

Love Heals Memory (But Reversed Attachment Generates Distorted Memories of Parental Love)

Andreja Poljanec, Ph.D, MFT therapist

Katarina Kompan Erzar, Ph.D, MFT therapist

Study and Research Center for Family
Ljubljana, Slovenia

Abstract

*Memory is more than what we can consciously recall about events from the past, says Daniel Siegel in his work *The developing mind*, where he defines memory as »the way past events affect future function« (1999). Since memory is a function of the brain that develops out of interpersonal relationships and repeated patterns of children's interactions with their caregivers, past experiences become »remembered« in various modalities of memory and affect? They directly shape not just what children recall, but how the representational processes develop, which help to organize affective experience and form expectations of relationships. Research revealed that implicit elements of memory influence the structure of autobiographical narratives, which have been found to differ dramatically across the various attachment patterns (Main & Hesse, 1999). Thus, securely attached individuals usually view their relationships positively and experience intimacy as a self-enhancing process which includes concern and empathy for other. On the contrary, people who have never experienced safety in childhood have extremely negative expectations of relationships and view intimacy as strange or even dangerous undertaking. In healing the pain and distortion of traumatic memory secure attachment relationship with the therapist is a prerequisite. However, the effects of this security may take time to develop and influence other relationships, because traumatic memories and affects cannot simply be extracted from distorted attachment patterns. The main goal of our presentation is to illustrate how one secure, safe relationship can trigger not only the intrapsychic process of change and reintegration of traumatic memories, but also change in repetitive patterns of intergenerational transmission of insecure bonding and change in parental marital relationship. To illustrate these processes, we will trace a complex story of a family which started to unfold in the therapist's office when a first secure woman to woman relationship was formed. In the ensuing process the young and the old generation started to reveal and cure the previously unnoticed and disregulated affects of denied and »forgotten« abuse and violence.*

Mutual regulation of affects and bonding

The importance of affects for relationships and secure bonding was first underlined in Bowlby's theory of attachment (1969). In the last decades abundant research based on this theory demonstrated that the child's general and socio-emotional development depends on the successful regulation of affects in the early relationship with the mother or primary caretaker. The main tenet of Bowlby's theory, as we understand it today, states that the affective core of child's self develops in the processes of interpersonal interaction and mutual affective attunement with the mother and that the relational and affective patterns from this relationship repeat themselves in adult intimate relationships.

Further developments of Bowlby's theory stressed that attachment should not be conceived only as an one-sided, asymmetrical attunement to child's needs and expressed affects, neither only as a two-sided, symmetrical attunement between the mother and the child, but as a process of bidirectional and mutual affective regulation which goes beyond the biological and evolutionary basis of the theory and has properties of a system (Beebe in Lachmann 1988 a,b, Stolorow in Atwood, 1989). Research conducted from this perspective demonstrated that emotional conflicts and impasses which were not worked through in one generation were subtly and almost invisibly transmitted to another generation, despite the efforts made by parents to offer their offspring a better childhood than the one they experienced themselves (Hesse and Main, 1999, Fonagy et al., 1993).

In this perspective, mutuality of affects refers to the idea that in the early intimate relationships affects not only become regulated, but also auto regulate themselves, using intimate relationships as vehicles of structuration and regulation, like a mother who with the help of her child unconsciously regulates the affects which remained unsolved in the relationship with her own mother.

Better understanding of affects brought about interesting results in numerous divergent fields of research and theory. Beside the attachment theory, emotion theory (Damasio, 1999), affective neuroscience (Schoore, 1994; Siegel, 1999; Panksepp, 1998) and therapeutic process research should be mentioned, which all stress that profound change experiences are closely linked to experiences of peak affect. Mutual dynamics of affects and their systemic power were also underscored by therapeutic models that put nonintegrated affective states into the focus of their interventions and take them as guiding lines of individual process of adaptation and change (Fosha, 2001; Johnson, 1996; Schwartz, 1995). Albeit more indirectly, research in traumatology and neuropsychiatry showed that denied, repressed, dissociated or otherwise unreachable affects, which cannot find either an inner or an outer interlocutor, paralyze functional living of traumatized people and block the natural defensive reactions of the body (Van der Kolk and Fisler, 1994). What we think about affects today, is not only that emotions or affects act as fundamental motivating power and organizational center of human behavior, but that they are deeply unconscious, mutual, systemic and intergenerational bonds, imprinted in our bodies, which tend to resurface in intimate relationships over and over again, until an emphatic and verbalized regulation is found for them (Erzar & Erzar, 2005; KompanErzar, 2003).

