

Understanding trauma-generated dissociation and disorganised attachment: Giovanni Liotti's lasting contributions*

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“Trauma, dissociation, and disorganized attachment: three strands of a single braid.”
—Giovanni Liotti (2004, p. 472)

Introduction

The field of psychotraumatology and dissociation suffered a tremendous loss with the demise of Giovanni Liotti on 9 April, 2018. However, his voice remains to be heard and will continue to inspire generations of psychotherapists and other mental health professionals. Personally, I cherish fond memories of the few real-life encounters I have had with him at some conferences. Over the years I have carefully collected and studied his publications, which meant, and means, so much to me, and which have strongly influenced me. I have felt, and still feel, a strong personal connection with him, and I have had in my mind many conversations with him. Sometimes I felt I “knew” what he would say if he were present, and at other times I felt an unfulfilled but strong wish to hear his responses. Given this personally felt connection, the suffering he and his family have experienced and his serious illness during the last year of his life evoked deep sympathy in me, also my sharing in the grief of his family and close friends.

Firmly rooted in empirical research and extensive clinical experience, since 1992 (as far as I know) Liotti has consistently described and clarified the detrimental effects on children of being raised in insecure attachment relationships with their parents and/or other caregivers, who manifest frightened or frightening parental behaviour, as first described by Main and Hesse (1990). Since the parent is both a needed attachment figure and a source of threat, an insoluble conflict between the simultaneous need for defence and attachment develops with the same significant caregiver (Main & Hesse, 1990). The ensuing insecure, approach/avoidance

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attachment pattern in infants is called disorganised/disoriented attachment (D-attachment style) (Liotti, 1992, 1999a,b, 2009; Main & Hesse, 1990). Liotti and colleagues have found that the mother's suffering of major loss or other severe life events within two years of the child's birth is a major determinant in the development of a D-attachment style (Pasquini et al., 2002). While these parents are not abusive, their emotional unavailability can be experienced by the child as life-threatening (Bowlby, 1969; Liotti, 1992, 1999a). However, when parents also actively maltreat or abuse the child, the detrimental effects become all the more complex.

Along with Barach (1991), Liotti emphasised the dissociative nature of a D-attachment style (e.g., Liotti, 1992, 2016), which he analysed in increasingly sophisticated ways. Indeed, longitudinal empirical studies supported his view, in that they found a D-attachment style in young adults is strongly correlated with chronic dissociation and dissociative disorders (Lyons-Ruth et al., 2006; Ogawa et al., 1997). In line with these empirical findings, our own clinical observations (Steele et al., 2017) indicate that most of our adult dissociative patients are characterised by a D-attachment style. Essential for clinicians to understand, Liotti discussed the therapeutic implications of such characteristics in some of his studies (e.g., Liotti, 1995, 2000, 2007, 2012, 2013; Liotti et al., 2008).

Liotti noted that chronic threat from a needed caregiver "exceeds the limited capacity of the infant's mind for organizing coherent conscious experiences or unitary memory structures" (2009, p. 55). In other words, he made it clear that the development of a D-attachment style involves traumatic experiences. In this short paper honouring Giovanni Liotti and his most important work, I want to highlight some of his views that had a major impact on my understanding of trauma-generated dissociation, adding some associations of my own: (1) dissociation as an integrative failure; (2) D-attachment style as a dissociative phenomenon; (3) the dissociative nature of controlling punitive and controlling caregiving strategies which children with a D-attachment style may develop in middle childhood; and (4) treatment implications.

Dissociation as an integrative failure

In the trauma and dissociation field there is a long-lasting difference of opinion about the nature of trauma-induced dissociation. Apart from the view that there is no real difference between trauma-induced dissociation and so-called normal dissociation, which everyone experiences. Liotti is one of those who rejects this view; and so am I (Van der Hart et al., 2006). He stated that "the theory that dissociation is *primarily* a defense mechanism whose function is to compartmentalize perceptions and memories related to trauma, and to allow the victims to detach themselves from the full impact of trauma" is not supported by his interpretation of attachment theory and research (Liotti, 2009, p. 59; see also Liotti, 2006; Liotti & Liotti, in press).

In his own study of attachment, Liotti emphasised (as mentioned above) that chronic threat from a needed caregiver “exceeds the limited capacity of the infant’s mind for organizing coherent conscious experiences or unitary memory structures” (Liotti, 2009, p. 55). Such overwhelming threat involves childhood traumatisation, that is, dissociative “breaking-points” (Ross, 1941) in the child’s mind. In other words, traumatic experiences are dissociative in nature and are due not just to defence, but, more importantly, to integrative deficits (Van der Hart et al., 2006). Thus, Liotti concludes:

that dissociation during personality development concerns primarily a failure in the integration, into a unitary meaning structure, of memories concerning attachment interactions with a particular caregiver. Such a failure should be ascribed to a type of intersubjective experience that appears exceedingly complex besides being frightening. (2009, p. 59)

