

Attachment and Differentiation:

The Role of Attachment in the Pathological Family System

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Abstract

The paper explores the relationship between attachment theory and Bowen Theory by articulating the nature of attachment behavior in the pathological family system. Primary and secondary sources are examined for theoretical convergence. “Thinking systems” is beyond the scope of Attachment Theory, and sources on Bowen Theory assume a working knowledge of attachment theory but rarely cross-reference attachment styles with triangulation behaviors. Attachment theory is mostly concerned with early development in the parent-child dyad, while Bowen Theory is mostly concerned with the triadic relationships between adults. Attachment theory also describes the influence of infantile security or insecurity within a single generation, where Bowen Theory extends this concept both longitudinally through the generations and latitudinally across the individual’s entire social system. Presentation styles in both theories can be analogized, for example insecure-resistant/avoidant attachment style being the result of an earlier enmeshed mother-child relationship in Bowen Theory. Areas of future study include comprehensive correlations between attachment styles and the scale of differentiation of self, variance in attachment styles among siblings within pathological family systems, and observation of longitudinal transmission of these styles.

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System

In 1954, Murray Bowen began a project at the National Institute of Mental Health to study the influence of the primary caregiver on a schizophrenic patient's symptomology. Bowen hypothesized that the mother's attachment characteristics played an important role in the development of psychotic symptoms in the child, and created an inpatient study of mother-child dyads. It was discovered in the first year that the patients' symptoms were closely related to the level of anxiety present in the mother (Bowen, 2013). Emotions were seen to travel freely between the dyad as if mother and child had remained in an early attachment state. The patient would be completely dependent on the mother's approval of her emotions, and the two functioned as if they were the same person. In one particular case, when the mother belched the patient would say "excuse me" (Bowen, 1990, p. 6).

Although the patients in the NIMH study were of adult age, this behavior mimics the classic attachment relationship found between infants and mothers. The child begins life literally a part of the mother while enveloped in the womb, and slowly begins the process of becoming a separate person through the life cycle, beginning for example with a separate heart beat and progressing into holding one's own opinions and of sense autonomy as an adult (Williamson, 1981).

Bowlby (1988) quantifies the success of later development in terms of the quality of the early attachment relationship to the primary caregiver, usually the mother. According to Bowlby, this early relationship provides a *secure base* from which the infant is allowed to develop into an

autonomous human being. If this secure base is compromised, then the child is unable to become as autonomous and remains dependent on the caregiver for their basic emotional needs.

Mary Ainsworth (1988), a close colleague of Bowlby, discusses William Blatz's *security theory* in terms of her concept of a “secure base”:

William Blatz writes: Two sets of circumstances are necessary for the experience of security. The individual is secure(1) if the situation is sufficiently familiar that, he, whether by reason of unlearned or learned patterns of behavior, is confident of his ability to deal with the situation as he understands it, or if he feels assured that he can depend on some other factor or person to do so for him, and (2) where he is confident that whatever the consequences of his activity he can either meet them adequately or feels assured that some other factor or person will prevent him from suffering unacceptable consequences (as cited by Ainsworth, 1988, p. 1).

Throughout his published works, Murray Bowen mentions “unresolved symbiotic attachment” as the source of pathology in the family system. When a child and parent are involved in such an intense symbiotic relationship, they are said to be *fused*. That is, that emotions travel freely between the two as if they were the same person (Kerr & Bowen, 1988; Bowen, 1990).

Bowen (1990) writes:

Just as the emotional calm or tension in an infant can be a most sensitive indicator of the functioning of a mother, so the psychotic patient in daily living contact with the mother can be a more sensitive indicator of the functioning of mother than direct observation of mother herself (p. 6).

The correlation between mother's anxiety and patient's symptoms became so clear in the NIMH study that the staff began to prepare for psychotic behavior the moment that the mother became anxious. Bowen then began to see that the mother's anxiety was in turn a factor of the relationship with the father as well as the siblings. Eventually, the patient, mother, father, and siblings were all living on the ward and participating in therapy. In total there were fourteen families over three years (Kerr & Bowen, 1988).