In order to become conscious and fully contribute to individual development of those involved, the process of mutual coordination and internalization of affects between the child and the parents must be coupled with corresponding mental states and verbalization of emotions. Only when words are coupled with corresponding affect the process of mutual regulation can serve to establish and maintain the bond and not turn it into false mutuality and fantasy bonding. This point was approached by Robert Firestone with the concept of fantasy bond (1985, 2000) which explains how the child, in order to preserve the contact with her parents, tries to fulfill their unconscious needs, thereby sacrificing her own need and desires. Firestone claims that the motivation for the child to establish a fantasy bond with the parents does not arise solely from developmental needs neither solely from the need to ease the pain caused by this relationship, but also from the need to maintain an ideal image of the parents and an image of herself as a worthy and thankful child. It is the child's deepest interest and longing to be able to provide a solution for the way her parents feel about themselves and to help them repair the negative self-image they have about themselves as parents. Fantasy bonding (which could to some extent be related to what Bowlby called reversed attachment) could thus be seen as a perpetuating force of false connectedness and avoidant attachment.

The idea of transgenerational transmission of unresolved affective states has been repeatedly confirmed in attachment research tradition. The research by Hesse and Main (1999) demonstrated the existence of insecure attachment in the generation of children whose parents exhibited no direct maltreating behaviors, but suffered from unresolved traumas and losses. The authors stressed that the secondary traumatization was transmitted to children not only through direct behavioral enactment, but through the indirect, subtle behavioral and affective cues that passed unnoticed in the Strange Situation Test. They also stressed that such behaviors are difficult to recognize and classify because they are often fleeting and momentary, but clearly revealed in linguistic slippages in parental narratives about their own childhood. This finding was somehow prefigured already by Firestone who claimed that by means of fantasy bonding the child not only takes care of her own traumatic experiences, but also of parental traumatic experiences, because they offer the safest and the deepest contact with the parents.

From the discussion above we draw two important conclusions as to the status of affective bonding in close relationships. Firstly, the fantasy bond should not be conceived merely as a one-sided defense against negative parental projections, but as a mutual defense (what Lansky calls »transpersonal« defense) which is created unconsciously by both parties, despite the parental best intentions and their »good-enough« parenting. The bond protects the child against the pain and distress stemming from the relationship with the parents, while simultaneously trying to ease the pain and distress the parents experienced in the relationship with their parents. In addition, we must acknowledge that some sort of mutual defense also takes place in adult intimate relationships; moreover, it is this false mutuality between partners that opens door to distorted parenting in which, so to say, parents become more securely attached to their children than children are securely attached to them.

Secondly, one can hardly speak about insufficient regulation of affect, since some degree of regulation of affect is always achieved, although not within the relationship, but through the relationship. What cannot be regulated within the relationship, for example the emotional pain of abandonment and shame the child experiences with the parents, is regulated through the relationship, which means that the pain is transmitted via fantasy bonding to the next generation. We could say that what could not be regulated and stored into the procedural memory would be unnoticed and stored in implicit memory forming the core of repetitive pathological patterns for relationships. There is no middle ground, so to say, between sufficient and insufficient regulation of the core affects, since they are included in the way mutuality is established in the relationship. The paradox of bonding lies in the fact that the bonding relationship is guaranteed by the very affects, whose differentiation and regulation the relationship promises to achieve. On the one side, this partial solution prevents the total breakdown of the network of intimate relationships, but on the other, opens the door to repeating of traumatic affects in future relationships.

