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**The relationship between insecure early attachment and intimate partner abuse:  
A case study**

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## **Abstract**

Feminist theory locates intimate partner violence within a social, emotional and political discourse of silencing a non-dominant group. This thesis expands on feminist thinking and considers insecure early attachment in the evolution and maintenance of later intimate partner violence. It reflects on the complex interplay between insecure attachment, particularly ambivalent/preoccupied attachment, and experiences of trauma in the development of borderline personality disorder. The study employs a qualitative in-depth single-case design to explore the subjective experience of early attachment and intimate partner abuse from the perspective of a South African woman with borderline personality disorder. Case material was generated within the intersubjective space of a therapeutic relationship over a ten month period, and illustrates the far-reaching effects of early attachment relationships on adult functioning.

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## Introduction

This study employs the single case study method to illustrate the link between early insecure attachment relationships and intimate partner violence. The study traces the personal history of a 49-year-old South African woman who is the survivor of psychological, physical and sexual abuse which began in her early childhood. Her story has been assembled within the collaborative context of a therapeutic relationship, which spanned the course of nine months. This study examines the links between this woman's early attachment experiences and her later experience of an intimate relationship within which she was abused for a period of fifteen years. The study explores how the early establishment of her pattern of interpersonal functioning contributed to the maintenance of this abusive relationship, as well as how it maintains her current functioning.

Attachment theory has made significant advances into current understanding of abuse in intimate relationships. Insecure infant attachment, which promotes the dysregulation of affect and undermines the capacity to mentalize (Fonagy, Gergely, Jurist, & Target, 2004) is thought by attachment researchers to be at the core of abusive adult relationships (Babcock, Jacobson, Gottman, & Yerington, 2000). Mayseless (1991) suggests that violence in intimate relationships is more likely to occur between partners who act as attachment system 'triggers' for each other, in particular in adults with ambivalent (preoccupied) attachment styles. In addition to the link between infant and adult attachment styles, Main, Kaplan and Cassidy (1985) explain that these patterns of attachment can be transmitted across generations, from parent to child, thus perpetuating a particular cycle of relational styles. These findings have various implications for the treatment and work with survivors of intimate partner violence.

Some traditional understandings of intimate partner violence have their roots in feminist theory, which considers the socio-political contexts of violence towards women. Brown (2004) locates abuse of women within a social, emotional and political discourse of silencing members of a non-dominant group. Although feminist theory does not deny the links between trauma and borderline personality disorder, writers such as Brown (2004, p. 467) assert that "the problem is situated not in the character of the suffering person, as is true for the construct of personality disorders; rather, it is viewed as a pattern of coping and survival in response to a traumagenic relational milieu". Whilst this study is in keeping with this understanding, it

diverges from feminist thought by looking closely at the complex relational patterning set up in early childhood and the ways in which this both informs and maintains interpersonal functioning, within a context of abuse. The intention of this study is to tease out the complex personal and social implications of these early attachment failures, and to examine the ongoing role that victims of abuse play in the maintenance of particular patterns of relating, as suggested by Bateman and Fonagy (2004).

The experience of early and ongoing trauma is thought to have a disruptive effect on the structural formation of the self (Herman, 1994) and has been linked to the later development of borderline personality disorder (*DSM-IV-TR*, 2000). Fonagy, Target, Gergely, Allen and Bateman (2003) further elucidate the developmental roots of borderline personality disorder in early attachment relationships, explaining that disruptions to the child-caregiver relationship within the first few years of life have significant and enduring implications for the child. One such implication is the dysregulation of affect, which results from misattuned mirroring experiences. Fonagy et al. (2003) explain that if the infant does not have his or her emotional experiences mirrored by a caregiver, these feelings remain unlabelled and confusing. By mirroring the infant's affective displays, the caregiver plays a regulatory role and the child is then able to integrate these representations of their mental states, which form the core of their developing sense of self. Linked closely to affect regulation is the capacity to mentalize, which Fonagy et al. (2003) describe as a capacity to think about mental states as separate from, yet able to cause and influence actions in the world. Mentalization is the capacity to think reflectively about the intentions and implications of people's internal experiences, something people with borderline personality disorder have great difficulty with.

This study draws on current attachment literature on intimate partner violence, and is located within a framework of intersubjective understanding of the therapeutic relationship. This tradition considers that meaning is continually co-created within the intersubjective field of two subjectivities, which then informs further meaning making by both the patient and the therapist (Buirski & Haglund, 2001). It is thought that the therapeutic relationship sets up particular repetitions of early selfobject relationships, which provides useful material with which to begin to understand both the structure of meaning for the patient, as well as their experience of these interactions (Stern, 1994). In this sense the therapeutic relationship provides a unique avenue of insight into this client's early attachment relationships, and her

consequent abusive marriage. As each therapeutic relationship is unique, the single case study is an appropriate research method for these purposes. Finally, it is hoped that this study serves to add to the understanding of the complex relationship between early insecure attachment and intimate partner violence.

## Literature Review

This section provides an outline of the body of literature which forms the theoretical underpinning of the case study. The literature reviews the history of attachment theory, including current thought on the relationship between intimate partner abuse and early attachment. It then outlines the interface between attachment theory, Self psychology and Intersubjectivity in relation to the therapeutic relationship.

### The history of attachment theory

#### *John Bowlby and attachment theory*

John Bowlby conceptualised the attachment bond between a mother and infant as being a biological behavioural mechanism of survival which promotes the protection of the infant. Although attachment behaviours are most obvious during the beginning years of a child's life they are evident throughout each life stage, but are most notable at times of crisis when the individual is afraid or under stress (Bowlby, 1988).

Bowlby emphasised the evolutionary nature of this *attachment behavioural system* as a means of increasing the likelihood of survival and enhancing chances of later reproduction (Wallin, 2007). His theory of attachment posits that the infant is biologically programmed to seek proximity to the mother as a means of survival through three behavioural systems (Fonagy, 2001).

The following three behavioural systems are categories of innate behavioural responses to threat and insecurity. By promoting proximity between the caregiver and child, these behavioural systems promote and regulate early development and learning (Fonagy, 2001).

1. *The attachment system* includes aversive behaviours such as crying; behaviours such as smiling which draw the adults attention; and skeletal muscle activities such as clinging and crawling which further promote physical proximity (Fonagy, 2001). Through these behaviours the infant seeks, monitors and attempts to maintain proximity to the prominent caregiver in order to survive (Wallin, 2007).

2. *The exploration system* (Fonagy, 2001, p. 9) includes using the attachment figure as what Ainsworth (1963, cited in Wallin, 2007) called the ‘secure base’ from which to explore the environment. The security of a child’s attachment will thus influence development of the autonomous self.
3. *The fear system* (Fonagy, 2001, p. 9) involves the use of the attachment figure as a ‘safe haven’ in situations which raise alarm, during times of both actual and perceived danger (Wallin, 2007). Children who are securely attached will seek proximity and protection from their attachment figure during such times.

Wallin (2007) highlights that in addition to the purpose of protection, the goal of attachment behaviour is reassurance of the attachment figure’s ongoing availability. Furthermore, this use of ‘availability’ implies emotional responsiveness as well as accessibility of the attachment figure. Bowlby (1969, cited in Fonagy, 2001) explains that children may seek out their attachment figure at times when their fear system has not been activated and that these behaviours can be explained by the activation of the *sociable or affectional behavioural system*.

During childhood children may form numerous attachment bonds with caregivers and prominent adult figures, however, it seems these relationships are organised hierarchically in terms of the amount and quality of contact of these relationships (Bretherton, 1980 cited in Fonagy, 2001).

### ***Mary Ainsworth and attachment patterns***

Since John Bowlby’s seminal works on attachment, various authors have contributed to this important body of work, considering both the mechanisms of and the far-reaching effects of the early mother-child dyad. Mary Ainsworth’s invaluable contribution to this body of attachment literature is most notably her hypothesis testing of Bowlby’s work on the biological attachment systems.