The patient's symptoms were found to be closely linked to the quality of relationships within the family, and the family was seen as a single organism with pathological symptoms expressed through the wound of schizophrenia (Kerr & Bowen, 1988). In the families observed, this wound played a vital role in maintaining the family's stability by giving the "healthy" members a distraction from their own dysfunction. For example, as tension would build between the mother and father, the mother would begin focusing on the "illness" of the patient. The illness served as a relief valve for the tension originating between the mother and father, and "opening" this valve would decrease the mother's anxiety and increase the patient's anxiety as well as their symptoms. Later when the patient improved in therapy, the mother would develop some sort of mental or physical ailment. The patient would then move (or be coerced) to support the mother emotionally, and would again develop symptoms and the mother's new ailment would disappear (Bowen, 1990). The cycle would continue indefinitely without intervention.

Through observation of this pattern, Bowen created a *family systems* theory which defines the unconscious transfer of anxiety between members of a family and the projection of dysfunction across generations (he later called it *Bowen Theory* to distinguish it from its therapy-

oriented derivatives, which he saw as a departure from his emphasis on pure theory irrespective of method used). The NIMH study illustrates the striking similarities between the psychotic patients' relationship with their mothers and the typical early symbiotic attachment relationship that an infant has with their primary caregiver. We will now examine the constructs of attachment theory and Bowen Theory for conceptual convergence.

Attachment & Differentiation

In attachment theory, secure attachment with a primary caregiver is seen as the core factor of healthy development. This attachment is a bond that brings parent and child together in order to provide a "secure base" for the autonomous development of the child. Adequate attachment is seen as a biological need in the child and plays a critical part in early human development. In later development it is easy to assume that some degree of separation follows as the individual becomes an adult. This separation is necessary to allow for the type of flexible and autonomous behavior that is present in healthy adults, and also to allow them to become attached caregivers themselves (Bowlby, 1969).

In Bowen Theory, *differentiation of self* is a term that describes the ability for an individual to detach from their caregivers while remaining in emotional contact (Kerr & Bowen, 1988). Well-differentiated families tend to respond to stress through the use of reason as opposed to pre-cognitive emotional reaction. This is seen as an evolutionary move from an animalistic reaction the limbic system to more humanistic logic in the cortex. Differentiation is measured on a scale of 0 to 100, with theoretical minimums and maximums that are not considered possible within this world, i.e. the embryonic state or total transcendent enlightenment (Bowen, 1990).

While the concepts of attachment and differentiation appear closely related, the classical literature offers little precise explanation of their relationship. Rothbaum, Rosen, Ujie, and Uchida (2002) describe similarities between attachment theory and family systems theory such as foci on drives for togetherness and individuality.

Rothbaum, et al. (2002) writes:

(a) attachment theory is focused on dynamics involving protection, care, and felt security, whereas family systems theory is concerned with family dynamics, involving structures, roles, communication patterns, boundaries, and power relations; (b) attachment theory is focused on the dyad, with much of the action occurring within individuals (e.g., “internal working models”), whereas family systems theory is focused on the triad, with much of the action occurring within groups; (c) attachment theory is relatively more concerned with children and development, whereas family systems theory is relatively more concerned with adults and current functioning; and (d) attachment theory has historically relied primarily on empirical research with normal populations, whereas family systems theory relies primarily on case studies involving clinic populations (p.329).

However, Rothbaum also cautions against generalization of the concepts outside the context of western culture. For example, Japanese families encourage intense close relationships between mother and child which are seen as maladaptive in western cultures (p. 333).

Daniel Siegel (2012) writes about development of the brain in similar systems-oriented terms as Bowen writes about family development, but with some notable semantic dissimilarity. Siegel uses the term *integration* to describe the movement of components in a system from being

poorly-defined and unstable to better defined and more stable. This definition of integration is equivalent to Bowen's differentiation. Siegel's definition of *differentiation* equates to what Bowen would call *cut-off*, or isolation. However, both Siegel and Bowen would agree that a system of higher complexity with well-defined components *while maintaining* fluid interaction leads to higher stability (*self-regulation*), flexibility (response to stress), and productivity (economical, emotional, compassionate). Further, Siegel's *Interpersonal Neurobiology* mirrors the work of family therapy theorists (Nichols, 2013) who describe dysfunctional systems as exhibiting higher entropy (chaos; unpredictability; disorganization) and therefore less stability. For example, when a person experiences a primary emotion such as anger the brain becomes narrowly focused with "diminished complexity" (Siegel, 2012, p. 199), and the result is a clearly inflexible attitude. Conversely, when a self-regulated person *chooses* to act with compassion and caring for others while retaining the right to choose to withdraw when necessary, they exhibit a high level of flexibility to meet the needs of the other. Therefore, according to Siegel healthy self-regulation is a function of increased complexity *and* differentiation.