Affects seek a solution of their dysfunction ally regulated states and if this solution cannot be found on the level of representation, metallization and verbalization, they tend to auto-regulate through relationships. The research on romantic love pointed out that the more desperate the search for partner, the less regulated and less verbalized the affects. The parenthood as well can be a self-regulative and self-healing outlet for the affects which will be internalized by the child in an effort to establish a bond with her parents by solving their unconscious negative feelings (George and Solomon, 1999). It is by disconnecting her feelings and needs that the child hopes to connect with the parental side of her parents, but actually succeeds to connect with their childish side. In other words, by establishing the fantasy bond with the parents, the child loses herself and her childhood and gains a false parenthood and a false contacts with her important others. This is the point where the vertical transmission of trauma can be stopped by reintegration of painful memories.

Mary and John came to family therapy after their first-born 19 year old son Stephen was arrested because of illegal traffic. Up to this wake-up call, they saw no reason for concern with their relationship. The ensuing therapy consisted in family sessions with a female therapist and all family members (John, Mary, Stephen and a 16 year old daughter Linda), and separate sessions with Stephen, his father and a male therapist. These latter sessions brought about minor changes in their relationship. First of all, there was more understanding between them, and better management of anger. Memories of the estrangement between John and his father, mother and older brother were elicited, as well as the awkward atmosphere at home when John left home and went to study in a big city. John remembered the feeling of being lost in the big city, the feeling that his parents always preferred his brother and the resentment at the parents. However, he showed only a passing apprehension of the therapist's observation that he is still a rebel inside and that despite his self-image as a docile and passive man he knows how to strike back. Despite the obvious (external) motivation and good will of both father and son, the atmosphere in sessions was heavy and tense. They both repeatedly said to be "no good with words", shrugging shoulders and exchanging smiles, and giggling out of embarrassment and fear of exposure.

In family sessions it turned out that at the age of the outburst of his son's troubles John left his home and go live with his girlfriend Mary whom he subsequently married at the age of 19. With her help he finished high school, and soon afterwards became father and felt that his life stopped. He was now on his own, having family and work, and could not count on his parents any more. For some years, John and Mary lived at her parents' home in the northern part of the state, and then moved to John's home town in the South and built their own house there, not far from his parents' house. John was completely unprepared to raise an adolescent son or to guide him. He found parenting difficult and unrewarding. The long-lasting lack of touch between John and Stephen resulted in Stephen's disruptive behavior at school, bad grades and criminal activity. John simply could not respond in a constructive way to his son's expressions of anger and avoidant behaviors. Stephen always appeared to him more mature and responsible than he really was.

The situation in the family of John and Mary can be explained by the fact that John somehow expected Stephen to parent himself the way he had to when he had Stephen's age. Moreover, he unconsciously relied on his son to parent him as well, since he let Stephen "discover and conquer the world", while he stayed at home and kept the same, unrewarding job for years. Getting his son out of prison and paying penalties was as much parenting as he hadn't done in years. As soon as it turned out that people involved in illegal traffic would not take revenge against Stephen, the situation in the family calmed down. From that point on, only parents attended therapeutic sessions. The therapy progressed slowly and was terminated soon afterwards.

Another crucial moment in the development of the family drama came almost five years later when the Stephen's younger sister, Linda had an abortion at the age of 21. The therapy sessions restarted with the mother and daughter. The traumatic experience of her daughter alarmed the mother and for the first time since she became a mother she could recognize how neglected and angry her daughter was, being only the »good little girl« and mute witness to the family quarrels with Stephen. The daughter now revealed her deep anger and disappointment at her mother who was frightened and avoidant. She also revealed her disgust toward men. When the therapist asked Mary about the relationship with her mother, she realized that she was still angry at her because she was very cold and violent in parenting Mary and her siblings. Mary was the oldest child of an alcoholic father and rude mother, and soon had to take care of her two younger sisters and a brother. Often she could not control her anger and lashed out at her siblings and later against Linda. Seeing Linda in distress made her feel guilty and ashamed and she realized what kind of burden her own dysfunctional family was to her. Since her father was an alcohol addict, the mother protected him and quieted or shut out the children when he was home. In revealing these stories, the strong affect of disgust burst out and Mary recognized the terror she felt when she was a very small kid and they were living with their grandparents. She then recalled the story of her uncle's suicide and a story told by her mother long ago, revealing that her mother was sexually abused. By establishing a secure relationship with the female therapist, Mary was able to get in touch with her daughter and to be more present for her, helping her to get through the experience of abortion and emotionally abusive relationship.