Ainsworth suggested that the attachment systems are “*malleable* – and that qualitative differences in the attachment behaviour of individuals depend on the differential behaviour of

caregivers” (Grossman, 1995, cited in Wallin, 2007, p. 16). Ainsworth went on to outline particular patterns of communication within the primary dyad, which promote different attachment styles in infants. The mother as a ‘secure base’ was crucial to the study of the Strange Situation which delineated three distinct attachment styles (Wallin, 2007). The Strange Situation is a laboratory experiment developed by Ainsworth et al. (1978, cited in Fonagy, 2001). Over a twenty minute period an infant is exposed to two short separations from their mothers, for a period of three minutes at a time. Ainsworth et al. (1978, cited in Fonagy, 2001) suggested that the infants’ behavioural responses to both the separation from and reunion with their mothers’ are indicative of their attachment styles with their mothers. These attachment styles are described below:

#### *Secure attachment*

Infants who are securely attached display exploratory behaviour when they feel safe, and proximity seeking behaviour when they do not, appearing to be able to access these impulses equally. Mothers of securely attached infants are thought to be consistently attentive and responsive to their infant’s internal experiences and needs, in a sensitive and timely manner (Wallin, 2007). These mothers are those who Winnicott termed the ‘good enough’ mother, who support the development of the infant’s physical and emotional autonomy (Wallin, 2007).

#### *Insecure attachment styles*

##### *Avoidant attachment*

In the Strange Situation, avoidant infants explore continuously and appear to be calm on both exit of and re-entry of their mothers. What is important to note is that although these infants appear calm, research shows that both their heart rates and their cortisol levels are elevated (above that of secure babies) on their mother’s exit of and re-entry of the room (Wallin, 2007). Ainsworth suggested that their seeming lack of concern at their mothers whereabouts acts as a defensive structure in response to their mother’s inhibited emotional responses, aversion to physical contact, or lack of warmth toward them. Mothers of avoidant babies are consistently unavailable, and might be verbally or physically rejecting (Wallin, 2007).

##### *Ambivalent (preoccupied) attachment*

Ainsworth identified two types of ambivalent babies in the Strange Situation – angry infants and passive infants. Both types of infants were preoccupied with their mothers even while

they were in the room and tended to explore less readily. They showed great distress on their mother's exit, but were unable to be soothed on their return. The angry infants either rejected their mothers on their return, or threw tantrums of protest while the passive infants seemed unable to approach or to be comforted by their mothers (Wallin, 2007). These children tend to adopt an up-regulating stance in which affect is exaggerated in an attempt to draw and maintain their caregivers' attention (Fonagy, 2001).

Mothers of such ambivalent babies tend to be unpredictable in their responses, or inconsistently emotionally available to their infants. They may also actively interfere with their infants attempts at autonomous exploration (Wallin, 2007). The mind state of these mothers is often characterised by "confusion, anger, and ambivalence", which is evident in their interactions with their infants (Cassidy & Berlin, 1994, p. 982).

#### *Disorganized attachment*

The disorganized attachment style was identified some twenty years later by Main and Solomon (1990, cited in Wallin, 2007) who discovered a small number of infants in the Strange Situation who did not fit any of the above classifications. These infants experience the attachment figure as simultaneously a source of comfort and as a source of danger. They are consequently caught between seeking out and fearing their parent in times of distress. Parents are perceived by these children as frightening, frightened or dissociated which results in a sense of disorganization or disorientation in the child (Wallin, 2007). Lyons-Ruth (2006) explains that these infants are tasked with having to cope with increased physiological responses to stress, whilst contending with inadequate strategies for soothing in relation to their caregivers.

### **Early attachment and the development of the self**

#### *Agency and the development of the self*

Bowlby (1973, cited in Henderson, Bartholomew, & Dutton, 1997) hypothesized that infant's early care experiences are internalized and become part of their personality structure. These experiences underpin mental representations of the self and others which begin to act as 'maps' for future interactions and relationships. These 'maps' are called *internal working models* (IWMs) which then shape the infant's expectations of the caregivers behaviour and

become an early format for memory storage and retrieval. IWMs provide the beginnings of a sense of self versus other, in which emotions and motivations can be inferred or attributed to others as being separate from the infant self (Fonagy et al., 2003).

Fonagy et al. (2003) suggest that there are five levels of agency of the self, which increase in complexity through normal childhood development, namely physical, social, teleological, intentional, and representational. Through these 'stages' children develop an increasing awareness of their sense of agency in the world, as well as the mental states of themselves and of others. Fonagy et al. (2003) emphasise that this development of a sense of self is inextricably linked to the awareness of mental states and agency. They go on to assert that "[a] full experience of agency in social interaction can emerge only when actions of the self and other can be understood as initiated and guided by assumptions concerning the emotions, desires, and beliefs of both" (Fonagy et al., 2003, p. 422). This normal developmental trajectory will be discussed with a view to understanding later discussion of the implications of insecure early attachment experiences.

*Physical agency* involves an infant's recognition of the effects of their actions on objects and the world. Watson and Gergely (1999, cited in Fonagy et al., 2003, p. 419) suggest that the infant is genetically 'programmed' to seek out stimulation that is response-contingent based, which enables them to "develop a *primary representation of his bodily self* as a distinct object in the environment, by identifying what he has perfect control over." This early sense of self may further prepare the infant for social interactions.

*Social agency* involves a similar recognition, but of the effects of the infant's behaviour on their social surroundings, namely the behaviour and emotions of their caregiver. Put simply, infants begin to realise that their behaviour brings about certain changes in the behaviour of others (Fonagy et al., 2003).

Around the age of eight or nine months the infant begins to discriminate between their actions and the outcomes of these actions. Importantly, the infant also begins to recognise that their actions can be a means to an end and that different actions bring about different changes in their environment. They are now able to choose the most effective action from a range of choices in order to bring about a desired effect, thus becoming *teleologic agents*. These

choices are however limited by their physical development and infants will act on their caregivers to bring about a desired effect (Fonagy et al., 2003).

During the child's second year of life they develop an understanding of their own agency, which is mentalistic in nature. They begin to understand that their actions can produce changes in the minds as well as bodies of others and that their actions are as a result of earlier states of mind, such as wishes and desires. They thus develop a sense *intentional agency* in the world. The infant is now also able to differentiate between their own wishes and those of others (Fonagy et al., 2003).

Between the ages of three and four years, children begin to understand concepts of people possessing knowledge and beliefs. They become *representational agents* in that they learn that their intentional mind states are related to, or represent, something in the world (Wellman, 1990; Perner, 1991, cited in Fonagy et al., 2003). Only around the age of six does a child begin to link and arrange memories of these intentional states and events in a causal-temporal manner by which their concept of self extends over time (Povinelli & Eddy, 1995, cited in Fonagy et al., 2003). James (1890, cited in Fonagy et al., 2003, p. 422) called this the "extended" or "proper" self.

### ***From mirroring to mentalization***

The development of agency in the infant is facilitated through early interaction with the primary caregiver, within the pre-conversational turn-taking structure of affective communication (Fonagy et al., 2004). Ford (2009, p. 45) notes that infants are biologically primed to seek and develop this "affect synchrony" with their adult caregivers through a complex interchange of visual and auditory communication. This communication is thought to begin at birth and serves to modulate the infant's affective states by making them manageable. This is achieved through the adult's mirroring of the infant's affect which is internalised by the infant as a representational model of their own experience (Fonagy et al., 2003). It is important to note that the caregiver's expression of affect needs to aptly reflect the infant's, while remaining distinct, so that the infant recognises the affect as their own and not their caregiver's.