Previously, Liotti argued that when the child is already bound by a disorganised pattern of attachment to a parent, and this parent creates traumatising events by maltreatment,

the paradox of being forced by inborn needs (the attachment behavioral system) to rely for protection on the very source of danger is greatly strengthened. We may conceivably expect that an extreme degree of dissociation will be the outcome of such an interpersonal situation, not because of primarily defensive purposes, but just because there is no possible *organized* way of construing such a situation. In these circumstances, to think of dissociation as a defense would be analogous to thinking of bone fractures as defensive reactions to physical trauma. (1999a, p. 304)

I want to emphasise that Liotti’s view of dissociation as an integrative failure is remarkably similar with Pierre Janet’s original views (Janet, 1889, 1911), which Liotti also paid attention to (Liotti, 2014a; Liotti & Liotti, in press). While also acknowledging a role for constitutional vulnerability, Janet regarded physical illness, exhaustion, and, especially, the vehement emotions involved in traumatic experiences, as the primary causes of this integrative failure. According to Janet, this deficit manifests in: (1) a narrowing of the field of consciousness; and (2) a dissociation of the systems of ideas and functions which, in their synthesis, constitute personality (Janet, 1907). This view, especially with regard to traumatic experiences, is also shared by my colleagues and myself (Nijenhuis & Van der Hart, 2011; Steele et al., 2009, 2017; Van der Hart et al., 2006).

Liotti emphasised that many of children’s traumatic experiences take place in the context of their attachment relationships, resulting in a D-attachment style, involving the development, maintenance, and potential reactivation of different Internal Working Models (IWMs) (Bowlby, 1969); (e.g., Liotti, 1999a,b), which may characterise different dissociative parts of the personality—the narrow field of consciousness of each of a part dominated by its specific IWMs.

D-attachment style as a dissociative phenomenon

The impossible bind of the child with a D-attachment style is the insoluble conflict between the simultaneous need for defence and attachment with the same significant person (Main & Hesse, 1990). Liotti (2004, 2016), and my co-authors and I with him (Steele et al., 2017; Van der Hart et al., 2006), argued that this involves the simultaneous or rapidly alternating activation of two different inborn motivational or action systems, the attachment system and the defence system (including subsystems of freeze, flight, fight, submission, collapse) that mediate the child's behaviours. Liotti (2016) explains this in terms of dissociated IWMs comprising both action systems, while we would argue that a D-attachment style involves the (re)activation of at least two dissociative parts of the personality caught in an insoluble conflict.

As a D-attachment style is such a key dynamic in the development of ever more complex trauma-generated dissociation, especially the dissociative disorders, I want to return to the label of disorganised/disoriented attachment. In line with what Liotti (2016) formulated, I believe that a D-attachment style consists of the simultaneous or rapidly alternating activation of dissociative parts respectively mediated by the attachment and defence system. Is, then, the label "dissociative attachment" more correct? The problem would then be that this label does not acknowledge either the fact that parts also mediated by the defence action system are reactivated: A more adequate construct should straddle both attachment and defence. For now, I tentatively propose: "dissociative attachment/defence (D-attachment style/defence)".

Controlling punitive and controlling caregiving strategies and dissociation

In discussing the attachment and defence action systems, Liotti (2016) called upon an evolutionary multi-motivational theory, which played an essential role in Bowlby's attachment theory (Bowlby, 1969). This theory has also been applied to the domain of trauma-induced dissociation (Nijenhuis, 2015; Steele et al., 2017; Van der Hart et al., 2006). Thus, while there is discussion about which other action systems mediate our actions, those systems we distinguish in daily life functioning include: exploration, care, sociability/cooperation, competitive/ranking, play, energy regulation, and sexuality-reproduction action systems.

Liotti (2016) called upon this multi-motivational theory when he discussed the empirical evidence that most infants with a D-attachment style subsequently develop either a so-called controlling-punitive strategy or a controlling-caregiving strategy vis-à-vis their parents (cf., Lyons-Ruth & Jacobvitz, 2008). The latter strategy is directed especially toward parents who manifest helplessness, for instance rooted in unresolved grief, in the relationship with their child. In the controlling-punitive strategy, the child learns to defensively engage the caregiver in a power struggle of dominance (Liotti, 2011). When this is repeated in a therapeutic relationship, these patients may be angry, obstinate, and highly demanding of the therapist and others

around them. Here the dominance action system seems to be reactivated. In the controlling–caregiving strategy, the child takes an apparently submissive role, but is actually precociously caring for the caregiver. In a kind of role-reversal, the child’s caregiving action system has been reactivated. Liotti (2016) noted that, “[t]hese controlling strategies seem to compensate for disorganisation in the child–parent interactions: they allow for *organised* interpersonal exchanges” (p. 29). Both strategies are intended to help the child receive what she or he needs in terms of attachment, but usually unsuccessfully so because these strategies do not activate the parent’s care system in the interactions with the child.

In his 2016 article, Liotti related a D-attachment style and these controlling strategies, when they occur in the context of cumulative relational traumatisation during childhood, to the development of DID. Thus, he once again emphasises trauma-generated dissociation of the personality, and with us (Steele et al., 2017; Van der Hart et al., 2006), he argues that different dissociative parts are mediated at least by different action systems or “a characteristic type of tension” (p. 32) between these systems. Liotti even includes a type of dissociative part which might use a controlling–punitive strategy toward the self—that is, to other parts of the personality—“in a sort of masochistic repetitive, severe self-shaming process” (p. 32): a dissociative part which seems to have some similarities with what we call “perpetrator-imitating parts.”

