983), Straus and Kaufman Kantor (1987), and Gelles and Straus (1987). For the purpose of a post hoc analysis in this study, the Violence subscale of the CTS was used to derive an estimate of physical abuse by the parent-figures toward the subject during the time the subject was living at home (cf. Johnston 1988). Reliability for this scale is reported to range from .62 to .88 (Straus 1979). Abuse Variables. The following abuse variables were obtained from the structured interview, independent of the coding of the attachment category: the age of onset of the abuse; the type of coercion that was used (psychological coercion, verbal coercion, verbal threats of harm to the child or someone else, and actual physical coercion or harm to the child or someone else); the nature of the abuse (fondling and/or digital penetration, oral-genital contact, or intercourse); and the centrality of the relationship between the perpetrator and the child (i.e., whether the perpetrator was the parent to whom the child was closer during childhood). On the basis of 12 cases that were coded by two judges, intrarater reliability was calculated to be .99 for age of onset, .69 for the type of coercion used, .99 for the nature of the abuse, and .82 for the centrality of the relationship between the perpetrator and the child. Simultaneous entry of these four abuse variables in the regression analyses constituted a test of the severity of the abuse.

RESULTS

Data Analysis

The assignment of independent and dependent variables was arbitrary and does not indicate directionality, because no assumptions about causality were made. Because attachment was rated both categorically and continuously, both analyses of variance (ANOVA and MANOVA) and simultaneous hierarchical regression analyses were used. The level of significance required for each hypothesis was determined to be .017, on the basis of .05 familywise error rate using Bonferroni's procedure.
Table 1
MEANS AND STANDARD DEVIATIONS OF DISSOCIATION SCORES FOR ATTACHMENT CATEGORIES

<table>
<thead>
<tr>
<th>Attachment Category</th>
<th>Secure (n = 8)</th>
<th>Fearful (n = 55)</th>
<th>Preoccupied (n = 19)</th>
<th>Dismissing (n = 10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>11.96</td>
<td>24.00</td>
<td>13.68</td>
<td>16.82</td>
</tr>
<tr>
<td>SD</td>
<td>7.73</td>
<td>17.23</td>
<td>15.11</td>
<td>15.36</td>
</tr>
</tbody>
</table>

F(3, 85) = 3.11, p < .03.

Descriptive Data

When assessed categorically with respect to attachment, 51% of the women were judged to be fearful and unresolved, 20% preoccupied, 12% dismissing, and the remaining 9% secure. This is in contrast with Bartholomew and Horowitz's (1991) normative group (compromised of a college-aged sample of men and women) in which 49% were judged to be secure, 21% fearful, 18% dismissing, and 12% preoccupied. The scores on the continuous attachment variables were averaged across the two raters who agreed on the primary attachment category. Based on a 9-point scale, the mean score for the sample on the secure variable was 3.5 (SD = 1.6); 5.8 (SD = 2.09) for fearful; 4.38 (SD = 2.2) for preoccupied; and 3.16 (SD = 1.98) for dismissing. Attachment was not significantly related to age, education, or abuse characteristics (age of onset, nature of the abuse, or level of coercion).

Table 1 summarizes the group means and standard deviations of dissociation (as measured by the DES) for the four categories of attachment. The DES was completed by 89 women and yielded an average score of 20.4, with a median of 15.7 and a standard deviation of 16.75. The scores ranged from 1.07 to 77.68, with 23% of the participants receiving scores in excess of the cutoff of 90, suggestive of severe dissociation (Carlson and Putnam 1992).

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It was hypothesized that fearful avoidant attachment would be differentially related to dissociation when compared with the other three categories of attachment. When attachment was assessed categorically, the results of an ANOVA suggested a trend toward statistical significance [F(3, 85) = 3.11, p < .03] (See Table 1.) A follow-up range test suggested that individuals who were fearful with respect to attachment exhibited more dissociation than did individuals who were preoccupied.

Table 2
REGRESSION ANALYSIS OF DISSOCIATION SCORES BY ATTACHMENT SCORES

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Sec</th>
<th>Fear</th>
<th>Pre</th>
<th>Dis</th>
<th>R²</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESTOT</td>
<td>.050</td>
<td>.326</td>
<td>-.190</td>
<td>.072</td>
<td>.174</td>
<td>4.581*</td>
</tr>
<tr>
<td>( t )</td>
<td>-.414</td>
<td>2.799</td>
<td>-.1641</td>
<td>.623</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( p )</td>
<td>.680</td>
<td>.006</td>
<td>.104</td>
<td>.585</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Sec = secure attachment; Fear = fearful avoidant attachment; Pre = preoccupied attachment; Dis = dismissing attachment.

