

Separation Crises in Over-Attached Families

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Families are described as "over-attached" whose members respond anxiously to the otherwise normal unfolding of separation-individuation processes and in the absence of past traumatic separations. It is observed that "anxious attachment" occurs with over-availability just as with under-availability of attachment figures and that attachment is an intra-familial process as well as a dyadic one.

A reformulation of Bowlby's attachment theory is required in order to encompass this systemic perspective, and to allow also for the integration of intrapsychic and extrapsychic process. Bowlby's control systems model need not stand in opposition to either systemic or psychoanalytic thinking.

INTRODUCTION

This paper describes families whose members present symptomatically at developmental milestones, for whom the otherwise normal separation-individuation of a member represents a crisis, raising anxiety and leading to an increase in attachment behaviour or, in Bowlby's (1971) terms, to "anxious attachment". Separation is impeded and symptomatic presentation follows, often as separation anxiety or phobic anxiety. There is no past history of traumatic separation experiences (as emphasised by Bowlby).

The authors describe these families as "over-attached", referring both to Bowlby's work on attachment and Parker's (1983) work on over-protection, yet expanding these concepts by:

- (a) emphasising that these processes extend beyond the mother-infant dyad into the family system, and
- (b) extending notions of optimal availability of attachment figures to include problems with over-availability.

In considering a theoretical framework for understanding the over-attached family, an emphasis will be placed upon the common elements of many models, from family systems to psychoanalytic theory, from ethological to behavioural models, and these concepts will be reviewed very briefly.

There is a significant literature concerning genetic and metabolic aspects of anxiety, which is reviewed by Margraf *et al.* (1986) but was regarded as beyond the scope of this paper. Observations of familial patterns of anxiety and intra-familial associations of separation anxiety and agoraphobia have led to suggestions that anxiety disorders are genetically-determined metabolic disorders. Our study demonstrates some of the non-genetic mechanisms which determine intra-familial patterns of anxiety.

A single case study is presented, the study family comprising three offspring each of whom presented at different times following normal separation experiences. We have seen many families presenting like this and we regard the study family as particularly interesting since every member was symptomatic at some time over three generations.

This paper emphasises an interaction between (intra-psychic) processes of separation-individuation and (extrapsychic) processes of attachment occurring within the family system. These processes interact and maintain a dynamic equilibrium in a way that requires us to integrate our understanding of intra- and extra-psychic phenomena. Boszormenyi-Nagy and Spark (1984) refer to this as "the antithetical relationship between individuation and family loyalty". A third dimension is that of culture. We will examine these processes separately, and then together.

INTRAPSYCHIC PROCESS

Psychoanalytic Concepts

Psychoanalytic concepts of attachment can be traced back to Freud (1915), when he referred to the "attachment of the instinct to its object" — that object being "the thing in regard to which or through which the instinct is able to achieve its aim". Bowlby (1971) refers to this as Freud's "theory of secondary drive", i.e. the development of object relations (or of attachment) between an infant and the person who satisfies its hunger and other bodily tensions. In his later work, Freud (1926) describes birth and the first separation from the mother as being "the individual's first experience of anxiety". This shifted psychoanalytic emphasis to the connectedness between mother and infant and the pain of disruption of that bond, and away from notions of drive.

Theories of drive primacy and of ego development in relation to drive were followed by theories of object-relatedness, and Fairbairn (1941) proposed that the human infant was not pleasure-seeking but primarily object-seeking, presaging a further shift in emphasis to the interconnectedness of mother and infant, and towards recognition of the life-long necessity to maintain a certain state of relatedness or connectedness.

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More recently, and following upon the earlier object-relations theorists, Kohut's (1977) model of self-object needs, like Bowlby's concept of attachment, allows for the normal and life-long persistence of such needs for relatedness. Psychoanalytic concepts have developed in such a direction that Bowlby's work can now be integrated more comfortably into modern psychoanalytic thinking and need not stand, as Bowlby himself suggested, in opposition to it. Similarly, developmentalists now regard the human infant as innately other-directed, both object-seeking and stimulus-seeking (Emde and Robertson, 1979), rather than primarily autistic or narcissistic.