Returning to the controlling–punitive and controlling–caregiving strategies, we should not assume that a highly dissociative person uses only one of these two strategies. Indeed, various dissociative parts can manifest one or the other of these strategies (Steele et al., 2017). We regard them as typically two sides of one coin, with one type of part being in the forefront and the other being more implicit:

When one part is activated, conflict ensues internally. For example, when a controlling-caregiving part is solicitous to the caregiver, anger and resentment is often boiling underneath, and may eventually erupt outwardly or inwardly. And when an angry, punitive part is acting out toward the caregiver, a controlling-caregiving part becomes fearful that the caregiver will be pushed away and retaliate or abandon the child. Therapists must be aware of both types of strategies and how they sequence among dissociative parts. Otherwise they may be confused when a seemingly caretaking patient suddenly becomes angry, or vice versa. The therapist should explore the dynamics between the two positions instead of placating the patient or attending to one strategy but not to the other. (Steele et al., 2017, p. 54)

Again, it is my clinical observation that when dissociative parts with these different strategies, mediated by different action systems, have come into being, younger parts stuck in the insoluble conflict of attachment (cry) and defence may still exist underneath or behind them. Even more hidden inside, an infant part stuck in total abandonment may exist. The controlling parts are reactivated by this suffering, and their function is to find relief for it. However, over the years the personality organisation becomes more complex and defensive reactions are continuously built

in reaction to whatever is going on in the patient's life; they become layered. In other words, finding relief for the infant need alone is essential but in itself insufficient for complete personality integration to take place.

Therapeutic implications

For survivors of chronic childhood maltreatment who have a D-attachment style and the controlling coping strategies (as I would call them), there may be an irresistible tendency to perceive the therapist as a caregiver, whether or not the therapist is engaged in caregiving. Thus, intense, compromised attachment needs and related controlling strategies are easily reactivated. And when therapists adhere to a caregiving relational model, this may further hamper the development of a solid therapeutic relationship. Therapists may make extraordinary efforts to be available to their patients and not make mistakes, and eventually become frustrated and exhausted. In this short paper I cannot pay sufficient tribute to Giovanni Liotti for his articulation of the essential principles of sound psychotherapy and the therapeutic frame and boundaries (see Liotti, 1995, 2000, 2007, 2012, 2014b). Instead, let me quote the most important statement which Cortina and Liotti (2014) made in this regard:

... at the beginning of treatment ... complex trauma can best be dealt with by trying to maintain a dialogue that attempts to limit the activation of the attachment system by taking advantage of the natural tendency to want to cooperate and collaborate on an equal basis level. Optimally, people try to develop a secure basis and a haven of safety in therapy to facilitate the exploration of the relational dilemmas and severe conflict brought by complex trauma and disorganized attachment. But in cases of severe trauma, this goal has to be reached through a circuitous route that tries to limit the premature activation of the attachment toward the therapist. (p. 892)

Cortina and Liotti (2014) and others (e.g., Brown & Elliott, 2016; Steele et al., 2017) argued that when the attachment action system is activated, the exploration system becomes deactivated, impeding clients' curiosity about their own experiences, which is the work of therapy. Instead they become preoccupied with the availability of the therapist. And when the attachment system is deactivated and the cooperation/collaboration system is active, there is mental and interpersonal space for exploration. Thus, from the very beginning of therapy, therapists need to aim to develop a collaborative therapeutic relationship with their patients. In working with patients with complex dissociative disorders such as DID, this involves a three-step process. First, a collaborative relationship is fostered between therapist and the adult presenting part(s) in therapy, to create a foundation for further work on dissociation. Second, the therapist supports the adult part(s) of the client to reach out collaboratively to other dissociative parts, with the therapist as an integrative guide. Third, the therapist helps the patient's dissociative system to develop internal acceptance and collaboration among parts. Within this frame, some adult parts may be supported in developing appropriate care for child parts stuck in the attachment cry. I should add that all this typically involves protracted efforts.

Conclusion

In the last twenty-five years, Giovanni Liotti has been the most important clinical scientist straddling the fields of attachment studies and of trauma-generated dissociation, with his ongoing focus on the nature, causes, and sequelae of disorganised/disoriented attachment. His work over the years could perhaps be compared with a musical composition of variations on a theme, such as Beethoven's Diabelli Variations. However, not only has each of his variations a (slightly) different angle or perspective, they are together also characterised by a progressive integration of the various perspectives involved; culminating in his application of the theory of multi-motivation (actions) theory and a deepening understanding of the dynamics involved in trauma-generated dissociation of the personality. I would have loved to be able to discuss these perspectives further with Giovanni Liotti. However, his immensely rich heritage, fortunately, remains with us and will continue to inspire us in our own attempts to better understand and treat the tragic consequences of a D-attachment style.

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