**p < .002.
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When subjects were rated on each of the four attachment dimensions, results of a simultaneous regression analysis suggested that dissociation was significantly related to attachment \( R^2 = .17, F(4, 87) = 4.58, p < .002 \), with fearful attachment significantly correlated with dissociation \( b = .32, t = 2.80, p < .006 \). (See Table 2.)

To assess the unique impact of the predominant attachment pattern on dissociation, above and beyond the variance accounted for by the sexual abuse variables, a hierarchical regression analysis was conducted. The abuse variables of age of onset, coercion, nature of the abuse, and centrality of the relationship between the perpetrator and the child, which were entered into the first step of the regression equation, did not significantly predict dissociation. Empirical evidence for the hypothesized relationship between attachment and dissociation was found in the fact that 14% of the variance in the degree of dissociation was explained by attachment \( R^2 = .14, F(8, 83) = 2.76, p < .009 \), above and beyond the 7% accounted for by the abuse variables \( R^2 = .07, F(4, 87) = 1.70, p < .16 \). (See Table 3.)

Exploratory Analyses: Dissociative Identity Disorder

The previous analyses investigated the relationship between the fearful avoidant attachment and the whole range of dissociation; however, clinicians are especially challenged by the most severe manifestation of dissociation, which is the dissociative identity disorder (DID). In an exploratory test of the relationship between fearful avoidant attachment and DID specifically, a subset of women was identified as having dissociative identity disorder \( n = 8 \) on the basis of a prior diagnosis of DID (with a well-mapped system of alters) or the presentation of identifiable alters during the interview process. Women who simply made references to other named parts of their personalities or who showed more subtle signs of switching on the videotapes were excluded from these post hoc analyses. Results of an ANOVA suggested that dissociation was strongly related to DID status in this sample \( F(1, 87) = 3.95, p < .004 \), despite the fact that many of these women reported that they were well along the process of integration.

All but one of these eight women were classified as unresolved with respect to attachment. Results from a chi-square test demonstrated that they were significantly more likely to identify themselves as close to their perpetrator \( p < .015 \) than were the non-DID participants. As would be expected given the developmental etiology of dissociative identity disorder, results from an ANOVA \( F(1, 87) = 6.78, p < .01 \) demonstrated that the women with DID were more likely to have had an earlier age of onset of the abuse (34 years) than did the remainder of the sample (7.0 years). The severity of abuse in the DID group was also significantly greater than that experienced by the other participants \( F(1, 89) = 5.96, p < .017 \), but coercion was unrelated to DID status.

In addition to the abuse characteristics, these women exhibited certain similarities in their relationships with their parents. For example, maternal neglect, which was assessed by the coders on a 9-point scale, was related to DID status \( F(1, 86) = 17.45, p < .0001 \), and maternal rejection showed a trend toward significance \( F(1, 86) = 5.27, p < .024 \). Physical abuse, as measured by the Conflict Tactics Scale for both the mother \( F(1, 83) = 10.72, p < .002 \), and the father \( F(1, 80) = 8.43, p < .005 \), was significantly greater in the DID group than that experienced by the non-DID group.

Thus, a comparison of the women who have dissociative identity disorder with the remainder of the sample demonstrates that they experienced more severe sexual abuse, beginning at an earlier age, more physical abuse, and significantly less maternal attention and nurturance. Most importantly, they were much more likely to be fearful and unresolved with respect to

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Table 3
REGRESSION ANALYSES OF DISSOCIATION SCORES BY ABUSE CHARACTERISTICS AND ATTACHMENT SCORES

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Abuse Characteristic</th>
<th>Attachment Score</th>
<th>R²</th>
<th>F</th>
<th>Sec</th>
<th>Fear</th>
<th>Pre</th>
<th>Dis</th>
<th>Change</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESTOT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>-0.220</td>
<td>0.050</td>
<td>-0.010</td>
<td>-0.140</td>
<td>.070</td>
<td>.158</td>
<td>-0.070</td>
<td>0.290</td>
<td>-0.170</td>
<td>-0.070</td>
</tr>
<tr>
<td>t</td>
<td>-2.070</td>
<td>0.410</td>
<td>-0.106</td>
<td>-1.262</td>
<td></td>
<td>-0.500</td>
<td>2.490</td>
<td>-1.380</td>
<td>-0.500</td>
<td></td>
</tr>
<tr>
<td>p</td>
<td>0.041</td>
<td>0.684</td>
<td>-0.916</td>
<td>0.177</td>
<td>0.594</td>
<td>0.019</td>
<td>0.170</td>
<td>0.558</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Onset = age of onset; Coerce = level of force; Abtype = type of abuse; Closerp = perceived closeness to the perpetrator; Sec = secure attachment; Fear = fearful avoidant attachment; Pre = preoccupied attachment; Dis = dismissing attachment.

*p < .009.
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attachment. The robustness of these results was demonstrated by the statistical significance obtained despite the small number of subjects in these analyses.