The concept of differentiation can also be applied in the well-documented evolution of computer system cores, known as system *kernels*. Early *monolithic* kernels had a "spaghetti" design consisting of poorly defined components, such as Microsoft MSDOS and Windows up until 98, and MacOS through OS 9. These systems were relatively simple, inflexible, and unstable because a fault in one area was catastrophic to all other areas causing the infamous "system crash" (i.e. "The Blue Screen of Death" in Windows). As systems evolved and became more complex they also became more modularized as *microkernels* or *hybrid/modular kernels*, designs where each component of the kernel had well defined boundaries and functioned more

autonomously while still existing as a vital component within the larger system of the kernel. If one component in the system failed, another component may take action to reset it. This conceptual shift occurred in the mid 1990's when computers became more reliable, flexible, and *scalable* (able to handle the smallest as well as increasingly larger work loads). This is seen in the vastly improved designs of Microsoft Windows NT 4.0 and OS X (SysInternals, 2006). In fact, the highly complex and world-wide distributed information systems that connect our computers and phones today can only exist because of this major conceptual growth spurt.

Healthy, more differentiated families function like the more evolved modular kernels described above. When a particular member is under functioning, another member may be able to remain in emotional support without compromising their own integrity. The unconscious (i.e. choice-less) under-functioning member's symptoms are met by the conscious (i.e. by choice) over-functioning of other members in the family, known as normal familial "support". The presenting problem is not drawn out by anxiety and the family is able to "pull out of it" quicker.

Conversely, a poorly differentiated family will "feel" a single member's symptoms more and be less capable of choosing between supporting and rejecting them. Rejection in these cases is usually subtle and unconscious, and masquerades as support for the sick member while denying the discomfort of the symptoms as well as the even more uncomfortable truth their own involvement in the problem. For example, a father might say "Our family would be perfect if it weren't for Johnny's illness. I hope the doctor can fix him so we can get back to normal." In this statement the father may be ignoring his own emotional triangulation of the mother and/or symptomatic son, thereby rejecting the son's need for real support and placing the responsibility on the doctor to fix "Johnny's illness." The father is fixated on the homeostatic and imaginary

happy place he calls “normal,” and passively rejects his son’s state as abnormal. He will go to great lengths to avoid the pain of accepting Johnny’s emotional turmoil. Thus, the under-functioning of one member is met by the reciprocal over-functioning of other members. This masquerading style of “support” may help the overall family unit for a time, but it doesn’t solve the real problem and the patient will continue to digress as the unconscious desire to differentiate grows with age and conflicts more and more with their childish role in the system (Kerr & Bowen, 1988).

In Bowen’s NIMH study (1990), a psychopathological feedback loop occurred when the under-functioning member had an “unresolved symbiotic attachment” to the primary caregiver, usually the mother. Because the patient remained in an infantile fusion with the mother, they were easily seduced by the homeostatic drive of the mother (and rest of the family system) into becoming a support device for the mother’s (and also the family’s) problems. This subordinate position is difficult for any maturing person, and the pressure of maintaining such a selfless state eventually lead to psychological as well as physical symptoms. Often the mother would be accustomed to receiving this support from the child, and depending on the characteristics of her own attachment style, would unconsciously continue to hold the adult-as-child in the support position. The roles of the original attachment relationship were now reversed, and the child had become the supporting parent and the parent had become the supported child.

