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Unrelenting catastrophic trauma within the family: When every secure base is abusive

HOWARD STEELE

ABSTRACT This paper will present illustrations from Adult Attachment Interviews conducted with adult female survivors of chronic ritual abuse in their family of origin. A model of multiple personality disorder informed by the Adult Attachment Interview coding and classification system will be presented. A range of victim, perpetrator and bystander personalities may be identified in the same interview, indeed in the same speaker. For the speaker who believes herself to be one of a number of co-existing personalities, integration and coherence means death of a loved one, indeed death of the sense of self. Possibilities of re-birth into a single integrated self are posited.

KEYWORDS: Multiple Personality Disorder (MPD)–Dissociative Identity Disorder (DID)–Adult Attachment Interview (AAI)–suicide–integration

INTRODUCTION

Recently, I witnessed the experiences of a normatively developing 11-year old girl who had suffered a sprained ankle, following a painful fall causing her left ankle to twist and bend. X-rays shortly after the fall confirmed that the ankle was not broken, but it was pointed out that a child's capacity for bending and swelling and injuring of soft tissue is great compared to the adult whose bone would be likely to break under similar pressure. Thus, for 1 week the child was advised to rest the ankle, not to apply undue pressure and crutches were given as an aid to movement, lest the child would sink into immobility altogether. One week later the well-rested foot was blue in colour and cold and very sore at the slightest pressure. Another two X-rays revealed no evidence of broken bones. The diagnosis was hyper-sensitive nerves, and insufficient blood circulation, following the week-old traumatic injury such that any pressure, even ordinary touch, triggered 'memories' of the trauma giving rise to the palpable sensory experience of intolerable pain. The treatment recommended was to 're-educate' the nerves so that pressure and touch could again be tolerated, indeed welcomed for the sense of life and joy they can bring. This contrasted with the view of the young girl who had already formed a view of her immobile leg as ungainly, and alien. It did not feel like a part of her, but she could not imagine living without it.

This epiphenomenon of an ankle injury is a metaphor for the ongoing experience of the person with 'multiple personality disorder' or a 'dissociative identity'. For these

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rare survivors of unrelenting trauma during childhood, growing up is an experience (as we shall hear) of 'being chronically unloved,' alternately neglected then abused, abused then neglected, so that survival was achieved through dissociation and splitting into multiple personalities each of whom has only partial awareness of the other(s).

The account provided here of multiple personality disorder is assembled primarily from the experience of administering Adult Attachment Interviews with adult females suffering from this rare and controversial Axis 2 disorder. Given the long-running controversy concerning the veracity of reports of childhood experiences of abuse, the Adult Attachment Interview is a highly relevant contributor to this debate. This is because rating and ultimate classification of an attachment narrative hinges on careful attention to the truthfulness of the account provided. Truth (having evidence for what you say) is one of the four maxims of coherent conversation applied to AAIs, the other three being relation (staying 'on task'), economy (saying neither too much nor too little) and manner (adhering to conventional standards of polite conversation), as Hesse (1999) has discussed.

This paper draws on the author's experience of working as an attachment research consultant to the Clinic for Dissociative Studies in London (Director: V. Sinason), interviewing several individuals, with confirmed or suspected Multiple Personality Disorder (MPD) or Dissociative Identity Disorder (DID), early in their therapeutic consultations with the Clinic. The resulting profiles emerging from these Adult Attachment interviews are remarkably similar in that when the patients engage with the challenge of describing and evaluating their attachment history, severe evidence of distress emerges with clear signs of dissociation *in the interview context itself*. When the adult listener/speaker is addressed, it is not long until the interview elicits other voices, personalities or alters whose origin and viewpoint depends on a particular mode of experiencing and responding to extreme, organized and repeated abuse perpetrated by attachment caregivers throughout childhood. This paper provides an attachment theory account MPD or DID, drawing on material provided in AAIs obtained from patients with this core personality disorder, and importantly, applying insights obtained from the rating and classification system applied to Adult Attachment Interviews (See Hesse, 1999).