Throughout this paper separation-individuation is referred to as the "trauma" for over-attached families. This is the otherwise normal process which Mahler (1975) describes as the differentiation of an infant from an early symbiotic fusion with its mother to a healthy interdependence and separateness. (Although the notion of symbiosis is questionable — see Stern, 1985). This process occurs in the presence of what Mahler (1975), Bowlby (1971) and Winnicott (1971) all refer to as the "safe base", i.e. the primary care-giver provides a secure relationship for the developing child, a relationship which constitutes the safe base from which the infant can progressively differentiate, moving out, exploring itself and the world, developing autonomy and mastery, returning as needed for reassurance, for "refuelling". The care-giver not only provides this safe base but also retrieves the infant, if and when necessary, for its protection. Anthony (1971) observed that the care-giver must allow the child to move out from the safe base and must not "hover anxiously" lest the child's acquisition of self-confidence and mastery of its environment be impeded. Despite Anthony's observation, this aspect has been little emphasised by Mahler, Bowlby or Winnicott and is essential to the idea of the over-attached family, whose members do indeed "hover anxiously" when one of them is approaching a developmental milestone, and who regard not only separation but even "separateness" (v.i.) as threatening.

EXTRAPSYCHIC PROCESS

Family Systems Theories

Several family systems theories are in common use and — unlike psychoanalytic theories — patterns of over-attachment are clearly recognized and described, although each model employs different descriptive terms. Family theorists, and in particular Haley (1980), emphasise the concept of a family life cycle and of transitions from one phase to another which may pose developmental problems for the family. Transitional periods are times of entry and exit of members to and from the family, always requiring separations and differentiations of individuals. Disturbed offspring are viewed as signalling developmental arrest of the family at such times.

Minuchin (1974), using the term "enmeshed" rather than over-attached, describes the same phenomena in families which:

turn upon themselves to develop their own microcosm, with a consequent increase of communication and concern among family members. As a result, distance decreases and boundaries are blurred, and the differentiation of the family system is diffuse. Such a system may become overloaded and lack the resources necessary to adapt and to change under stressful circumstances. (page 54)

Minuchin views enmeshment and its opposite, disengagement, as poles of a continuum, so that it is transactional style rather than qualitative difference that distinguishes between functional and dysfunctional. The need to preserve the integrity of the family may be such as to compromise individual development and members

may be handicapped in that the heightened sense of belonging requires a major yielding of autonomy . . . discourages autonomous exploration and mastery of problems. In children particularly, cognitive-affective skills are thereby inhibited . . . The behaviour of one member immediately affects others, and stress in an individual member reverberates strongly across the boundaries and is swiftly echoed in other subsystems . . . The enmeshed family responds to any variation from the accustomed with excessive speed and intensity. (page 55)

In over-attached families, the stress of normative transitions and, particularly, the processes of separation and individuation of children from the family system, cause anxiety which does indeed "reverberate strongly across the boundaries". This increase in anxiety level leads to an increase in attachment behaviour which may be mediated via school refusal, psychosomatic symptoms, phobic or other anxiety states. A circular reinforcing pattern is set in motion with symptomatic behaviour eliciting care-giving or protective behaviour which reinforces symptomatic behaviour, and so on. It is clear that autonomy and mastery are less easily attained as protective or over-protective patterns are elicited and reinforced.

Andolfi *et al.* (1983) describe similar processes but use the term "rigid family systems" to describe families whose passage from one evolutionary stage to the next may be perceived as catastrophic. (page 13)

In such families:

any change in the relationship is seen as threatening . . . (and) . . . seriously impinges upon the functioning of the family . . . e.g., children leaving home. (page 11)

The balance between intrapsychic and intrafamilial processes is described by Andolfi *et al.* as follows:

Change requires a process of adaptation . . . to ensure family cohesion while allowing space for the psychological growth of the individual family members.