DISCUSSION

This study attempted to identify a common pathway in the etiology and development of dissociation and fearful avoidant attachment among adult women survivors of incest. The retrospective nature of this study, however, means that causality cannot be inferred from these findings.

This study found that fearful avoidant attachment was significantly related to dissociation, and this relationship emerged most strongly when attachment was assessed as a continuous variable. Similar to the descriptions of disorganized children (Main and Solomon 1986), adults who are fearful and unresolved with respect to attachment present as though they are “frozen” and lacking in a sense of personal agency or efficacy. This is consistent with the decreased affective responsivity and trance states observed in dissociative individuals, which presumably serves as a strategy for managing overwhelming affect (Bliss 1988; Spiegel et al. 1988).

These results further suggest that dissociation may be explained by the family context (specifically, the attachment relationships which the child experienced in that setting) as well as by specific aspects of the abuse experience. For example, anecdotal evidence suggests that many of the fearful avoidant women in this sample were disorganized children of dissociative parents, even prior to the onset of sexual abuse (Ainsworth and Eichberg 1991; Main and Hesse 1990). Many of the participants’ parents had reportedly experienced severe abuse themselves as children and were also described as dissociative. Thus, because of their parents’ unresolved trauma and subsequent withdrawal precisely at the time when the highly alarmed child was seeking reassurance, these women may have lacked any organized behavioral strategy for accessing the parents during childhood (Liotti 1992). Additionally, role reversal may occur as a result of the parent’s unconscious expectations that the child soothe the parent. The result is a variety of inconsistent and incompatible models of self in the child (Main 1991) that exceed the child’s capacity for integration, thereby producing dissociation. The subsequent experience of sexual abuse ensures the child’s continued reliance upon dissociation as a strategy to regulate affect and may even spur the child to use one of her multiple models of self as a template for an alter personality (Liotti 1992). Therefore, the predisposition to dissociate presumably exists in a disorganized child as a function of his/her attunement to the parents’ confusing mental states.

A more detailed consideration of the DID subset in this study provides even more information about the dissociation-generating family. Although it is important to note that the exploratory nature of these analyses and the self-report of diagnosis make these findings only suggestive for future research, the significance of these findings given an n of only 6 in the DID subset indicates the promise of further research in this area. Consistent with other research (Chu and Dill 1990; Coons et al. 1988; Kluft 1984; Ross et al. 1990; Spiegel 1986), the sexual abuse experienced by the highly dissociative individuals in this study occurred at a significantly earlier age and was more severe and unpredictable than that experienced by other participants. The reported sexual pleasure experienced by the perpetrators often appeared to involve the inflicting of pain. For example, one subject described her father’s ejaculations when he would beat her. In several cases, however, this extreme, unpredictable violence was interspersed with periods of nurturance by the perpetrator. In fact, relative to the other participants, the women with DID were more likely to describe themselves as closer to their perpetrators. In this double-bind situation of alternating love and abuse, the child associates the de-
sired attention from the parent with pain, resulting in an untenable approach-avoidance situation (Spiegel 1986), similar to that seen in disorganized children.

The role of the nonoffending parent may also help explain the child’s intense reliance upon and attunement to the perpetrator as an attachment figure. For example, the DID sample in this study experienced severe physical abuse by both their father and their mother. Five of the DID participants had mothers who were actively psychotic and three of these mothers reportedly attempted to murder their daughters. In two other cases, the mother was either severely depressed or emotionally unavailable and witnessed the sexual abuse of the child but did not intervene. This perceived maternal rejection was significantly correlated with closeness to the perpetrator. Thus, although the perpetrator was solely responsible for the sexual abuse, the failure of the nonoffending parent to be a “nurturing other” for the women in this sample seems to have exacerbated the trauma resulting from the sexual abuse.

The composition of the overall sample of abuse survivors highlights both its strengths and its limitations. Although community based, the severity of the abuse experienced by this sample suggests that it is more representative of a clinical population of incestuously abused women (cf. Briere and Zaidi 1989; Finkelhor et al. 1990; Wyatt and Newcomb 1990). The women in this study experienced early and extensive sexual abuse; only 9% of the women were classified as secure with respect to attachment at the time of the study; and 23% of the participants exceeded the designated cutoff on the DES used to identify probable dissociative disorders (Carlson and Putnam 1992). The fact that these women experienced more severe abuse allowed a conservative test of the proposed relationship between abuse and dissociation. Unfortunately, this extensive abuse and symptomatology may have produced a restriction of range that obscured potential findings regarding the relationship between abuse characteristics, dissociation, and fearful avoidant attachment. For example, the test of whether fearful attachment functions as a mediator between abuse characteristics and dissociation requires that the abuse characteristics significantly predict both fearful attachment and dissociation, that fearful attachment predicts dissociation, and that the relationship between abuse characteristics and dissociation is significantly reduced when the effect of fearful attachment as the presumed mediator is controlled (Baron and Kenny 1986). However, given the restricted range of abuse characteristics in this study, they predict neither fearful attachment nor dissociation, and the role of fearful attachment as a mediator cannot be assessed. Therefore, a comparison among incest survivors, sexual abuse survivors, and nonabused women would provide a more definitive test of whether fearful avoidant attachment functions as a mediator between abuse and dissociation.