The view advanced here has much in common with Liotti's (1999) account of dissociative identity disturbances. He sees these personality organizations as resulting from both a lapse in, and a partial attempt to achieve, the human individual's ongoing species-specific need to reach a personal synthesis or integration of meaning structures deriving from one's experience of the care-giving environment. The ordinary logic to the organization of the care-giving environment is that it approximates some variant of the cooperative breeding principle which has evolved to facilitate optimal emotional, cognitive and physical growth for the newborn baby (Hrdy, 1999). Neither mothers nor fathers nor other caregivers are invariably available to their babies. But the variance that typically exists is within a normal range, permitting the baby to survive and often thrive. By contrast, for young children who are the target of repeated experiences of severe interference, abuse and neglect, survival is not insured, and the possibility of arriving at a coherent personal synthesis or integration of meaning is gravely compromised. Radical defensive strategies are required to ward off the pain of having one's primary attachment strategy (after Main, 1990) assaulted. For adults with dissociated identity problems, or Multiple Personality Disorder, we will see that their childhood experiences involve

repeated exposure to ‘care-giving’ figures who were cooperating in the perverse intent to abuse, disfigure, and ultimately destroy the developing personality of the child.

For adults with MPD, they have often experienced from earliest childhood overwhelming evidence of an obstacle to their pursuit of the primary attachment goal, i.e., the wish to be heard, seen, held and understood. Quickly, they would have learned that to expect such understanding was radically mistaken. They learn instead to retreat and advance with another, deeply self-protective goal in mind, i.e., the wish to be dumb, invisible, left alone, and not interfered with. In such circumstances it is of course adaptive for the developing individual to restrict awareness of the previously mistaken (yet inherently secure) goal together with the horrid pain experienced when pursuing that goal. Indeed, physical closeness rather than becoming paired with the experience of the alleviation of distress, is instead associated with the experience of being physically (sexually) penetrated, starved, tortured, and made to witness, be responsible for (or be the victim of) human child sacrifice. It is thus likely that adults with MPD, who provide credible accounts of growing up in a context where abuse, killing, and perhaps eating of children was a core thread in the ‘family’ culture into which they were born. Moreover, this culture often has an identifiable history extending across multiple generations. This, it should be added, is what is meant as ritual abuse (see Sinason, 2002).

For children who experience such unthinkable catastrophic trauma, it may be relevant to think about how chaos or catastrophe theory applies to their experiences. Recently, Lewis (2000) has provided an account of non-linear dynamical systems theory or chaos theory, distinguishes among three scales of influence upon the developing sense of self, each comprising discrete types of cognitive-emotion interactions with probable psychological and neurobiological mechanisms at work, (1) emotional interpretations; (2) moods; and (3) personality. Moving across these domains of experience from (1) to (3) there is a decreasing amount of flexibility and plasticity in the neurobiological and psychological system, such that the most profound constraining influences upon brain development and functioning arise when an experience is persistent over months and years and comes to be embedded in the personality structure of the individual. Change is possible and to be expected in response to changes, sometimes subtle, sometimes catastrophic, such that discontinuity in development is judged to be normative. While catastrophe theory emphasizes discontinuity in one’s developmental profile over time, the phenomenon of MPD requires that we acknowledge the possibility of radical discontinuity *within time*, arising out of overwhelmingly terrifying and repeated experiences, that consolidate into distinct, encapsulated personality organizations.

This proposal does not, of course, apply to normal development, but it may be normal for people developing in extremely abnormal and abusive caregiving environments. Normally, from an attachment perspective, we would agree that the cumulative quality of one’s interactions with caregivers over the first many months of life inform the child’s evolving internal working model of the self-and-attachment figure(s). This sense-of-self-with-others guides the selection and interpretation of information relevant to attachment, qua survival. Out of these early interactions with the caregiver are formed the child’s evolving personal synthesis of meaning structures. When experiences are more-or-less sensible or coherent the child will develop an organized and coherent sense of self and others that is oriented toward trust and hope (the well-known secure pattern) or toward

mistrust and despair (the insecure avoidant and resistant patterns). With respect to the tendency toward avoidance or resistance, personal integration and the resulting sense of self is skewed toward under- (avoidant) or over- (resistant) awareness of negative experiences and emotions.

Crucially, it is caregiving factors not child temperament factors that are identified in multiple research investigations as the primary determinants of early infant-caregiver patterns of attachment (see Vaughn & Bost, 1999). In other words, a well-cared for child, *whatever his or her initial temperament*, will develop a secure attachment – though it is admittedly particularly challenging to care for a baby who is *initially* a highly irritable child. The word ‘initially’ is written in italics above on account of the consistent evidence that babies with negative emotional profiles in the first few months may come to develop a more positive emotional outlook by the end of the first year. For example, if cared for by parents who themselves have a co-operative marriage and/or other sources of social and emotional support available to them, ‘irritable’ infants may develop a more agreeable emotional profile by 9 months (e.g., Belsky, Fish & Isabella, 1991), and a secure infant-mother attachment at 12 months (e.g., Crockenberg, 1981; van dem Boom, 1994).