Fonagy et al. (2003, p. 425) refer to the congruent, yet exaggerated display of the infant's emotion as "markedness". During these affective exchanges between the caregiver and infant, the infant recognises that the caregiver's affective display is contingent on their own behaviour, yet distinct from it. The infant comes to relate the caregiver's display as related to their own experience or current affective state. By affording such experiences to the child the sensitively attuned caregiver fosters a feeling of control in the infant, who begins to associate these experiences with positive changes in their own affective states. The infant thus begins to experience the self as a "regulating agent" who is able to modulate their affective states (Fonagy et al., 2003, p. 426).

These early affect regulating experiences are critical to the development of a stable sense of self for the child, who without them is unable to produce representations of their affective states. In order to adequately regulate the infant's experiences of arousal the affective communications between the them and their caregiver must be consistent and ongoing in nature, rather than intermittent (Lyons-Ruth, 2006). A consequence of this is that such children have difficulty distinguishing their own internal states from reality and do not fully develop their capacity for representation and reflection (Fonagy et al., 2003). Fonagy et al. (2004, p. 28) make clear that "[p]arents who cannot reflect with understanding on their children's inner experiences and respond accordingly deprive their children of a core psychological structure, which they need to build a viable sense of self".

Children who have not had access to this regulatory function from a caregiver are likely to operate in both a mode of "psychic equivalence" and in a "pretend mode" (Fonagy et al., 2003, p. 427). In the first mode of awareness, the child equates their internal experiences with external reality. This mode of being can be terrifying as internal fantasy is imagined to be equivalent to, or prescriptive of, external reality. In the other, pretend mode, the child disengages the relationship between internal and external states so that mental states have no influence or impact on external reality. Internal reality is then on the one hand terrifying real, or completely disconnected and unreal (Fonagy et al., 2003). Fonagy et al. (2003) explain that during the course of normal development these two modes of experience are integrated and the child achieves the capacity to reflect and mentalize. In the latter mode the child is able to experience thoughts and feelings as representations which have the potential to impact

external reality. These “inner and outer realities are seen as linked, but separate, and no longer have to be either equated or dissociated from each other” (Fonagy et al., 2003, p. 428).

Fonagy et al. (2003, p. 429) emphasise “that the capacity for mentalization is a developmental achievement greatly facilitated by secure attachment”, rather than an innate ability which children reach during development. The ability to utilise the capacity to make meaning of the actions and relationships has been operationalized by the authors as “reflective function” (RF). RF provides a reasonable understanding of the actions of self and others and implies an awareness of the relationships between beliefs, desires, emotions and actions within varying contexts (Fonagy et al., 2003).

### **The neurobiology of attachment**

As attachment is critical to survival, the human infant is biologically equipped for this task at birth. Schore (2002, cited in Wallin, 2007) states that healthy neural development depends on positive interactions between the infant and their mother. Ford (2009) explains that a secure attachment relationship not only provides nurturing and comfort, but is necessary for the regulation of emotion and the successful processing of information.

During early infancy sensations and bodily experiences set neural traces in the infant’s brain structure. Over time these neural pathways are increased, strengthened and consolidated according to the infant’s environment (Lewis, 2005, cited in Ford, 2009). Lewis (2005, cited in Ford, 2009, p. 33) explains that as these neural networks are carved into the brains structure, the infant loses “degrees of freedom” in terms of the potential of new neural trajectories. In other words, the infant’s brain and body begin to respond to the environment in a particular way as a result of early sensory experience. This limiting of new potential neural pathways serves as a very early structure of self.

During the second year of life there is a period of unusually rapid neuronal growth and ‘loosening’ of the consolidated neuronal networks, in which new neural connections can be forged and strengthened. Lewis (2005, cited in Ford, 2009, p. 33) refers to this critical period as a “developmental transition”, which occurs again only for a period during adolescence.

This early critical period of rapid brain growth coincides with and supports language development.

During early infant-mother interactions, the mother attunes herself to the internal states and experiences of the infant through a series of complex reciprocal facial communications (Schore, 2003). The mother does this by synchronising her activity level (level of stimulation) to that of the infant's during varying times of social engagement and periods of quiet disengagement. This provides an arousal-regulating function for the infant which acts as a precursor to psychological attachment (Schore, 2003). Attachment is in this sense "the dyadic (interactive) regulation of emotion" which is incorporated into the nervous system of the child (Sroufe, 1996, cited in Schore, 2003, p. 39). Schore (2003) highlights the importance of the mother's ability to monitor and regulate her own affect states (particularly negative affective states), in order to adequately provide this function for her infant.

The brain areas implicated in the integration and regulating of emotional states is the right orbitofrontal control system, which makes up part of the limbic system (Schore, 2003). The limbic system is thought to be responsible for the unconscious recognition and processing of facial expressions – vital to pre-attachment communication behaviours between mother and infant. In addition, the limbic system is implicated in memory, learning and motivation which are each essential to the experience and appraisal of the early attachment relationship (Wallin, 2007). The orbitofrontal system becomes the site for cognitive, as well as affective processing, and is thus thought to be the site responsible for generating internal working models, on which attachment styles are based (Main et al., 1985; Schore, 2003).

Ford (2009) emphasises the organic underpinning of attachment, self-awareness and the capacity to mentalize through emotion regulation and information processing. The brain's scaffolding of neural development has enduring implications for these capacities, which in turn structure their social interactions. This is supported by evidence of changing cortisol levels in the infant's neurochemical makeup (Lyons-Ruth, 2006). Cortisol is released into the body when one is faced with a stressful or dangerous situation to which there is no effective coping mechanism. Gunnar (1992, cited in Lyons-Ruth, 2006) explains that at birth human infants have a highly reactive cortisol release response, which gradually decreases during their first year of life. This underscores the importance of the caregiver's role in regulating the

infant's stress response during their first year, and tapering of this function as the infant's ability to self-regulate develops (Lyons-Ruth, 2006).

### **Adult attachment relationships**

Fonagy (2001, p. 28) reminds us that "Bowlby was unequivocal in his conviction that differences in the security of infant-mother attachment would have long-term implications for later intimate relationships, self-understanding, and psychological disturbance". Bowlby (1980, cited in Feeney & Noller, 1996) explained that the continuity of attachment styles is due to the internalised working models of self and others. These internal working models underpin personality formation and operate outside of one's conscious awareness. Feeney and Noller (1996) suggest that these mental models are further reinforced as they elicit certain types of behaviours from others which the self then comes to expect, in a self-fulfilling effect.

In adult relationships, partners act as reciprocal primary attachment figures for each other (Bartholomew, Henderson, & Dutton, 2001). Bartholomew et al. (2001) suggest that attachment styles in infancy predict similar attachment styles in adult relationships, so that secure or insecure patterns of relating are repeated later in life. Henderson, Bartholomew and Dutton (1997) support Bowlby's theory that children develop internal working models of their early experiences of a caregiver which contribute to their mental representations of self and others. This process is an ongoing one, with aspects of subsequent relationships confirming or altering this internal model (Henderson et al., 1997) as well as influencing expectations and behaviour within these relationships (Wallin, 2007). Building on this theory of the internal working model, Main et al. (1985) developed the Adult Attachment Interview (AAI) as a means of assessing the current attachment style utilized by adults in their current intimate relationships. This body of work has led to recent important research surrounding the role adult attachment styles play in the context of abusive intimate relationships.

### ***Abusive adult intimate relationships***

In the context of abusive relationships, the attachment system is thought to be re-activated by threat and fear causing an unusually strong attachment bond between the abused individual and the abusive partner (Bartholomew et al., 2001). Furthermore, if the experience of the abused partner is similar to earlier experiences in which they learned they are unlikely to

receive better treatment regardless of their response, they may begin to feel the abuse is justified or even to take responsibility for it. This sets up a cycle of abuse which is very difficult for either partner to bring to an end (Bartholomew et al., 2001).