In rigid families the designation of "patient" avoids the risk of instability as well as the successful evolution of the family and the designated member "finds himself no longer adequate to the exigencies of the moment". (page 13)

Frequently such families view the outside world with fear or with suspicion and home may be experienced as a "haven in a heartless world" (Lasch, 1971), a rigid boundary around the family contrasting with diffuse boundaries within the family. Obviously such a structure is likely to develop in families exposed to environments that are hostile or perceived as hostile (see below regarding migrant families). Forced to intensify intrafamilial attachments and to reinforce boundary demarcation between the family and its

(alien) sociocultural context, interchange of information will be impeded, redundant behaviour patterns maintained and the need for family cohesion will overshadow needs for individuation of members. Consequently, sociocultural context, family cohesion, and individuation of family members constitute a finely balanced equation.

Bowen (1974) has emphasised such a balance within each individual, of needs for differentiation and for expression of individuality, versus needs for togetherness, for maintaining group or family cohesion. Like Andolfi *et al.*, Bowen suggests that family cohesion must be maintained to an extent that allows differentiation of members from the family, i.e. a family process which must balance with the intrapsychic processes of separation-individuation. Boszormenyi-Nagy and Spark (1984) have a similar view and their dialectic theory of relationships suggests that:

a person's individuation has to be viewed in the perspective of its dynamic balance with symbiotic deindividuating forces . . . movement in one direction causes pull and eventually movement in the opposite direction . . . (page 19)

Bowen's concept of "undifferentiated ego-mass" of the family refers to the cohesion or emotional "stuck-togetherness" of individuals within an emotional system and he describes a scale of differentiation from fused or undifferentiated through to highly differentiated. His concept of universal and life-long needs for togetherness is similar to Bowlby's ideas of (innate) life-long needs for attachment and Kohut's ideas of life-long selfobject needs, contrasting with early (psychoanalytic) concepts of dependency needs as being, by definition, infantile.

Psychodynamic/Systemic/Existential Models

Amongst family therapy theorists, both Stierlin (1969) and Boszormenyi-Nagy (1984) have developed models which maintain an integration between extrapsychic and intrapsychic processes.

In particular, Boszormenyi-Nagy proposes a dialectic (or systemic) relational model in which he emphasises what is most central to this paper, that processes such as separation-individuation cannot be viewed as unfolding within an individual — rather they are intersubjective processes. The individuation of one person does not proceed except in a relational context, this is the relational dialectic. All individuation unfolds in (dynamic) relationship to the de-individuating, symbiotic responses of the other. Self and other relate in a complementarity so that individuation in one evokes complementary responses in the other in the direction of regression, fusion, or the move towards the desired but denied symbiotic union. Stierlin (1969) formulates a somewhat similar dialectic dynamic.

In examining the intersubjective field, the self-other or the I-Thou where these processes occur, Boszormenyi-Nagy anticipated much of what was proposed by Kohut and then developed further by Storolow and others (1980, 1984) within the school of self psychology.

Self psychology stands somewhere between more traditional psychoanalytic theories with the emphasis upon intrapsychic process, and the systemic relational or intersubjective models of Boszormenyi-Nagy (1984), Stierlin (1969) and perhaps to some extent Bowen (1974) and Dicks (1967).

Implicit in these systemic relational models are other concepts which have been prominent in the work of the existentialists such as Buber (1965), with ideas of a Here-and-Now and I-Thou in which the I-Thou is an intersubjective process occurring in-the-moment. More recently, Maturana's (1980) ideas of the co-creation of reality also challenge ideas of (fixed) intrapsychic realities which are brought forward in the therapeutic situation. Rather, as Maturana describes, there is no objective reality, the therapeutic field is concerned with a reality which is co-created by self and other (the I-Thou or the self-selfobject), in-the-moment, or in the Here-and-Now.