When infants’ experiences of their caregiving environment are nonsensical, such as being abused by the parent who alternately provides care, the possibility of arriving at a coherent internal synthesis of the meaning of the attachment relationship is fundamentally compromised (Lyons-Ruth & Jacobvitz, 1999). The insecurity arising in the child’s attachment to an abusive caregiver goes beyond the ‘normal’ insecurities known as avoidance or resistance (see Boris & Zeanah, 1999). The term given to describe the abused baby’s internal experience is the very same term Bowlby used to describe the adult’s normal response to the loss of a loved one, i.e., disorganization and disorientation – the loss of a sense of place and time – not knowing where one is or where one is going (Main & Hesse, 1990; Solomon & George, 1999). These considerations are especially relevant to the current paper as the early and ongoing childhood experiences of persons with Dissociative Identity Disorder invariably involve abuse. We turn next to detailing the picture of these individuals’ experiences which emerges from interviewing them with the Adult Attachment Interview (George, Kaplan & Main, 1985) but first review efforts to date, of applying the AAI (developed in the context of research with non-clinical, low-risk, samples) to clinical and high-risk samples.

APPLYING THE STANDARD CATEGORICAL SCORING SYSTEM TO NON-STANDARD EXPERIENCES AND CONDITIONS

Early efforts to apply the Adult Attachment Interview in clinical contexts have revealed that loss and trauma experiences are highly common in psychiatric samples (e.g., Wallis & Steele, 2001). With respect to specific (sometimes comorbid) diagnostic groups, borderline personality disorder has been associated with high prevalence of unresolved and insecure-preoccupied interviews (Patrick, Hobson, Castle & Maughan, 1994, Fonagy et al., 1996); eating disorder disturbances have been linked to unresolved and insecure-dismissing interviews (Fonagy et al., 1996); and suicidality

has been associated with unresolved and 'disorganized' interviews (Adam, Sheldon-Keller & West, 1996). There have been two forensic studies reporting on the administration of AAIs to prisoners incarcerated for crimes against people and/or property (Van IJzendoorn et al., 1997; Levinson & Fonagy, 1998). These Dutch and British studies provide convergent evidence that the prison population is likely to include individuals who have been physically abused in early life, prone to denying the significance of these experiences, and presenting with an overall dismissing stance toward attachment.

In ways that are becoming increasingly evident, the very meaning of the commonly used adult attachment classifications (dismissal, preoccupation, autonomy-security, and unresolved) may require expansion and redefinition for individuals from prison and hospital samples. As Turton, McGauley, Marin-Avellan & Huges (2001) discuss, many apparently unique speech acts occur in interviews from these sample. For example, Turton et al. describe a deeply entrenched attitude of self-derogation (one not seen in standard low-risk samples) which is highly common in many forensic and psychiatric samples. More recently, Lamott, Fremmer-Bombik & Friedemann (2004), have written about 'fragmented' attachment representations in a forensic psychiatric sample of women convicted of murder or manslaughter.

EMERGING RECOGNITION OF PROFOUND THREATS TO SELF-INTEGRATION AND ORGANIZATION OF FEELINGS AND THOUGHTS CONCERNING ATTACHMENT

As Adam et al.'s use of the word 'disorganized' suggests, what the standard scoring system takes for granted, i.e., a primary, integrated and more-or-less organized mental and emotional stance toward attachment, may be fundamentally lacking in some speakers. This was a phenomenon noted by one of the individuals closely involved with the development of the interview coding system who has also studied a great number of interviews from clinical populations (Hesse, 1996). Hesse's (1996) brief report suggested that a likely conclusion from considering some interviews, particularly those from clinical samples, is that they should be assigned to a 'cannot classify' category because they contain deeply divided states of mind concerning attachment. For example, a speaker may be insecure-dismissing with respect to a physically abusive father, e.g., speaking of him in a cool, non-feeling and uncaring manner, while being insecure-preoccupied with respect to an occasionally very caring mother who failed miserably at protecting the child, e.g., speaking of her in a heated, angry and involving manner. This is but one of many pathways that may lead to an attachment interview that is impossible to classify in a singular way—the common element to all these pathways is severe and repeated experiences of trauma. The long-term debilitating consequences for victims of ongoing abuse during childhood have been described as 'soul murder' (Shengold, 1989) suggestive of the severe failure at personal integration and meaning making being suggested here. It was expected then, that the attachment interviews collected from patients near the start of their psychotherapeutic treatment at the London Clinic for Dissociative Studies would be impossible to classify in any singular way.