After the first cycle of 12 sessions, Linda had regular appointments with the therapist during the next two years.

In sum, the family therapy with John and Mary effectively addressed the problems of parenting the two young adult children who experienced considerable distress when leaving home. The fact that these problems peaked in an age when the children could not cope with otherwise normal demands posed by school, work and life on one's own in a big city, strongly pointed to the intergenerational transmission of patterns of parenting. The progress in therapy was slow due to inability bring out memories with enough explanatory power and corresponding affect. Besides, when Stephen and Linda came to therapy and established a secure attachment relationship with the male and female therapist as substitute parents, they risked being more or less openly accused of exposing their own parents as inadequate. Since in their unconscious John and Mary had to deal with the issue of their own incompetence and failure at parenting, it took them a while to realize that they had no adequate parenting themselves. They also had no adequate memories to describe what went on in their families of origin.

The first adequate memory woke up in Mary when she realized that her mother's rudeness had little to do with her father's alcohol dependence and that her mother was ashamed of her because she cried every time she was separated from the mother. The memories of her father's alcoholism served as screen memories in the sense given to that term by Lansky (1991) who discovered that posttraumatic dreams (about war events) function as screen memories for present and past traumatic experiences in the family of the dreamer, which are loaded with shame, rejection, and emotional pain. Similarly, the parents in therapy evaded talking about their shame and used the child's problems as a screen story. The true story about Mary's mother came to light only years later when Linda's problems related to sexual experience with her boyfriend and abortion were brought to therapy with the female therapist. With her help Linda could get in touch with her body and connect her body with emotions. At that point, facing the shame from her daughter's abortion, Mary remembered stories about sexual abuse in her mother's family, most probably involving her mother as a victim. She also recognized her mother's constant absence and manipulation and started to express anger at her the way Linda was expressing her anger to her. On John's side of the family, appropriate memories were even harder to come up; as it turned out, John's father life contained many unrevealed secrets. At one moment in session, when prompted by the therapist John realized how despicable he was toward his son and remembered the scorn his father had for him. He also remembered that his father was the son of a man with criminal history.

II. Mutual affect in adult intimate relationships and in therapy

Establishing a more secure parenting relationship is only the beginning of healing painful memories of past generations. The only way for these memories to be healed is to break the intergenerational transmission also in a horizontal way, that is, by establishing a deeper and more secure marital relationship. In the tradition of family therapy Murray Bowen (1978) convincingly argued that the combination of parents actively shaping the development of their offspring, offspring innately responding to their parents' moods, attitudes, and actions, and the long dependency period of human offspring result in people developing levels of differentiation of self similar to their parents' levels.

He also argued that people predictably select mates with levels of differentiation of self that match their own. Although he never clearly defined the mechanisms of transmission, his concepts like emotional system and multigenerational transmission process vividly describe the effects of intrapsychic unconscious forces on systemic level. An important implication of the multigenerational concept developed by Bowen is that the roots of the most severe relational as well as intrapsychic problems are generations deep. This brings us back to the idea of fantasy bonding and false mutuality which can now be shown to exist also in adult intimate relationships. Moreover, it can be shown how bonding with children serves the function of avoiding intimacy and preserving false mutuality.