Babcock et al. (2000) draw on the AAI to investigate the attachment patterns of violent and non-violent husbands in a bid to establish the attachment styles implicated in intimate partner violence. Their findings demonstrate that insecure attachment may lead to maladaptive affective displays which are linked to domestic violence (Kobak & Hazan, 1991, cited in Babcock et al., 2000). During such periods of dysfunctional affective displays each partner's respective attachment style activates the other's attachment system. Once the attachment system of each partner is activated this further interferes with their ability to regulate their emotional states. Due to high levels of arousal partners are also more likely to react to their own primitive attachment needs which heighten a need for proximity to the attachment figure in response to threat. Henderson et al. (1997) and Henderson, Bartholomew, Trinke and Kwong (2005) cite a preoccupied (ambivalent) early attachment style as a predictor for both receipt and perpetration of psychological and physical abuse as well as a risk factor for the successful disentanglement of abusive relationships.

Bartholomew (1990), and Bartholomew and Horowitz (1991) developed a two-dimensional, four category model of adult attachment, which contains an intersection of Bowlby's two dimensions: the 'positivity of the self' dimension, which indicates the individual's internalized self-worth, and the 'positivity of the other' dimension which reflects the perception of others as a source of safety and support. The model provides a useful map of adult attachment styles and predicts partner choices, expectations and behavioural responses within intimate relationships.

### ***Preoccupied adult attachment styles***

Bartholomew et al. (2001) reiterate that individuals with a preoccupied adult attachment style have had inconsistent insensitive caregiving experiences as children which they may have felt responsible for. Abusive behaviours in adult relationships may be seen as the adult equivalent of the infant's angry protest at being separated from their attachment figure (Bartholomew et al., 2001). Such adults tend to demonstrate an intrusive interpersonal style, are overly dependent on their partners, constantly needing praise or attention from others, and may

become anxious when they are separated from their partners. As they have experienced inconsistency they may expect their needs will not be met by their partners. As a result they display high levels of anxiety and engage in attachment seeking behaviours in an attempt to have their needs met. This sets unrealistically high expectations, which partners are inevitably unable to meet and this in turn serves to confirm the individual's expectation that they are worthless and unloved (Bartholomew et al., 2001). "Torn between a pathological need for approval from their partner and the terror of never feeling satiated in this regard, the preoccupied individual may become increasingly more demanding and potentially aggressive when attachment needs are not fulfilled (Bartholomew et al., 2001, p. 50). Walker (1979) suggests that not only are preoccupied individuals more likely to believe they are to blame for the abuse, or that it is at least justifiable, but that they are also more susceptible to apologetic displays following an abusive episode. This seems to confirm Bowlby's assertion that the intensity of the attachment relationship supersedes the quality of the relationship.

In most cases abusive relationships are bidirectional in nature making it very difficult to delineate the abuser from the victim (Bartholomew et al., 2001). Within abusive relationships physical and psychological abuse are closely linked with the latter shown to be as, if not more, harmful than the former (Follingstad et al., 1990, cited in Bartholomew et al., 2001). Bartholomew et al. (2001) corroborate this and state that particularly when both partners have a preoccupied attachment style, relationships tend to be mutually abusive. They explain that these couples' relationships are highly conflictual as they both require constant reassurance and support from one another yet seldom feel their needs are adequately met. Furthermore, these partners interact in a confrontational manner whilst simultaneously being easily injured making these relationships extremely volatile and subject to affective explosions and demonstrations of rage (Bartholomew et al., 2001).

## **Attachment theory, Self psychology and Intersubjectivity**

### ***The interface between theories in infant research***

There is now theoretical convergence between developmental, behavioural, biological and evolutionary thought on the nature, function and effects of early attachment relationships (Lyons-Ruth, 2006). Attachment theory provides insight into early experiences of joint attention and emotional arousal during early interactions between infant and caregivers. In

contrast to other primates, the human infant survives not by acquiring knowledge immediate to survival, but through learning to interpret and develop communication of affective and intentional cues in relationships with their caregivers, who ensure their survival (Lyons-Ruth, 2006). Lyons-Ruth (2006) comments that while early attachment theorists focused on the observable behavioural aspects of these early interchanges, the advent of Heinz Kohut's theory of the Self saw a shift in this focus toward the primacy of the intersubjective processes between infant and caregiver.

### ***Selfobject needs***

Central to Self psychology is the idea that subjective experience is influenced by the particular developmental needs of the self (Wolf, 1988). These developmental needs Kohut (1971) referred to as 'selfobject needs' which, if provided, sustain the self. A selfobject is an "internal, subjective experience of functions provided by others who are experienced as part of the self" (Gardner, 1991, p. 478). Such functions may also be provided by an inanimate object such as a favourite toy (Swartz, 2009). Caregivers act as selfobjects by mediating the infant's early experiences of self, through positive soothing experiences such as being held, rocked or stroked. During these early interactions the infant experiences the selfobject as merged with the self, but as the infant develops physically and cognitively the infant begins to differentiate his/herself from the selfobject (Swartz, 2009). The availability and responsiveness of selfobjects directly influences the cohesiveness of the developing self structure, which begins in infancy but continues throughout life (Kohut, 1977, 1984, cited in Banai, Mikulincer, & Shaver, 2005; Kohut, 1971; Wolf, 1988). These multiple internalisations of minute experiences of the caregiver form the basis of the infant's psychological structure (Siegel, 1996). Swartz (2009) explains that the form and urgency of the continuing selfobject needs depend on this early pattern of the caregiving matrix.

Kohut proposed that disruptions to the infant's sense of wellbeing are mediated by 'primitive grandiosity' (Swartz, 2009), a limitless sense of innate power, vigor and greatness, as well as the need to merge with the 'idealized parent imago' an idealized omnipotent figure who is a source of strength and calm (Gardner, 1991). Kohut described the need to be recognised, accepted, admired and affirmed by this idealised figure as 'mirroring needs' (Swartz, 2009). The internalisation of this idealized parent imago provides the basis for self-soothing and self-regulating, the process of which is referred to as the 'transformation of the idealized parent

imago' (Gardner, 1991; Siegel, 1996). A similar process is described by Fonagy et al. (2004) and Wallin (2007) during which the infant internalises the regulating function of the caregiver in order to regulate their affective experiences.

As the infant develops physically, cognitively and emotionally, it is inevitable that they experience manageable disappointments in relation to their limitations in these domains. Swartz (2009) highlights the importance of allowing children to experience these disappointments as they serve to positively modify the infant's sense of primitive grandiosity. A balance between an infant's sense of mastery and a realistic sense of their own limits is in this sense mediated by the caregiver toward a robust self structure, including a capacity to self-regulate.

Kohut identified a further selfobject need called 'twinship' in which an individual feels a sense of affinity with a like-minded individual or group (Kottler, 2007, cited in Swartz, 2009). This sense of being included in a family, or group fosters the development of a sense of community codes, social skills and empathy (Banai et al., 2005).

### ***Affective trauma***

Kohut considered the impact of intense or unmanageable affective experiences as traumatic, when it overwhelmed the psyche's ability to restore balance. He emphasised that the intensity of the affect, rather than the content, is traumatic and that trauma in childhood causes a failure of integration of the experience into the psyche. This failure to integrate occurs either when the demands of the affective experience are too great, or when the self structure is too immature or temporarily weakened (Siegel, 1996). Consequently, early trauma may have varying effects on individuals depending on the nature of the traumatic affect, its timing in relation to the individual's developmental maturity, as well as the strength of the ego at this time. Trauma is in this sense a subjective experience which can only be known by an other through 'empathic immersion' (Siegel, 1996). Kohut and Seitz (1963, cited in Siegel, 1996) cited trauma as the basis of psychopathology.

### ***Empathy and the therapeutic relationship***

Empathy in the Kohutian sense is a means of data-gathering or investigation through which the analyst comes to understand the subjective experience of the analysand, which Kohut

termed ‘vicarious introspection’ (Siegel, 1996). This consequent understanding is however not the aim of therapeutic intervention within the Self psychology framework. The aim of therapy is to strengthen the self structure by expanding the analysand’s ability to “identify, seek out and be sustained by appropriate selfobjects” (Gardner, 1991, p. 480).