OBSERVATIONS FROM ADMINISTERING THE
ADULT ATTACHMENT INTERVIEW TO
INDIVIDUALS WITH DISSOCIATIVE IDENTIFY
DISORDER

**Some technical considerations when administering the AAI to an individual with
Dissociative Identity Disorder**

Presented with the opportunity of interviewing people with DID, I had first to consider whether I would address each personality in turn, or challenge the speaker to provide a singular account of past attachment experiences and current appraisals. I favoured the latter strategy believing that to follow the former strategy could be judged as colluding with the presumed multiple personality structure, and what guarantee would I have that 'all' personalities would be available to be interviewed? I therefore begin each interview by telling the interviewee that the questions I would raise follow an established procedure for learning about the possible effects of early family experience upon adults' thinking, feeling and behaviour. I would further point out that the interview is in wide use throughout the worlds' universities and research centres. Finally, I state that I am interested in the extent to which listeners can call on one voice from within to tell the story of the different things that have happened with parents and other caregivers during childhood, as well as telling of how one currently thinks and feels about all that has happened in one's early family experience. Notably, for the beginning of every interview—always including my above mentioned introduction—the individual's therapist is present. After a few minutes, and well before the question concerning 'please provide five adjectives that describe your childhood relationship with your mother' is asked, the therapist asks the interviewee if s/he feels comfortable with the interviewer, and thereafter takes his or her leave. Notably, on a few occasions, where the safety of the interviewee and those around her is judged to be at-risk, accompaniment may be provided by chaperones (often nurses). On one occasion when the interviewee suddenly shifted into a particularly violent 'alter', I was grateful for the restraining presence of these chaperones. Because the interviewees are all in therapy before and after the administration of the AAI, there is the possibility of allowing the interview to inform the therapy and for the interviewer to be informed by the therapist about the interviewee's experience of being interviewed. To date, at the Dissociative Disorders Clinic in London the AAI informs the course of therapy only insofar as the individual patient may refer to it. Interestingly, interviewees have often reported to their therapists that the stance of the interviewer was experienced as a threat, i.e., insofar as he assumed there might be *only one* voice which could be relied on to tell the story of one's early family experiences. Nonetheless, all patients so far asked to be interviewed, have agreed.

Multiple dissociation in the context of the Adult Attachment Interview

The interviews have occasionally produced narratives that arise from multiple identifiable personalities who each speak for a time before retreating and giving 'the floor' to another voice and discrete personality organisation. Further, each of these persons appears to have an identifiable origin in the speaker's gravely troubled childhood history. Curiously, when different 'alters' appear in the same interview

they predictably correspond to different attachment patterns, serving distinctive functions. Notably, some of these distinctive personalities appear more child-like or, alternately, more adult-like and metacognitive than others. It appears as if each personality has a particular life course, linked to their birth and capacity to rise above or succumb to the abusive culture which constitutes the family of origin for all these victims of catastrophic child abuse.

Schematically, Figure 1 depicts the associations I have observed between speech patterns identifiable in Adult Attachment Interviews from patients at The London Clinic for Dissociative Studies and personality organizations evidently born out of trauma. All those connected with a traumatic event, i.e., the perpetrator, the victim, the bystander, and, hopefully, the survivor can be seen in this model, together with the adult attachment patterns they are likely to be associated with.

Figure 1 points to each of the increasingly well known adult attachment patterns and the personality types they are arguably linked to. The surprising message of this paper is the co-occurrence in the same interview of so many incompatible attachment orientations. Usually an interview can be reliably assigned to one of 15 Adult Attachment Interview subtypes. For the current sample, however, the same interview may qualify for membership in many different subtypes, including a mix of dismissing, preoccupied, autonomous, and unresolved subgroups.

For example, with respect to autonomous-secure classifications that arise in interviews from adult speakers with DID or MPD, three of the eight autonomous sub-classifications can be observed, ranging from the coherent escape from extreme adversity noted in F1b and F3b interviews to the continuing involvement but ultimate freedom from past trauma evident in F4b interviews. At the same time, I should emphasize evidence of unresolved mourning and alternate (insecure) patterns are rarely far from the surface, and thus, all these interviews fit the ‘can’t classify’ (Hesse, 1999) group. Here, in this argument, is an account of why the interviews of some speakers are impossible to classify in any singular way.