THE WORK OF BOWLBY

Incorporating ethological concepts with control systems theory, Bowlby (1971) conceptualised the nature of the tie between infant and caregiver(s) and described attachment as goal-directed systems of behaviour operating to maintain proximity between infant and attachment figure(s). From birth the human infant demonstrates a number of primitive behavioural systems ready to be activated, e.g., crying, sucking, and clinging. These systems become elaborated within an interactive mutually reinforcing and mutually shaping relationship between infant and caregiver until complex goal-corrected systems are in operation.

Bowlby (1971) described "a safety regulating system, the activities of which tend to reduce the risk of the individual coming to harm and are experienced as causing anxiety to be allayed and a sense of security to be increased". (page 00) He cited Harlow's (1961) study of attachment behaviour in Rhesus monkeys as indicating a primary need for attachment in primates and as contradicting (then) prevailing psychoanalytic concepts of feeding behaviour as the fundamental source of bonding — i.e. "secondary drive" theories.

Throughout his three volumes (1971, 1975, 1981), Bowlby's emphasis is upon traumatic separation experiences during infancy and early childhood and he views such experiences as crucial in determining disturbances of attachment behaviour and as resulting in "anxious attachment". We are suggesting a further mechanism — that in over-attached families such patterns of "anxious attachment" develop in response to separation experiences which are normal, expectable, or phase-appropriate rather than traumatic. The emphasis, like Mahler's, is upon psychological rather than physical separation and, as ego psychologists Blank and Blank (1974) observe: "an individual may never, in reality, experience physical separation and perhaps for that very reason may not reach the psychological milestones of separation-individuation". (page 57)

Bowlby (1975) does consider a related idea, that of "spoiling", and refers to Freud's (1905) suggestion that "an excess of parental affection . . . by spoiling the child . . . makes him incapable in later life of temporarily doing without love", but he refutes this idea and concludes that there is "no evidence of substance . . . to support the theory that anxious attachment is a result of an excess of parental affection". (page 277)

In contrast to Bowlby, and in line with Freud's prediction, we are suggesting that an excess of parental concern and anxiety regarding the safety of offspring can impede normal development to the extent that normal, expectable, phase-appropriate separation experiences are not dealt with confidently, and autonomy and mastery are compromised.

Parental Overprotection

Bowlby describes intrafamilial patterns of overprotection and associations between agoraphobia and school refusal, but in seeking to explain the genesis of such patterns he continues to invoke experiences of separation or threat of separation.

Parental overprotection has been studied extensively by Parker (1983) who has developed a Parental Bonding Instrument (PBI) to measure parameters of control and overprotection as well as care and affection and has implicated parental overprotection in the genesis of neurotic disorders of various types. Parker's work emphasises "affectionless control" as potentially pathogenic. His PBI measures four possible parental combinations of care and control. The high control/low affection quadrant ("affectionless control") was found to be associated with a variety of psychiatric disorders, whilst low control/high affection ("benign neglect") seemed to describe what Parker believes to be an optimal parenting style. In contrast to Parker's experience, we have observed these over-attached (presumably overprotective) families to be caring, loving and concerned. They would probably qualify for the high affection/high control quadrant of the PBI ("affectional constraint") which Parker concluded is "irrelevant to all the psychiatric disorders" and "unlikely to be distinctly pathogenic" as a parenting style. In particular, in independent studies, both Parker and Silove (1986) found that patients with agoraphobia represented their parents as affectionless and controlling, but not as affectionate and constraining. The difference between these findings and our clinical experience emphasises the gap between data gathered by research and data available from in vivo clinical observation.