Kohut demonstrated that the safety of the therapeutic relationship reactivates an individual’s unmet selfobject needs which are expressed through the transference relationship (Swartz, 2009). In each of the transference communications the client is communicating a particular selfobject need, which needs to be understood and met. A mirror transference involves the client’s need to be seen, admired or praised by the therapist, whilst an idealising transference involves the client’s need to merge with a strong, calming, wise selfobject. A twinship transference expresses the client’s need to establish common experiences between them and the therapist (Swartz, 2009). Despite their seeming separateness, these transference communications are not discrete and may be complexly bound together. Swartz (2009) cautions that these may differ during different stages of the therapy, as well as within and between sessions.

Under the rubric of Self psychology is a branch of thought called Intersubjectivity, founded on Kohut’s principles but focussed on the co-created experience of two subjectivities, the therapist and the client (Stolorow, 1992). Intersubjectivity, in contrast to other psychoanalytic theories, does not assume a common underlying human experience, but is concerned with the way in which people “form patterns or organize or structure their experience” (Buirski & Haglund, 2001, p. 14). In other words, the basic unit of analysis in intersubjectivity theory is the structure of the subjective world and the primary goal of the therapeutic process is to illuminate this structure (Stolorow, Brandchaft, & Atwood, 1987). This process of meaning making does not happen in isolation but is influenced by the subjectivities of both the patient and the therapist, and importantly, the relationship created between them. In this sense each therapeutic relationship is unique as a result of each member’s experience and meaning making pattern, as well as how these interact with each other.

The approach draws on the hermeneutic tradition of interpretation which holds that human beings are meaning makers, and that the meanings generated from subjective experience informs the way in which we go on to make sense of our later experiences (Buirski &

Haglund, 2001). Buirski and Brandchaft (2001) explain that the second task of therapy within the intersubjective approach is to begin to understand the way in which the patient makes sense of, and experiences the therapeutic dialogue created between themselves and the therapist. It is thought that the meaning the patient derives from the therapeutic dialogue will then inform their experience of the world, as well as the continuing dialogue. Stolorow (1992) states that as a result clinical phenomena cannot be viewed separately from the therapeutic context in which they took form.

Stolorow et al. (1987) suggest that transferences unconsciously organise the therapeutic interaction in two ways: the first is in the 'selfobject dimension' during which the client longs for the therapist to fulfil unmet selfobject needs; and the second is the 'repetitive dimension' in which the client "expects and fears a repetition with the analyst of early experiences of developmental failure" (Ornstein, 1974, cited in Stolorow, 1992, p. 2). Stolorow (1992) explains that the therapist's investigation of the patient's inner experiences, as told from their own perspective has the effect of consolidating the patient's experience, which is particularly important with patients who have experienced early developmental derailments. People with borderline personality disorder have a fragmented self structure as a result of these early derailments, making this exploration a particularly validating experience as they begin to relate to the therapist as the "missing and longed-for validator" of their psychic reality (Stolorow, 1992, p. 455). Stolorow (1992, p. 455) refers to this as "the self-delineating selfobject transference".

Intersubjectivity theory provides a constructive therapeutic climate for people with borderline personality disorder as it explores the experiences and impacts of subjectivities on each other, within the relative safety of the therapeutic relationship. "Therapy that is practiced from the stance of intersubjectivity theory weaves together an empathic listening stance and affect responsiveness to promote affect recognition, affect regulation, and affect integration in the patient" – each important tasks for the people with borderline personality disorder (Buirski & Haglund, 2001, p. 73).

### ***Trauma and the repetition compulsion***

Repetition forms an important part of both daily life and the intersubjective space within a therapeutic relationship. Russell (1998) distinguishes between repetition as personal habit and

the unconscious repetition of painful experience – the repetition compulsion. He describes the sense of familiarity yet elusiveness of these repetitions, that despite attempts to anticipate and alter them they remain education-resistant (Russell, 1998). The repetition compulsion and trauma are closely linked in that trauma implies injury and elicits a healing process, as an attempt to repair the trauma. The repetition compulsion is understood to be “an attempt to heal” – an attempt to replay the trauma in the hope of a different outcome or meaning (Russell, 1998, p. 3). Our experience of the present is coloured by our experience of the past, particularly traumatic experiences, influencing how we make meaning of present events as well as what we anticipate from the world.

“To whatever degree there is a systematic encroachment on the capacity to see things as they are, we can assume that this is because the present is being seen in terms of the past. It becomes a disorder in which memory is confused with perception. To whatever degree there has been trauma, it is inappropriately over-remembered and rendered as a present experience. Trauma *is* that which gets compulsively repeated” (Russell, 1998, p. 3).

Affective awareness and memory are integral to the repetition compulsion. Russell (1998) suggests that while trauma might be remembered in a cerebral sense, if this remains disconnected from the affective component of the experience, we compulsively repeat as a reaching toward this capacity to feel. Sontag (1966, p. 20) explains that communications which are separate from affect are dissociated from experience and become “false, inane, ignoble, weightless”. Such dissociated speech might therefore be considered a useful indication of unfelt affect in the context of trauma, which can then be explored within the relative safety of the therapeutic space. Thus one of the goals of the therapeutic relationship is to create an attachment experience within which the client feels safe enough to allow the repetition to unfold, in order to connect with this unfelt affect. However, the unfolding of the repetition creates the risk of losing connectedness with the therapist and it is for this reason clients urgently defend against this unfolding (Russell, 1998). In other words, the safety of the attachment relationship which allows the unfolding of the repetition makes the very unfolding personally risky to the client in two ways: the repetition may serve to confirm the initial trauma, and it may cause a rupture to the therapeutic relationship. The nature of the unfolding is unique to each therapeutic dyad as the therapist brings with them their own repetitions, their

own pockets of affective disconnectedness which need to be navigated through. Russell (1998, p. 20) highlights the importance of the therapeutic relationship to the repetition, arguing that “if there is no significant independent connection with an important other person, the repetition is stereotyped, highly predictable, virtually automatic, and safe”. However, within the relative safety of the relationship the repetition compulsion invites a crisis, through which the client might attain affective connectedness to past traumas and experiences. This is in keeping with Buirski and Haglund’s (2001) emphasis on the promotion of affect integration as a therapeutic task.

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## Research Method

The purpose of this chapter is to outline the methodology employed in this study and to highlight the motivation for the methodological decisions made throughout this research project. In order to explore the relationship between insecure early attachment and intimate partner violence, for this client, a qualitative in-depth single-case case study design has been employed. Atwood and Stolorow (1993) cite in-depth case studies as the primary approach of analytic theorists as they provide sufficient scope for the uniqueness of each intersubjective relationship. The case material contained in this study is located within the hermeneutic tradition of interpretation and analysis as suggested by Atwood and Stolorow (1993).

Stake (1995) cites qualitative research as distinct from quantitative research in the following ways: its emphasis on understanding, rather than explanation as the purpose of inquiry; the receptive, personal stance of the researcher, as opposed to the stance of the quantitative researcher who is encouraged to maintain control and distance from their data; and the construction of knowledge rather than the discovery of knowledge. Stake (1995) holds that the qualitative researcher attempts to make sense of the interrelationships between things in the world. This involves an awareness of the effects of their own consciousness on the study. This position coincides with the hermeneutic tradition of research in which the researcher is inextricably tied to the creative process of interpretation (Kvale, 1996). The hermeneutical circle involves the “continuous back and forth process between the parts and the whole” (Kvale, 1996, p. 48) which acts as a theoretical frame as well as a methodological activity.