As a child matures and naturally begins to differentiate from the mother, it becomes more difficult for the mother to hold the child in a position of service. To gain more leverage, the mother might employ the *double-bind*, where the person in power creates a confusing and consequential situation for the child with no possibility of escape (Nichols, 2013). The double-

bind consists of two contradictory statements and a condition of no-escape. The first statement denies the child something, the second contradicts the first but at a higher level of abstraction to add confusion, and the third locks the child into position by threatening consequences for escape. For example, the mother may stiffen when the child hugs them (initial denial), and then when the child withdraws the mother might say “Don’t you love me any more?” (more abstract denial), and then says “You shouldn’t be embarrassed about your feelings” (preventing escape). The child is forced to run between bases in a pickle but without the possibility of being tagged out to end the play. The process repeats so long as the mother requires the “service” of the child to ignore her own problems, and the results can be “maddening” (p. 14). The child (or adult-as-child) is compliant because they remain in the infantile symbiotic attachment relationship, and the pattern is mirrored throughout the child’s other relationships. This behavior prevents resolution of the original attachment relationship, and is what Bowen called an *over-involved* or *enmeshed* dyad. More differentiated people are less emotional and more rational, and are not so easily confused by the logical contradiction of the double-bind. These people will simply not “pick up the bait,” leaving the mother to fend for herself.

Attachment & Systems

Marvin and Stewart (as cited by Rothbaum et al., 2002), and Siegel (2012) correlate over-involved/enmeshed behavior between a parent and a child with insecure-resistant (ambivalent) attachment behavior in the child. Siegel writes that in this style of attachment “each individual acts as a tightly bound mirror of each other.” Ambivalent children are found to be *preoccupied* in the Adult Attachment Interview (AAI) and have trouble choosing when to bond and when to separate from others. This corresponds to the lower half on Bowen’s 0-100 scale of

differentiation of self (Kerr & Bowen, 1990). People on the lowest levels of differentiation tend to have disorganized attachment styles, which are known to have fragmented internal representations of self and other and be vulnerable to dissociative disorders under times of extreme stress (Siegel, 2012). Avoidant types show excessive independence from their caregivers, a self-regulatory tactic that Murray Bowen calls *emotional cut-off*. Cut-off describes any lack of emotional contact such as divorce, estrangement, or death. According to Bowen (1990), cut-off usually relieves symptoms but does not resolve the initial attachment until the individual returns to the family to confront the original members in question. Therapy includes gradually resolving past attachments to become a more autonomous and emotionally connected individual. This process is much easier when the original family members are still alive, but can also occur within spousal relationships because the original patterns of triangulation repeat through the generations.

Isolating study of attachment styles to the parent-child dyad simplifies scientific observation but ignores the complex influence of the myriad interdependent relationships within the family system. Mikulincer, Florian, Cowan, and Cowan (2002) propose a couples-based attachment security model that has each member in a couple as a separate sub-system of attachment characteristics: attachment security; positive models of self and others; relationship satisfaction; interaction of goals of togetherness; and positive models of self and others (see Appendix A, Figure A). Each of these characteristics interacts within a single person as well as with all characteristics in the other person, and the process multiplies exponentially with the addition of each new family member. Mikulincer, et al. (2002) suggests that “the quality of the relationship between the parents plays a central role in the generational transmission of working

models of attachment” (p. 415). So the quality of relationship between two family members may temporarily affect the presenting attachment characteristics of their child. For example, if a mother and her sister regularly argue, then the mother may react to the resulting anxiety by activating her attachment system with the child in order to find that old familiar but enmeshed sense of safety. In this example the sibling relationship may take part in the construction of an ambivalent attachment style in the child.

Bowen Theory describes the transmission of these characteristics from parent to child as part of a *family projection process* (Bowen, 1990). In the family projection process, parents project their own immaturity onto the most emotionally attached child in the family, and this *triangulated* child will develop slower and with an even lower level of differentiation than the parents (Bowen, 1990). This child is “triangulated” because the parents form an alliance together against the *symptoms* of the child, and therefore against the child himself. An entire family system may form interlocking triadic alliances against the child as a scapegoat, which is often the case in schizophrenic families. Because the triangulated child has become the family scapegoat, other siblings are free of the burden of caring for the parents and do comparatively well, developing a slightly higher level of differentiation than the parents and enmeshed child. The enmeshed child then passes on their own unhealthy inheritance to their own children while the uninvolved siblings pass on their slightly healthier inheritance to their own children. Pathological triangles can be traced back through the generations in this way in what Bowen called the *multigenerational transmission process* (Kerr & Bowen, 1988). He went so far as to say that “schizophrenia is a process that takes three or more generations to develop,” starting with two relatively healthy grandparent relationships, progressing with two “favorite” but immature

offspring, and terminating with an “acute psychotic eruption” in the subsequent “favorite” and even more immature offspring (p. 51).