Parker's emphasis upon the interactional nature of individuation is similar to that of Boszormenyi-Nagy's "relational dialectic", although Parker refers to maternal insufficiencies such as "deficient parenting" and "the mother's incapacity to allow a child's progressive detachment". (Self psychology theorists focusing upon failures of maternal empathy have a similar frame of reference). Boszormenyi-Nagy's view of intergenerational loyalties and the inescapable ledger of intrafamilial guilt and obligations is one that describes the same processes in a more positive and existentially meaningful way.

Maternal Deprivation

Bowlby's emphasis upon maternal deprivation is well known. He refers repeatedly to the necessary availability (including emotional availability, or empathic responsiveness) of the attachment figure(s) in order for the infant to experience a "safe base" from which autonomy and mastery can be attained. This emphasis has provoked much criticism, e.g., McConaghy (1979); and has been especially challenged by feminist writers, e.g., Hare-Mustin (1986) and Chodorow (1978). In this emphasis Bowlby remains essentially in

agreement with traditional psychoanalytic concepts (and contemporary self psychology), that anxiety relates to loss or threatened loss of the love object and he quotes Freud's (1905) view that "anxiety in children is originally nothing other than an expression of the fact that they are feeling the loss of the person they love". (page 224)

Attachment Theory: An Expansion

Bowlby suggests that attachment behaviour persists throughout life serving an adaptive function so that, under conditions of danger or stress, at any age, individuals are prone to seek proximity with significant others. He contrasts this view with those of the psychoanalytic models in which he was trained, which emphasise infantile dependency needs and the necessity of relinquishing such infantile needs in order to achieve maturity. Evidently, there has been some struggle for Bowlby between his original psychoanalytic model and his later control systems model, and he at once invokes and then refutes Freudian concepts. This dilemma may be less relevant now since contemporary psychoanalytic thinking is more compatible with Bowlby's ideas, as detailed earlier, e.g., Kohut (1977) describes self-object needs (including needs for merger with an idealised other) as persisting, normally, throughout life.

Bowlby's (1971) account of retrieval behaviour in primates describes a certain "safe distance" that is acceptable to the attachment figure as its young moves away to play and to explore. Once this safe distance is exceeded retrieval behaviour is instantly activated. In humans it is likely that the safe distance varies considerably, that in over-attachment it is greatly decreased, and, as Anthony observed, the caregiver may "hover anxiously". We are extending this concept to suggest that it is not only the caregiver but the family itself which constitutes a "safe-base". This explains why, in over-attached families, the integrity of the family is so carefully guarded, sometimes even at the cost of individual development (the "invisible loyalties" of Boszormenyi-Nagy).

It would seem, then, that both a "safe base" and a "safe distance" are crucial dimensions of interrelatedness, and that they are intrafamilial as well as dyadic parameters. Bowlby's model of attachment, and particularly of anxious attachment, can be applied to families and we suggest that his concepts be expanded in several directions, as follows:

- (1) Attachment must be viewed as an intrafamilial phenomenon of which the dyadic or mother-infant interaction is only one facet.
- (2) Anxious attachment may occur when the attachment figure(s) has been continuously available and perhaps over-available, so that "traumatic" separation in over-attached families may result from what would otherwise be the normal unfolding of the separation-individuation process of one of its members.
- (3) Attachment is part of a complex process of attachment-plus-separation and the attachment figures(s) must not only be available when needed but must be ready to let go, to surrender, or to detach* (see footnote) as

*Attachment/detachment is semantically appealing as a description but Bowlby has used detachment to describe the defensive reaction of a child exposed to traumatic separation and for this reason the processes are referred to here as attachment/separation of the infant with complementary sequences of retrieval/surrender in the care-givers.

necessary, and to tolerate certain levels of separation (safe distance) without alerting retrieval mechanisms. In over-attached families there is a too-ready activation of retrieval and protection with a reluctance to surrender, resulting in the propensity towards anxious attachment.