Hammersley and Gomm (2000) explain that a case study design allows case material to be examined in greater depth than experimental or survey designs, and yields rich detailed data. Although case studies are commonly criticised for being subjective, Stake (1995, p. 45) argues for the importance of their subjectivity, maintaining that this subjectivity is an “essential element of understanding” which increases the value of the case study rather than diminishing it. Atwood and Stolorow (1993, pp. 27-28 ) maintain that “personality research can be fully understood only if viewed in the context of the individual’s personal world” which is located within that individual’s historical and experiential self development, as opposed to research traditions which attempt to examine personality in isolation. These authors suggest that psychological understanding is developed through an intersubjective

dialogue between two people which serves to elucidate the “inner pattern of life”. This pattern is made up of personal meanings which lend structure to the personality as a whole (Atwood, G. E. & Stolorow, 1993, p. 28).

Donmoyer (2000) cites two advantages of the vicarious experience case studies afford the reader, over that of direct experience, namely *accessibility*, and the advantage of *seeing through the researcher's eyes*. Firstly, a case study design allows the reader a wider exposure or access to experiences than they might ordinarily have had. Secondly, case studies are infused with the perspectives of both the individual being studied, and the theoretical underpinnings the researcher uses to guide and analyse their data (Donmoyer, 2000). Donmoyer (2000) suggests that a well-written case study might even serve to elucidate a particular theory which a reader might not be familiar with.

The two main criticisms against case study designs are that they are subjective and too limited to generate either generalizable statements, or to draw valid inferences. Stake (1995) suggests that although single case studies are not a strong foundation from which to draw such generalizations, they are an important basis for naturalistic generalizations. Analysis is conceptualised by Stake (1995, p. 71) as “taking something apart” through a combination of categorical aggregation and direct interpretation. Categorical aggregation is the process of gathering a series of single impressions or instances until a conclusion is reached, whereas direct interpretation involves an inference from an individual instance. Through these processes, patterns of consistency in the study begin to become evident to the researcher, which Stake refers to as correspondence (Stake, 1995). Stake (1995, p. 86) states that it is the task of the case study researcher to provide the reader with opportunities for “vicarious experience”, through assertions and narratives, in order to assist the reader to make what he calls naturalistic generalizations (Stake & Trumbull, 1982, cited in Stake, 1995). Stake (1995, p. 85) explains that people learn through “explicated generalizations”, and that authors and teachers both draw on these, and attempt to change the generalizations of their readers – or to assist them to reach naturalistic generalizations. Naturalistic generalizations might be referred to as subjective generalizations in that they are embedded within the reader's personal or private knowledge and experience. These naturalistic generalizations are aided by associated generalizations which have been made publicly.

For this reason case accounts need to be personal accounts of experience which attend to sensory and contextual aspects of the narrative. This construction of knowledge, although inevitably positioned from the researcher's experience, can be constructed in a manner in which it produces a description which might have been reached by another researcher – an incontestable description (Stake, 1995). Stake refers to this as a process of triangulation, suggesting that a rigorous research approach is as important as it is with experimental designs. Through a process of triangulation validity is approached, rather than achieved in case study research – an ideal that is moved toward. For this case study, the method of triangulation involved a process of comparing and checking my impressions and conceptual understanding of the case. This included weekly clinical supervision sessions regarding my therapeutic relationship with Grace, which focussed on my clinical skills as well as my transference and countertransference experiences. The second branch of the validation process involved theoretical guidance and checking from my research supervisor, who heads the training facility and therefore had knowledge of Grace's case. Finally, I undertook a rigorous study of both the theoretical underpinnings which inform the study, as well as my experience and documentation of the therapy process, which were then rechecked by my respective supervisors. The process of triangulation in this sense reflects the hermeneutic tradition of inquiry in that it aims to create a rich account of the subjective experience of a client, with an emphasis on uncovering rather than truth-seeking (Hein & Austin, 2001).

### **Procedure and analysis**

The data for this case study consists of material obtained during my weekly therapy sessions with my client, Grace. The data includes notes from the intake session, notes from our consequent therapy sessions, supervision notes, as well as feedback notes from a case presentation during a Child Guidance Clinic case conference. Grace and I had 33 therapy sessions, which were recorded using a digital voice recorder. The digital recordings have been retained in order that they might be revisited for further analysis, and to provide word-for-word transcriptions of Grace's experiences, if necessary. These recordings and notes were then reviewed and additional notes were made from new impressions and interpretations, in keeping with the hermeneutic tradition of moving between the parts and the whole. The theoretical underpinnings of the study provided an interpretive lens through which these interpretations were formed, as well as structure through which they were analysed.

Informed by these theoretical starting points material pertinent to Grace's experiences of early attachment, as well as her adult attachment experiences were then highlighted for analysis. This highlighted case material was then examined using current infant and adult attachment literature. An outline of Grace's attachment history, the effects this had on her affect regulation and the development of her reflective functioning, her interpersonal functioning, and the specific relationship these have to her diagnosis of borderline personality disorder is provided in Appendix A.

My client is a 49-year-old woman who comes from an area on the Cape Flats in Cape Town. She was referred to the Child Guidance Clinic by her case supervisor at her place of work, who provides weekly group supervision sessions for the cases Grace and her colleagues manage. Grace's supervisor felt that Grace was using this group supervision space somewhat inappropriately and that she required an additional space to work through her often strong personal responses to case material. Grace works as a lay counsellor for an organisation that supports pregnant mothers who are deemed to be at-risk due to their age, socio-economic status, HIV-status, substance dependence, or identification as being in an abusive relationship. The majority of Grace's clients were young women in abusive relationships and their experiences of abuse, as well as their infant's experiences of abuse and neglect, resonated with her own experiences both as a child and adult.

### **Ethical considerations**

There are a number of ethical issues which need to be considered in the writing up of such a case study. Gavey and Braun (1997) identify two ethical principles which they maintain are fundamental to the psychologist's practice: that of informed consent, and the individual's right to privacy and confidentiality. In order to address informed consent, Grace was asked to sign a written document which states that as the clinic is an educational facility, information might be used for research purposes but that this would be done in a manner which maintains confidentiality. Although Grace was informed of this possibility on entering the clinic, and reminded in a subsequent session, the case study contains diagnostic impressions and interpretations which I believe will not be useful to Grace at this time. Therefore the decision was made not to inform Grace specifically about the writing of this case study, although she

was informed that I wrote about her as a means of processing and documenting our sessions. This decision was not reached lightly and involved the careful consideration of the possible ramifications for the both Grace and the therapy process.

In order to maintain the client's right to privacy and confidentiality, no identifying data will be included in the case study. Grace is a pseudonym name for the client, as are all the names used in the study, which have been used throughout the presented vignettes and discussion. I have borrowed the name from Margaret Atwood's novel 'Alias Grace', which reconstructs the life of the infamous Irish born Grace Marks, as I felt the character captures some of the essence of my client (Atwood, M., 1996). As the therapy notes and digital recordings contain identifying data which may link the client to the case study, they are kept in a password protected digital file on my private computer. The case study is thus in keeping with the American Psychological Association's ethical principles of psychologists in the 1992 code of conduct (Gavey & Braun, 1997).

## Case History and Analysis

The following chapter outlines the case history of the client, followed by a discussion focused on the link between early insecure attachment and intimate partner violence.

### Intake interview

Grace is a forty-nine year old woman who was referred to the clinic by her supervisor for individual therapy. The reason for referral was the client's need for support dealing with her divorce, following concerns that she needed more support than was available via group supervision provided at work. Grace works as a lay counsellor, doing home visits to pregnant mothers in her local community who are identified as being at-risk due to their age, socio-economic status, HIV-status, due to substance dependence, or if they are identified as being in an abusive relationship. Grace was finding her clients' stories very evocative, reminding her of her own experiences which she said "triggered" difficult emotional reactions for her.

Grace presented as a well dressed, neatly groomed, confident looking woman of average height and weight. During the initial intake interview she appeared nervous, as well as being quite stiff and controlled in her mannerisms. Grace spoke in a loud, somewhat monotonous manner, presenting her story in a matter of fact way with little accompanying emotion. At other times during the session her story telling was vividly descriptive and felt affectively saturated. As the session went on Grace relaxed somewhat, but continued to switch between these two modes of speaking.