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Appendix A

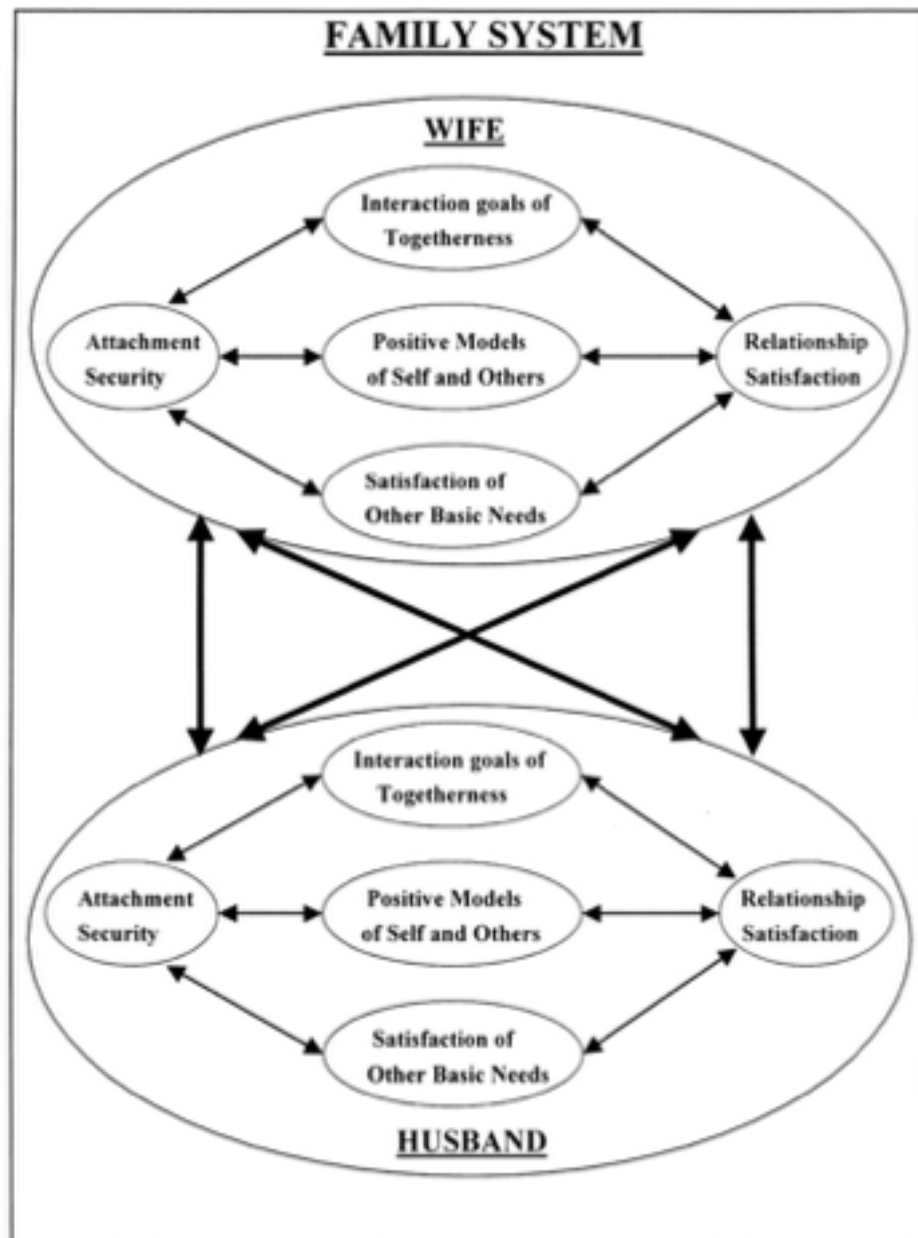


Figure A: Mikulincer's systemic attachment security model for couples. Adapted from "Attachment Security in Couple Relationships" by Mikulincer, et al., *Family Process*, Vol. 41, No. 3, 2002, p. 416, © FPI, Inc. Adapted without permission.