Figure 1 also indicates that dismissing patterns, especially the derogating Ds2 subtype is typical of aspects of the victim of trauma which become organized through a turning of passive into active, so that the speaker assumes a protective stance toward more vulnerable fellow personalities, derogating the abusive attachment figures and

AAI patterns	Personality organisations emerging from trauma
Dismissing	Perpetrator/bystander/witness
Preoccupied	Victim/bystander/witness
Autonomous	Bystander/witness/survivor
Unresolved	Victim/bystander/witness/survivor

Figure 1 Adult Attachment Interview patterns and personality organisations born of catastrophic trauma

anyone who questions the 'solution' achieved by living with MPD. An example of this self-protective hostility (toward the interviewer) is given below in the interview excerpts.

As Figure 1 suggests, preoccupied patterns (especially the passive E1 sub-type) seem to be a common vehicle for victim personalities to express themselves. In every interview I have conducted with survivors of ritual abuse, there is evidence of a number of still, small voices (each with their own claimed personality) that appear to be in close contact with one or other core traumatic experiences. Frequently, these voices are too timid to be heard, but a clear sense of preoccupation surrounds them. Their 'identity' is often alluded to by stronger voices or personalities with whom they are 'twinning'. These fellow personalities are frequently very assertive (survivor or observer personalities), even hostile Ds2 in style. Importantly, their self-proclaimed strength, function and origin seems to derive from offering some protection vital to survival for the other passively preoccupied (victim) aspects of the self or multiple personality organization.

Present in almost every voice I have heard in the interviews I have collected, there is a common thread of unresolved mourning regarding the past losses and traumata suffered. Thus Figure 1 shows how, across perpetrator, victim, survivor, and witness/observer/bystander personalities, the unresolved classification is often appropriate. Absorption and guilt with respect to past abuse or loss, on the one hand, and an unsuccessful denial of abuse on the other hand, are some of the frequently evident signs of how the pernicious influence of past horrors intrude upon the present.

A further note about Figure 1 would concern the face validity of this approach. This stems from every report of catastrophic trauma on record at the London Clinic for Dissociative Studies. Namely, there are victims, there are bystanders, and there are perpetrators. In the interviewing I have done, I have met with many victims and many bystanders/observers. The perpetrators are present too, but this is less obviously presented in the occasional highly derogating (Ds2) voice that appears, where the listener's fear is palpable. Where this identification with the aggressor becomes a dominant personality organization multiple personality disorder may be averted in favour of a psychopathic or anti-social personality disorder. This would appear to be the choice made by many of the brothers of the women I have interviewed. The disturbance and fragmentation, in these cases, would be an outer- rather than inner-directed process evident in the interviews I have collected. The paper turns now to these women who have shared their stories of having survived unrelenting trauma in response to my administering the Adult Attachment Interview.

ILLUSTRATIONS FROM THE INTERVIEWS

One woman presented with a surface personality that was pleasant, polite, and valuing of attachment (she was in fact engaged to be married). Yet this same speaker was also troubled by what she described as a distant and difficult relationship she has with her mother who rejected, abused and abandoned her (suggestive of a mildly preoccupied and resentful type of hard-earned security/autonomy). But as the interview progressed, a series of different attachment patterns were represented by a series of distinct voices/personalities. Curiously, at no point in the interview did I deliberately seek to elicit another voice/person with a different view from the one

being expressed by the 'current' speaker. Staying with the present example, a marked shift was introduced by a question about who cared for her after her mother abandoned her at age 5? A different more hostile voice emerged to tell me that 'care means chronically abused and ruined emotionally'. This was now a male voice, not a female one, who had a tough observer 'big brother' status in the interviewee's life. He spoke with severe disapproval of any attempt by the surface personality to repair relations with her mother, saying 'I think she should tell her mother to fuck off after all she's done to her ... make her face up to reality, make her listen to what we went through'. The content of what 'we' endured includes ongoing ritualized abuse over many years perpetrated and maintained within the context of being in the care of governmental social services. Interestingly, beyond the horrendously abusive experiences suffered within the context of services set up to protect children, what was perhaps the strongest source of ongoing suffering for this interviewee (in all her persona) was the abandonment by her own mother. This relates to a theme uniting many of the narratives provided by individuals suffering from DID, i.e., that it is often not the abuse *per se*, but the betrayals by trusted caregivers and family members which appear to have the most profoundly disruptive influences upon the developing child's attempts to maintain an integrated sense of self.