Grace seemed uncomfortable with her own affective experiences and responses in the room. She expressed surprise as she reflected on the intake session during our second meeting, that speaking about her experiences still had the potential to make her tearful. "I thought I had dealt with it, you know I thought it was all over and just the mere fact that I could still cry... you know I was thinking about that, that it's still painful" (Session 2). During the initial interview Grace tended to distance herself from painful material by joking, or relating her experiences to the work she does. This became a pattern in the therapeutic relationship.

Grace framed her entering therapy as an attempt to deal with her divorce from her ex-husband in 2004. She expressed a desire and a readiness to move past this time in her life, but reported feeling “stuck”. She felt that elements of her past continued to influence various facets of her life which contributed to continuing feelings of considerable anger and sadness. Grace had made meaning of her current experiences and functioning as resulting from the combination of her early childhood and her abusive marriage.

## **Case history**

### ***Early attachment experiences***

Grace was conceived as a result of a rape, at a wedding at which her mother was a bridesmaid and her father was a guest. “...Somewhere in Wynberg Park he took her and he just forced himself on her” (Session 2). Grace explained that at that time abortions were illegal and her mother’s options were limited. Her father initially denied responsibility for the pregnancy, until her mother was five months pregnant, after which time her parents were married. Grace reports that her paternal grandparents were a respected family who had high expectations of their son and never fully accepted her mother, or Grace, as family.

Grace and her mother have had a difficult relationship for as long as Grace can remember, but she did not make the connection between the circumstances of her conception and her mother’s treatment of her. It is unclear whether her mother was consciously or unconsciously cruel to her, however it is clear that Grace felt unable to please or placate her mother during her early childhood. Grace experienced her mother as cruel and unpredictable, but remembers wanting to be near to and loved by her. Whether her mother communicated these feelings consciously or unconsciously Grace always felt intuitively that her mother hated her and felt that she was cruelly treated by her. Grace alluded to feelings of having provoked this in her mother, as if she was in some way responsible for her mother’s treatment of her. “You know she was real cruel to me...I always felt ‘did I attract this abuse?’ You know, I just felt there was some attraction. What is it? I could never put my finger on it... why me?” (session 2). This will be outlined below. Grace described herself as a “very scared child” who never explored things on her own (session 3). Grace’s grandparents’ reaction of bitter disappointment at the news of her pregnancy and birth may have further reinforced a feeling

of resentment toward her by her mother as she associated Grace's birth with physical, emotional and interpersonal distress.

In addition to her early attachment difficulties with her mother, it appears likely that Grace's paternal grandmother cruelly neglected her whilst she was in her care. Grace related a story, told to her in adulthood by her mother, of a time she came home from the shops to find Grace naked next to an open window. It was winter and Grace was blue from both screaming and the cold, and was covered in her own vomit. The extent and duration of this cruel treatment is however unclear as due to her age, Grace has no conscious memory of this time.

As a young child Grace *experienced* her mother as being abusive towards her, and her earliest memories of her mother are infused with feelings of being unwanted and unloved. "I always felt my mommy was abusive towards me. I felt she didn't like me... I felt she spoilt my brother more... and I would always tell him 'I don't have a mother!'" (session 2). Grace related an incident which occurred when she was two years old in which her mother threw a hot pot of coffee at her father and the pot accidentally hit Grace leaving her with severe burns and scarring on her neck and chest. Grace continues to hold great anger at the fact that her parents never took her to have plastic surgery to remove the scars. "It's because of *you*s that I got this (scar)... why didn't *you*s do something?" (session 2). Although Grace's injury in this incident appears to have been accidental it is important to note that it became woven into a narrative of her experience of her mother as abusive.

An example of the abuse Grace experienced at the hand of her mother, took place when she was eight years old. It had been raining all day and the grass outside was still wet so Grace and her brother were playing inside. She remembers hearing her neighbourhood friends calling her to go and play outside. Grace remembers asking her mother whether she could go and play outside and her mother refusing. She persisted and began nagging her mother to let her go out. Her mother suddenly became enraged, took off her high-heeled shoe and hit Grace repeatedly on her head and face until she was covered in blood "...and then she took off her heel and she just hit blindly – *oh my mother hit!*" (session 2). Grace was not taken to the hospital after this incident as her mother was frightened that the story would come out and that she would be reprimanded by the hospital staff. There is scarring still evident on her forehead from this incident. What is evident here is the frightening and unpredictable nature

of Grace's mother's responses toward her, and her experience of her mother as violently abusive. "I would feel that when my dad was at work, my mother would be extra nasty to me... 'cause she always felt I was daddy's girl" (Session 2). Grace remembers her father screaming at her mother when he got home, saying she was a cruel mother, and although Grace did not articulate this, she seemed to feel sorry for her mother after this incident. "and my dad shouted 'you're *cruel!* How can you *hit* her like that? You know you can go to *jail!*'... and they were *maar* arguing and I just felt terrible! Because I always felt, you know, is this my mother?" (session 2).

Grace reports that while her father didn't initially want her, they had a close relationship when she was a little girl and that they were often allied against her mother. Although she describes her relationship with her father as more positive than her relationship with her mother, she explains that as she got older he was often verbally abusive in the home and that he had numerous extra-marital affairs. "Ja, and my father was also a womaniser. He used to come home in the early hours of the morning" (Session 2). Grace reports that "there was constant fighting" (session 2) in the home and that while her father was verbally abusive, her mother was physically abusive. "My mom always wanted to hit my dad, and my dad would always scream to my brother and me 'come and *look* what your mother's getting mad here!'... and then *we* would stop my mom. But she was always the more powerful one, you know... not powerful, but she was the more abusive one" (Session 2). Grace reports that she hated the constant fighting and has memories of standing with her eyes shut and her hands over her ears, just screaming for them to stop fighting – and to drown out the sound of their arguments.

At the age of twelve, Grace's father filed for a divorce and she and her mother moved in with her maternal grandparents while her brother, father and his new girlfriend stayed on in the family home. Although her brother was only ten years old at the time, Grace's grandmother would not have him in her home as he reminded her of his father. Grace admits feeling extremely angry with her father at this time, blaming him for the divorce, for forcing them to leave the house she had grown up in, as well as her school and her friends. "You know and we had to leave our house – so I was very angry and at that time I didn't even think about how my mother treated me... I hated my dad at that time" (Session 2). Grace found the early separation from her brother very difficult to bear, and it was only recently that she learned the reason he had not left with them. She expressed some anger towards her brother at what she

considered his choice to stay with their father, siding with the other male in the family. Grace demonstrates a pervasive distrust and hatred of all men, often interpreting men's intentions and actions as hostile or aggressive.

### ***Early adulthood***

Grace met Kurt, her ex-husband, when she fifteen years old, at a time when she felt negatively toward her father and brother for deserting her and her mother. During this period Grace's mother was drinking heavily and would regularly beat her when Grace tried to help put her to bed, or told her to stop drinking. Grace related an incident during which her mother beat her with a *sjambok* until she was unconscious. She woke to her mother throwing a bucket of cold water over her, screaming at her to wake up, as she was furious with Grace for falling unconscious. Grace began dating Kurt during this period, explaining that she "was so angry when he sort of crossed my path and like I said, I thought that was love because I was so angry with my parents" (Session 3). She admits she thought Kurt was very rude at their first meeting but that she enjoyed the attention he gave her and they soon began dating. Grace's first sexual experience was with Kurt, which she described as scary and painful. Grace explained that talking about sex at that time was taboo and that neither of her parents prepared her for her sexual development.