The results of this study are preliminary but suggest some promising avenues for future research in both attachment and dissociation. First, although researchers have noted that the presence of disorganized behavior in a child in relation to one parent is not predictive of disorganized behavior in relation to the other parent (Main and Solomon 1986, 1990), the etiology of dissociative disorders requires a consideration of the complete family triad (child, mother, and father). The unavailability of one parent could increase the reliance of the child upon the dissociative unresolved parent by default, thus exacerbating the impact of this parent on the child’s models of self. Alternatively, the role reversal of the unresolved parent with the child could interfere with a benign attachment relationship with the other parent. Gelinas (1994) emphasizes the potential of both scenarios in dissociation-generating malevolently abusive families. Additionally, the impact on the marital relationship of a dissociative disorder and/or fearful avoidant attachment in at least one of the parents also com-
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plicates the picture (Cole et al. 1996). Therefore, relationship variables such as parental rejection, closeness, neglect or unavailability, marital conflict, and triangulation need to be clarified, defined more explicitly, and systematically studied in research of this type.

Observational research on the parent-child interactions of disorganized children and on the marital interactions of their parents needs to be undertaken to investigate the processes by which the role reversal between the parent and child occurs and is maintained. This dynamic would appear to be particularly germane to understanding the eventual onset of an incestuous relationship. Second, similar variables need to be examined in the families of creation of dissociative and/or fearfully avoidant abuse survivors (Alexander 1993). Third, the use of a diagnostic rather than a screening measure of dissociation would allow the investigation of specific dissociative disorders in relation to fearful avoidant attachment. Finally, longitudinal research with disorganized children who may be at risk for the experience of abuse would be helpful in differentiating children who successfully resolve their conflicting models of self from those who, perhaps as a function of intervening abuse experiences or lack of a nurturing other, develop a diagnosable dissociative disorder.

Although not all individuals who are fearful and unresolved with respect to attachment are dissociative, most highly dissociative clients are likely to be fearful and unresolved. Therefore, some awareness of the correlates of this attachment pattern would be useful in working with dissociative clients (cf. Alexander and Anderson 1994). Recalling the experience of the disorganized child can provide some basis for understanding the experience of the fearfully avoidant dissociative adult. First, the inference can reasonably be made that the adult’s traumatic reaction is not necessarily developmentally linked to the age of onset of abuse, but instead to the much earlier preverbal experience of the disorganized child. One of the effects of a child’s disorganized strategy for accessing the attachment figure can be seen in the fearful adult’s approach—avoidant stance toward intimate relationships. For example, the individual who is fearful and unresolved with respect to attachment may anticipate and attempt to recreate alternating nurturing and abuse by the therapist. She may repeatedly “test” the therapist, may need to experience a great deal of control over the therapy process, and is at risk for abruptly terminating therapy. Because she is unable to use subsequent relationships in her recovery, she would be expected to lack social support and to be quite isolated (Bartholomew and Horowitz 1991). Her approach—avoidant dilemma precludes the development of a sense of an agentic, purposive self.

A second characteristic of the disorganized child is her inability to seek and gain support from the parent to help regulate her own affect. This translates in adulthood into an inability to self-soothe. This deficit in affect regulation can be seen both in an overreliance on dissociation and in higher rates of impulsivity and self-injurious behavior (Cole and Putnam 1992; Herman et al. 1989). Furthermore, due to this lack of an effective coping mechanism with which to moderate distress, an increase in the intensity of therapy may result in an escalation of either unstable or intense negative affect. This increased affect is likely to prevent the subsequent integration of the therapy experience into an understanding of the self and thereby into changes in behavior. Similarly, the fearfully avoidant client is likely to view feelings—and by extension, intimate relationships—as inexplicable, powerful, and uncontrollable (Alexander and Anderson 1994). Attachment theory thus appears to provide a useful model for understanding the current replication of childhood attachment patterns, affect regulation, and dissociation in the adult sexual abuse survivor.

In conclusion, the results of this study indicate that dissociative symptoms exhibited by adult women survivors of incest appear to be related to fearful avoidant attachment. Thus, untreated dis-
organized attachment in children may have as its counterpart in adulthood both fearful avoidant attachment and dissociation. The results of this study emphasize the need for understanding the nature of the dissociation-generating family.

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