Adult Attachment Interview questions concerning memories of being upset and hurt are often the impetus to a different personality appearing as one alter sees the opportunity to rush to the aid of another incapable of giving words to the details of pain experienced during childhood as in 'she can't answer that 'cause she doesn't want to know but *I* can tell you what we went through'. For these individuals who dissociate within the context of the Adult Attachment Interview, showing evidence of (some of) their different personalities, the dissociated identity disturbance seems to be very much ego-syntonic (to borrow from a psychoanalytic lexicon) or accepted as the only working solution to severe relationship problems.

Yet at the same time, there is pronounced fear or anger at the suggestion, or possible suggestion that the diverse persons should become integrated into one. This would, of course, mean the death of all but one. I was made to feel keenly aware of this issue when interviewing a woman who began to speak of the abusive experiences in her past and was doing so in fearful and tearful preoccupied manner. Immediately, it seemed, an 'alter' rushed to the rescue and demanded in a harsh, male and accusing voice, 'who the hell are you?' When I remarked on my affiliation with the therapeutic goals of the Clinic of Dissociative Studies, the male voice/person lunged forward cursing me and attempting to attack me for *wanting to kill him*. I was thankful on that occasion that the speaker had been accompanied by two minders or helpers who needed to physically restrain her from (potentially?) assaulting me. The situation was only alleviated when I clarified by status as a 'researcher aiming to understand how childhood experiences influence the person or people we become as adults'.

Other attachment interviews with this same population point to a concerted effort on the part of one personality to tell the story of her upbringing, from a meta-personal perspective, referring at times to previously dissociated experiences which become integrated. This evident attempt at achieving a coherent personal synthesis is not without its pitfalls, namely in terms of the heightened fear and anxiety that accompanies the one who has achieved control over others whose identity is not entirely denied. One such interview began with the female speaker confessing how desperately anxious she was at facing the task of telling the story of her childhood

experiences with caregivers. An hour-and-a-half later when the interview ended, she confessed how very hard it is to hold herself together free of a severe anxiety (panic) attack. This she indicated was only managed by fixating her attention on the next task she has to execute, e.g., walking to the bus stop, then waiting for the bus, then paying the bus driver and so on. Were she to let her mind wander from the task at hand, an overwhelming flood of fearful anxieties awaited her. When the speaker alluded to 'other personalities' in her interview; namely, others who could convey the unintegrated details of her terrifying past, she did not 'split' and assume another voice/personality. Instead, what I observed was a woman struggling to achieve a sense of integration and coherence with respect to an extraordinarily painful childhood history, including ritual abuse (including animal sacrifice) and the painful experience of being betrayed by her older brother. This was an older brother who had helped her to survive the concentration-camp like persecutions the both of them were made to suffer. Thus, the devastating blow to her when he fully identified with and joined the cult rather than resist as the 'speaker' did.

With respect to the diverse range of attachment patterns which appear in these routinely 'can't classify,' 'unresolved,' and 'multiply insecure' interviews obtained from individuals suffering from DID, there appears to be a preponderance of dismissing (persecutor) patterns. This is consistent with Liotti's (1999) suggestion that the initial (childhood) response to abuse is deactivation of the attachment system (at the expense of loss of cohesion in the sense of self). The corresponding behavioural strategy adopted by the developing child, or one or more of the developing child's non-integrated selves is identification with the aggressor (after A. Freud, 1946). Thus, infants with disorganized attachments (correlated with abusive caregiving) are prone to develop anti-social and aggressive behavioural profiles in the later childhood and adolescent years, as well as (though perhaps less readily observed) a tendency toward dissociation (Carlson, 1998).

ON THE POSSIBILITY OF RESOLVING CATASTROPHIC TRAUMA EVIDENT IN RITUAL ABUSE

It must be emphasized that when speaking of unresolved loss and trauma in this population, when these speakers refer to painful past happenings they are in the domain of very near unthinkable events and interactions, on the order of the most horrific examples of severe racial or ethnic 'cleansing'. For the victims of ritual abuse I have interviewed, the difference stems from the fact that the largely unremitting abuse (and this marks out the difference between this group and other victims of abuse within the family) is perpetrated by all the attachment figures in a child's experience, thus profoundly disfiguring the developing mind of the child. Consider the following account provided by one interviewee in response to the standard AAI question about past losses:

Interviewer: The interview moves on now to ask you about loss. What would you say was your first experience of the loss of a loved one?