- (4) Thus, either insufficient attachment or insufficient surrender in a family system may give rise to anxiety in its members.

Towards a Synthesis

Reviewing these various concepts — family systems theories, ethology, control systems, and psychoanalytic theories — there is a common emphasis in the centrality of processes of attachment, although quite different mechanisms are invoked to describe these processes. Anxiety, separation anxiety, and anxious attachment are manifest when the system (i.e. the individual or the family) is stressed, or endangered, or experiences loss or threatened loss of attachment figure(s).

In over-attached families there may be no direct experience of loss of attachment figure(s) or love object(s), but at times of normal separation, such as when a child commences school, anxiety is experienced and anxious attachment is evidenced. In the case history that follows this process becomes very clear as it is repeatedly manifested by various family members.

HISTORY OF STUDY FAMILY

At first presentation the family consisted of parents, Mr and Mrs A, aged 34 and 35 respectively, and their three daughters aged 10 years (B), 7 years (C), and 3 years (D). The middle girl, C, aged 7, had been missing school because of abdominal pain and an appendectomy was performed but revealed a normal appendix. Following surgery she continued to complain of abdominal pain and a new symptom, urinary frequency, and the surgeon referred her for psychiatric assessment.

The family were of Middle-European Jewish origin, Mr A had emigrated to Australia with his family when he was a young child, had remained closely involved with them and still worked for his father who exercised great control over him. Mrs A came from a similar background and described her family as excessively demanding and controlling — they had been devastated by the Holocaust of World War II and subsequent anti-semitism and had fled to Australia but continued to be haunted by memories of death, fear, and interrogation. Mrs A had grown up under the shadow of her parents' suffering and in leaving home in Melbourne to start a new life in Sydney with her husband she had hoped to leave behind her feelings of guilt and oppression. Yet she experienced her husband's family as even more demanding and intrusive than her own and she grew angry and resentful over the control which was exerted over their lives and over their finances.

At the time that C's symptoms developed there was considerable tension between the parents over these family and financial issues. She was referred for individual psychotherapy which focused open issues of separation

anxiety. Her mother was seen concurrently by another member of the clinic and she ventilated many of the concerns described above. With adequate symptomatic improvement the girl and her mother discontinued treatment.

Three years later Mrs A contacted the clinic again regarding her youngest daughter, D, who was then aged nine and had recently spent a weekend away from home with a youth group. This was her first separation from home and family and had precipitated in her a concern about "what happens when you die?", and a preoccupation with death. (We have found that the fantasy that separation equals death or, "without you I will die — I have no separate life", is common in over-attached families).

D was a bright, cheerful and friendly child who liked school, although she had been extremely anxious when she first started and had not gone to kindergarten. She had done well at primary school and was always "happy and cheerful", but remained very close to the family with only one close friend amongst her peers. Her anxieties were formulated as relating to fears of separation from the family and she responded to individual psychotherapy without family intervention.

The next presentation, some five years later, concerned the eldest daughter, B, then aged 21. Travelling overseas, and welcoming the opportunity to separate from her family, she had instead felt anxious and depressed until she met a young Jewish man, and they quickly decided to marry. She described him as very close to his family, particularly to his widowed mother, who was unhappy about his intended marriage to a "foreigner".

Like her mother before her, the eldest daughter was attempting separation by leaving home and marrying and, also like her mother, she found her prospective in-laws to be an "over-caring and controlling" family. She became anxious, depressed, and uncertain about her future, and returned to Australia.

Mrs A contacted the clinic again and requested help for her daughter regarding her fears and anxieties about marriage and the prospect of living abroad. These difficulties were explored in the context of difficulties in separating from the family and subsequently the young woman returned overseas and married.