In this respect one could claim that the initial attachment research focusing on the obvious (like good parenting strategies) blinded itself for the crucial systemic and transgenerational implications of affect regulation. Belsky (2002) explains how in the past the model in vain tried to bridge the gap between developmental and adult-relational issues of attachment, taking the risk to fall apart into two separate fields of inquiry. He also claims that research done by using the attachment-style questionnaire has done more to breathe empirical life into Bowlby's concept of the internal working model than has that carried out in the developmental tradition. Research on individuation and separation between mothers and daughters came to the same conclusion, emphasizing the role of factors which cannot be detected in the attachment experimentation, but nevertheless strongly influence the positive outcome of the individuation process (Charles, Frank, Jacobson, Grossman, 2001). T

he argument can therefore be made that the relationship between mothers and daughters, as measured in the attachment model, should not be interpreted in strict developmental terms, that is as a starting point, uncontaminated source or basis without hidden assumptions, but only as a limited field of inquiry, exhibiting one aspect of affect regulation processes which in their essence prove to have considerable systemic and transgenerational ramifications. Simpler put, research on attachment not only sheds light on romantic love and marriage, but also vice versa, research on romantic love and intimacy in couples helps explain some of the issues already at work in the early attachment.

Given the assumption that mutual affects appear at least on two levels, they need not necessarily be the content of projective and introjective identifications, since these two mechanisms may act as defenses against deeper, thoroughly walled off feelings. Along the same line, Diana Fosha (2001) distinguishes between negative relational affects, such as discomfort, distance, lack of connection, stuckness and flatness, which she hypothesizes are marking the failure of mutual coordination of affect and the institution of emotion excluding strategies, and negative core affects, such as anger, fear and emotional pain, which are usually excluded from therapeutic interaction and need an empathetic error to surface. This explains why successful handling of transference and counter transference may lead the therapist astray and provide her with the false sense of safety. When it comes to core affects in therapy there is no escape from emotional chaos and error. Moreover, since the mutual affect is characterized by imperceptible collusion of several branches of family tree, it can be argued that in therapeutic sessions it is marked by chaos and errors. In the same vein, L. Granit says, that »a too quick interpretation can be a counter-transference defense against an affective state of the patient that we do not recognize we are having difficulty tolerating«. Since they imply a mutual lack of regulation of affect, the mutual affects not only precede cognitive recognition, but limit our therapeutic interventions to correcting mutual affective misattunements, instead of handling mutual affects.

The understanding of mutual and transgenerational dynamics of affects has important consequences for therapeutic work. We emphasize the use of counter transference as a marker of the loss of touch with the therapist's own self and as a marker of mutual affect. In our view, the therapist can neither guarantee that the lost touch will be regained either on her side or on the side of the patient, nor elicit such a situation. Most probably the therapist will risk an interpretation, or more precisely, a verbalization of the affect, but nevertheless will be at the mercy of the patient's efforts to make a new connection to the therapist or to his own affects. As Fosha puts it (2001): »While the therapist's presence and responsiveness are necessary, they are not sufficient. For full therapeutic benefits to accrue, the patient must recognize and experience the therapist's presence and responsiveness. They cannot merely be given by the therapist; they have to be *received* by the patient« (p. 234).

The fact that the therapist gets stuck or lost in the chaos of affects, is by itself not beneficial, it is only a sign that the atmosphere of mutual affect has been recreated and co-created in the therapy. On the other side, it is crucial that the atmosphere is not annihilated by rationalizations and is endured in prolonged moments, until the proper words are found either by the therapist or by the patient.

Usually therapists are alerted to hidden mutual affects by blockades of family systems, stalemates in the flow of therapeutic sessions or lack of significant phases in the course of therapies. Another clear sign of the emergence of mutual affect in therapy are repeated reports by therapists in supervision that nothing special happened in their sessions with patients. The fixation or crystallization of mutual affect in therapy paralyzes therapist's efforts to verbally regulate emotions and forces her to use unconscious defensive strategies such as labeling, rationalization, distancing or diagnosing.