Interviewee: Yeah ... I don't think I loved anybody. But there was somebody I cared about ... Erm, actually no I take that back there was one person I did

love ... and it is a memory that I have dealt with and the personality has integrated it into it me, so I remember it properly. Her name was Shelly and she was locked up in the cellar and she was a secret friend, or an attic, I was allowed to have. This was before the age, I must have been about six, and ... I don't know how much you know about ritual abuse but you are starved and all that, but i was allowed to sneak food to her, I mean, now looking back it's obvious that they must have known I was doing it, but they let me do it and they let me get very close to her ... we were sometimes allowed to play freely in the fields by the lake ... then ... they said that we had talked, I can't remember but my fault – somebody did talk, we'd done something really bad, like we'd spoken to somebody, we'd talked, somebody knew about her being in the attic – so she had to die. So Shelly was tied to a chair, erm ... and ... put on erm top of a large row boat. I was made to sit in the boat with my grandfather who was the chief power and dictator in the 'clan'. He was the whole time telling me that if I moved too much in one direction or the other Shelly and the chair world would fall in the deep water. Now neither of us could swim very well, and I was completely terrified and helpless. Sure enough the chair did fall in and as I heard Shelly's scream before she hit the water, he insisted it was all my fault, adding, 'go in after her ... try and reach her, see if you can untie her from the chair!' I was faced with the choice of drowning too, or living (as I have done) with the burden of guilt for Shelly's death ... so, I've always blamed myself for her dying (3 second pause) ... and she was my best friend, she was my only friend, after that ... I never ... got near anyone, I never did. That's one memory I've dealt with ... and Alter M was the personality that dealt with that for me at the time when I couldn't, and that has now been integrated—and I think Shelly would be proud to know of how I've worked toward survival and integration.

Regarding the possibility of resolving loss and trauma such as this, so that the overwhelmingly terrifying situations acquire the characteristics of belonging to the speaker's past where the speaker is free to speak of them or not, the process of mourning is inevitably a long one. Therapy research, with respect to severely and repeatedly traumatized individuals such as those referred to in this paper, has yet to conclude whether this process may be ever completed, or is necessarily an ongoing life-long process. Two important stumbling blocks in the recovery process may be detected from the attachment interviews I have so far collected. First, there is the issue of loyalty to the abusive parent(s) for, as Bowlby commented, it is difficult for a child to think of mother in any terms other than good ones (cited in Bretherton, 1998). Second, there are the perverse and deep connections in the minds of these victims of incest tying together the experiences of sexual excitement, submission, awe of power, pain and attachment. Quite how the abusive attachment figures can be acknowledged for what they were, and a more normative pattern of intimacy with a benign loved other may be established and maintained, must be among the chief questions of any therapeutic endeavour with these remarkable survivors of ritual abuse.

Since beginning this paper, the 11-year old with the sprained ankle who held my attention at the time, has long since recovered from the trauma and has joyfully reclaimed her leg as her own. At the other extreme of trauma are the women who allowed me to interview them about their complicated dissociated histories, who

every day face terror, darkness and the allure of escape through self-destruction. Perhaps there may be some solace for them (and their therapists) in conceiving of the difficulties experienced by them in terms of the frame of reference provided by the Adult Attachment Interview. Survivors of unrelenting catastrophic abuse, whose modes of coping reflect the full range of adult attachment patterns, deserve no less than our willingness to believe their stories of catastrophic trauma, and respect their need to bear witness. Perhaps this will help these brave victims toward integrating all their experiences into a singular, or at least co-ordinated, personal synthesis permitting a new dramatically more secure attachment organization to arise out of so many prior disorganizing catastrophes. Ayoub, Fischer & O'Connor (2003), applying dynamic skills theory to this problem, have recently illustrated how hidden family violence may ultimately give rise to the construction of advanced, complex, internal working models. One expression of this hope may be found in the poem titled 'Love Song', penned by William Carlos Williams in the early part of the 20th century:

Sweep the house clean.
Put on a new dress and come with me.
Who shall hear of us in times to come?
Let him say there was a burst of white fragrance from black branches.

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