Several weeks following the wedding (for which the entire family had travelled abroad) Mrs A contacted the clinic again to report that her youngest daughter, D, was "having a few difficulties at school". It transpired that D had been very happy and successful at primary school where she did well academically and socially. The move to high school had placed her in a more competitive situation and over the year she had developed symptoms of anxiety, particularly in school assembly. These feelings had culminated recently in an episode of vomiting on the way to school. Since then D had experienced agoraphobic symptoms, such as panic and anxiety on the school bus, and fears about the approaching annual exams.

It was evident that the youngest daughter was experiencing separation anxiety once more and this at a time when the family was dealing with the (normative) loss of their first child, the recently married daughter. Developmentally this

girl's adolescence posed for her the task of separating from her family, whilst her parents faced the task of "losing" their last child and of having to reconstitute a dyadic relationship. At this time Mr A was also separating, for the first time, from his father's control by establishing his own business, a critical period in his individuation. On this occasion therapy focused upon the individuation crisis of the parents as much as upon the crisis for the youngest child, with good symptomatic recovery.

Two years later the eldest daughter returned home following the birth of her first child because she felt unable to cope without the support of her mother and because the grandchild was unable to settle at night if separated from its mother. This situation provided the justification that was needed for the daughter and her husband to return to Australia and the baby settled once its mother was reunited with her mother.

The Family Pattern

It can be seen that in this family of caring and considerate parents and loving and capable children, each separation crisis such as starting school, going to camp, marriage, or transferring to high school, gave rise to symptoms of severe anxiety in individual family members.

While these symptoms were treated with apparent success at the time of presentation, it became clear that the fundamental enmeshment or over-attachment of the family and, particularly, of the parental dyad persisted over the years, manifest as separation anxiety/attachment behaviours. While these patterns of enmeshment or over-attachment persisted, the behaviour was repeated at each developmental crisis in the family cycle.

THE GENESIS OF PATTERNS OF ANXIOUS ATTACHMENT

Families described as over-attached are characterised by a particular style of coping with anxiety. When one family member faces the challenge of entering a new life phase, such as the birth of a child, temporary separation, or school entry, the supporting family members respond with anxiety rather than with reassurance or with excitement. For example, a mother coping with a crying child feels she is losing control as a care-giver, her anxiety is "resonated" by her husband, the level of family anxiety escalates, and leads to an increase of "attachment" behaviour in individual family members. When such a family is faced with a separation crisis in one of its members, attachment behaviour of the whole family is exaggerated and one or more family members may become symptomatic. Individual children may thus present with nightmares, school phobic behaviour, abdominal pain, etc., while adults may present with agoraphobic or other symptoms.

We have studied several over-attached families and have found consistent background factors which may be causative or at least contributory, as follows:

Immigration

This appears to be a common antecedent and it is not surprising that immigrant families might display anxious

attachment or that they might regard the outside world as unsafe or unfriendly. Families who are both immigrant and survivors of disaster (e.g. Vietnamese boat people, Holocaust survivors, torture victims) have obvious reasons to be so predisposed. Several studies have described symptoms of restlessness, mistrust, guilt, chronic anxiety and dread of the future and psychophysiological symptoms in children of survivors of the Nazi Holocaust (e.g. Solkoff, 1981; Venaki *et al.*, 1985).

Cultural Factors

Many of the immigrant families we have seen retain values which do not emphasise autonomy and separateness as much as interdependent mutual support and family loyalty which were congruent/adaptive patterns in their home countries. In these cases the question might be posed whether the problem is in the micro-culture of the family, the macro-culture of the environment, or the dissonance between the two. Immigrant families are more likely to be assessed as pathological because of cultural bias in clinicians (Marsella and Pederson, 1981; Sue, 1981) since ideas that separation and autonomy are synonymous with mental health are both culture-bound and gender-related (v.i.).