References

- Beebe, B., and Lachmann, F. (1988a). The contribution of mother-infant mutual influence to the origins of self- and object representations. *Psychoanalytic Psychology* 5:305-337.
- A. Goldberg, (1988b). Mother-infant mutual influence and precursors of psychic structure. In *Frontiers in Self Psychology*, ed. pp. 27-53. Hillsdale, NJ: Analytic Press.
- Belsky, J. (2002). Developmental origins of attachment styles. *Attachment and Human Development* 2(4):166-170.
- Bion, W. R. (1959). *Experiences in Groups*. New York: Basic Books (1961).
- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
- Bowlby, J. (1969). *Attachment and Loss: Vol. 1. Attachment*. London: Hogarth.
- Bowlby, J. (1991). Post-script. In C.M. Parkes, J. Stevenson-Hinde and P. Marris (eds.), *Attachment across the life-cycle* (pp. 293-297). London: Routledge.
- Charles, M., Frank, S. J., Jacobson, S., Grossman, G., (2001). Repetition of the Remembered Past: Patterns of Separation-Individuation in Two Generations of Mothers and Daughters. *Psychoanalytic Psychology* 4 (18):705-728.
- Damasio (1999). *The feeling of what happens: Body and emotion in the making of consciousness*. New York: Harcourt Brace.
- Dicks, H. V. (1967). *Marital Tensions: Clinical Studies Towards a Psychoanalytic Theory of Interaction*. London: Routledge & Kegan Paul.
- Firestone, R. W. (1985). *The fantasy bond: Structure of psychological defenses*. New York: Human Sciences Press.
- Firestone, R. W. (1990). *Compassionate child-rearing: An in-depth approach to optimal parenting*. New York: Plenum Press.
- Fonagy, P., Steele, M., Moran, G., Steele, H., and Higgitt, A. (1993). Measuring the ghost in the nursery: An empirical study of the relation between parents' mental representations of childhood experiences and their infants' security of attachment. *Journal of the American Psychoanalytic Association* 41:929-989.
- Fosha, D. (2001). Dyadic Regulation of Affect. *Journal of Clinical Psychology/In Session: Psychotherapy in Practice* 57 (2): 227-242.
- Gostecnik, C. (2000). The Operative Mechanism in Family Scapegoating. *American Journal of Pastoral Counseling* 3(2):23-43.
- Hesse, E., and Main, M. (1999). Second-Generation Effects of Unresolved Trauma in Normal treating Parents: Dissociated, Frightened and Threatening Perental Behavior. *Psychoanalytic Inquiry* 4:481-540.
- Johnson, S. M. (1996). *The practice of emotionally-focused couple's therapy: Creating connection*. New York: Brunner/Mazel.
- Kompan Erzar, K. (2001). Nevropsihologija in relacijskapsihologija. *Psiholoskaobzorja (Horizons of Psychology)* 10(4):119-134.
- Lakatos, I., and Musgrave, A. (1970). *Criticism and the Growth of Knowledge*. Cambridge: Cambridge University Press.
- Lansky, M. (1985/86). Preoccupation as a mode of pathologic distance regulation. *International Journal of Psychoanalytic Psychotherapy* 11:409-425.
- Panksepp, J. (1998). *Affective neuroscience: The foundations of human and animal emotions*. New York: Oxford University Press.
- Scharff, D. E., Scharff J. S. (1998). *Object Relations Individual Therapy*. Northvale, NJ: Jason Aronson.
- Schwartz, R. C. (1995). *Internal family systems therapy*. New York: Guilford Press.
- Shore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, NJ: Lawrence Erlbaum.

- Siegel, D. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York: Guilford.
- Solomon, J., George, C. (eds.)(1999). *Attachment disorganization*. New York: Guilford Press.
- Stolorow, R., and Atwood, G. (1989). The unconscious and unconscious fantasy: An inter subjective-developmental perspective. *Psychoanalytic Inquiry* 9:364-374.
- Stolorow, R. (1997). Dynamic, dyadic, inter subjective systems: An evolving paradigm for psychoanalysis. *Psychoanalytic Psychology*, 14:337-346.
- Van der Kolk, B. A. and Fisler, R. E. (1994). Childhood abuse and neglect and loss of self-regulation. *Bulletin of the Menninger Clinic* 58(2):145-168.