Transgenerational Patterns

Patterns of anxious, phobic or enmeshed transactions may be manifest through several generations and Quadrio (1984) has described such patterns in families of agoraphobic women, while Clarke (1967) has described a three-generational "dominant matriarch syndrome" in which the maternal grandmother remains the dominant figure throughout, and various family members present with psychosomatic illness and school phobia at various stages of developmental crisis. In our "nuclear family" oriented society such three-generational patterns are (mistakenly) seen as deviations from the norm and are not supported by extended family systems, as they would be in agrarian or kinship-oriented cultures. Boszormenyi-Nagy and Spark (1984) have detailed a transgenerational accounting of obligations and merit which would determine the continuation of such patterns.

Gender Factors

Sex role behaviour provides another dimension of attachment behaviour in that dependent, phobic or anxiously-attached behaviour is more compatible with the female role (Hafner, 1986) and is more likely to be assessed by clinicians as pathological (Broverman and Broverman, 1972). In migrant families, cultural factors may combine with sex role stereotyping to provide further reinforcement for dependent behaviour in females since neither independence nor separateness may be viewed as appropriate aims of female development and one or other daughter may be expected to remain attached to the parents and to become a caretaker for them in their old age.

The Marital System

The nature of the husband-wife relationship is crucial in determining the dynamics of the family system that they

establish together. Lack of differentiation within a marriage may be so extreme that the marriage can be described as *symbiotic*, e.g., Bader and Pearson, (1983); Quadrio, (1986). In such relationships, separateness cannot be tolerated and the family becomes highly undifferentiated. The anxiety experienced when a member of such a system expresses some individuality or self-differentiation could be termed "separateness-anxiety" — i.e. anxiety relating to expressions of personal difference.

Family Life Cycle Issues

There are times of particular stress in the life of the family and the exit of the last child represents one such crisis, signalling the end of the parenting phase of the adult life cycle and facing husband and wife with a new crisis of differentiation. While functioning as parents they are united in the common tasks of home-making and child-rearing and conflict may be kept to a minimum. Without children as a focus they are faced with new needs for differentiation which can precipitate further crises, depression or anxiety. We have observed that symptomatic presentation of the youngest daughter with phobic symptoms is a common feature of over-attached families, with parents experiencing difficulty resuming a husband-wife relationship and inclined to persist in their parental roles. This becomes a circular and mutually reinforcing transactional system in which the child's continued dependency evokes and reinforces protective responses in the husband-wife dyad, while the parents' reactions elicit and reinforce dependent behaviour in the child. The last child to leave the family is especially vulnerable to becoming enmeshed in this system and female children are more vulnerable in that sex role stereotyping adds another dimension to dependent behaviour, as do cultural factors. This is nicely illustrated in the study family.

Some Treatment Considerations

These observations suggest several important implications regarding treatment:

- (1) Treatment of a symptomatic individual may be facilitated if over-attached behaviour is viewed as adaptive and as consistent with family patterns. The therapist will join with the family system more effectively and will not precipitate more anxiety by challenging the system prematurely.
- (2) Treatment of the individual, especially when encouraging unilateral efforts to separate, may raise anxiety levels within the family, further predisposing to anxious attachment, tending to restore the status quo and mitigating against successful separation.
- (3) Treatment of one member may result in symptomatic decompensation in another — this has been observed by Quadrio (1984) and Hafner (1986) in treating married agoraphobic women.
- (4) Treatment aimed at supporting the family system allows containment of anxiety and this may lead to resolution of the individual's symptoms or may enhance further treatment.
- (5) Finally, encouraging differentiation of the parents from their respective families of origin may allow further

family differentiation and hence further separation-individuation of individual members (see Bowen).

CONCLUSIONS

We have extended Bowlby's observations on anxious attachment to include over-attachment and have described this as an intra-familial rather than a dyadic (mother-infant) process, and one that occurs in a cultural context. Current psychoanalytic theory is more compatible with Bowlby's model of behavioural systems while family systems theories emphasise the balance between intrapsychic and extra-psychic, between separateness and separation. Ultimately, a synthesis between intrapsychic, interpersonal and behavioural models appears possible.

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