Grace reports that she dropped out of school around this time, despite having done well in Standard 7 (Grade 9). She moved in with her father and step-mother, and worked as a clerk on a full-time basis at a financial firm. Grace reports that she wanted to get away from her mother and earn her own money so that she was financially independent. Grace fell pregnant with her first child a few months after she began working for National Employers Mutual – she was sixteen years old at the time. Kurt immediately broke off their relationship, denying the baby was his, and began dating someone else.

Grace found the arrival of her first child, Angela, very overwhelming, and felt unsupported by her family. "When baby came, (my) step-mother got nasty.... and I was such a stupid mother, I felt, 'cause I was only seventeen. That was never nice you know" (session 2). Grace begged her mother and grandmother to allow her to move back in with them "I even went crying to them... like weekends, or every once a month that I was allowed to go. Then I would tell my

granny ‘ooh I don’t even know how to handle this child and this child *cry* at night!’ I didn’t understand!” (session 2).

During this time Kurt visited occasionally, despite continuing to deny paternity of Angela. He was dating someone new shortly after this and did not support Grace financially during this time. When Angela was five months old, Kurt reportedly came to accept that Angela was his daughter and the couple were married, despite Grace’s concerns that she was making a mistake marrying him. She explained that her family made her feel very guilty, telling her that she needed to take responsibility for her actions. Grace reported that she didn’t want to disappoint anyone as the following demonstrates:

“You know my granny’s telling me ‘you must take responsibility... this is *your* responsibility, not ours!’ You know... making him feel guilty, making me feel guilty... And my mom, after all those years she had to go back to work... after the divorce and so on. So it was tough on her as well and so I didn’t want to burden anybody and ug, just get married and get out of everybody’s life’. You know they’re complaining too much... you know. And of course daddy stopped maintenance so I needed someone to take care of me and the child now... you know, so marriage was the way out” (session 2).

Grace reported that her father refused to go to her wedding and that her mother wept throughout the ceremony, and for days afterwards, which Grace attributes to her mother’s own difficult marriage. As Grace was a minor at the time her mother had to sign her marriage certificate on Grace’s behalf, something which Grace has come to consider symbolic of her mother’s signing her life away.

### ***Experiences of physical, sexual and psychological abuse***

Grace reported that Kurt began verbally, physically and sexually abusing her during their first year of marriage, usually after he had been drinking. Grace and their first two children were frequently beaten and attacked with knives or household objects which were at hand, such as chairs. “In a month sometimes it would happen for whole weeks, sometimes it would take weeks again, it depended on his mood... if something would trigger his mood, like whatever I say, or if he comes homes and I’m not home... or he expected you to do a certain thing and

you said ‘no’... and he would go ballistic!” (session 4). Grace was sexually assaulted, particularly during periods when Kurt was having an affair or when he felt Grace was withholding sex from him. Grace reported pervasive psychological abuse which included isolating Grace from her family and friends and refusing to allow her to work. “...he would keep us away from family and friends and we could only go when he was in a good mood” (session 4). She reported that before Kurt began keeping her at home, he would often leave her waiting for him at work until nine or ten o’clock at night in an area Grace described as very unsafe.

Grace explained that the abuse worsened during and after her pregnancies, and related how Kurt had tried to cut her second child, Daniel, out of her with a knife when she was eight months pregnant with him. “He wanted to stab him out of my stomach!” (session 2). Grace reported that Kurt was not present for Daniel’s birth and that he refused to pick her up from the hospital once Daniel had been born. She said she had to phone an uncle as her father was away and remembers feeling incredibly ashamed and lonely while she waited at the hospital gates. Grace arrived home from the hospital to find Kurt extremely angry and volatile. She explained that she had to have an episiotomy during Daniel’s birth and needed stitches for the cut to heal. On the first day she was home Grace reports they got into a fight and Kurt kicked her in her crotch while she was bent over, causing some of the stitches to tear loose: “I felt this massive pain, because I’m still so raw and everything is so... and I think one or two of the stitches didn’t heal, you know because they were pulled out” (Session 4).

Grace disclosed that she suffered two miscarriages following Kurt’s violent episodes. Her first miscarriage occurred two years after Daniel’s birth after Kurt hit her on her lower back with a kitchen chair. “There was constant fighting ... of him sleeping out... other women, you know. And then when I confront him he gets physical. I remember the first miscarriage was when he took a chair... he took it by the top part and he... I turned around and he hit it over my back... ooh and I just felt this intense pain, and the next thing I’m standing in a pool of blood (session 2). Grace had to be hospitalised but reported that Kurt remained with her, silently threatening her each time the hospital staff inquired about how she had been injured.

The second miscarriage occurred following a stressful encounter with Kurt’s then girlfriend and her mother, during which he demanded Grace explain that they were in the process of

divorcing and that he and his girlfriend were free to be married. She miscarried while they were standing in her bedroom, but was unable to get to a hospital as Kurt locked her in the house overnight. Grace had to be rushed to hospital the following morning after nearly bleeding to death. She reports that Kurt stayed close to her for the entirety of her stay so she was unable to report the incident to the hospital staff. “Then he took me (to the hospital) and he told me ‘*Why you crying? Stop crying!*’ You know and I was even too scared to tell the doctors... I just said ‘I don’t know why I’m bleeding?’ But it was almost like he was standing there with this look ‘just you tell them...’ that look...you that fear man!...Ooh it was hard! (drops face into her hands) ‘God, can’t someone see what I’m feeling... or know that it is not right that a woman should bleed like this!’... pick up some sign... but nobody could” (session 2).

Following Daniel’s birth and the above incidents, Grace became deeply depressed and attempted suicide for the first time. “I just lived my own miserable life at home and just pray ‘oh God I wish I can die’. You know just to get out of this miserable life... ‘cause it wasn’t a life to me anymore – it felt like a prison” (session 2). Grace reports that she took an overdose of tablets but that the dose was insufficient and the suicide attempt unsuccessful. After her second miscarriage Grace attempted suicide for the second time. She reports having saved enough tranquilizers and other tablets to ensure this attempt was successful, however her mother came to visit and called an ambulance. Her daughter, who was six years old at the time, saved the containers to show her grandmother and told her Grace was sick and had taken a lot of tablets so she would get better. Grace was asleep, but not unconscious when the ambulance arrived and they were able to induce vomiting to clear her stomach of the tablets. Grace reports being furious that she was still alive and says she refused to be admitted to hospital. When she returned home she destroyed most of the contents of the kitchen, breaking anything she could. Grace’s doctor referred her to a local psychiatric hospital and prescribed a course of anti-depressants after her second suicide attempt. Grace took the anti-depressants for three months but reports that they made her feel “out of it” so she did not return to collect her next prescription. Grace admitted that she was afraid that Kurt would use what he called her “craziness” to take her children away from her, as he had threatened to after her first psychiatric appointment.

Grace reported that the abuse also tended to escalate during periods in which Kurt had extra-marital affairs. "...you know coming home late, coming home drunk...don't come home at all sometimes. And then you've got to sit and worry 'did something happen, or is it just another fling again?' and yet he robs you of *your* sleep. And then come home like *nothing* happened, and if you complain about it you get bashed! (session 4). Grace explained that Kurt made no real effort to conceal these affairs and that she felt extremely hurt and angry both at his infidelity and his lack of concern for her feelings. "...[W]hen he was caught out with his affairs, he would blame me 'Yus, you're always so *stingy!*' You know, and it was always an *argument*, it was never pleasant 'cause it was always all this abuse and still he wanted to be sexual, so I could never bring myself to be loving (Session 3). It was during these periods that Grace reported he was most likely to rape her, as she describes in the following quote: "he would want to be intimate and I would say 'No!' You know, and he would just *rip* (motions ripping off shirt)... I remember the one day when he just ripped my whole nightie... apart. And I felt so...like he invaded my space man!" (Session 3).

#### ***Adult attachment relationships***

Kurt was one of ten children. His mother worked as a domestic worker to support the family and his father, who was unable to keep a job, drank heavily and was physically abusive towards his wife and the children. "They were physically abused...physical. Father never used to work... mother always used to work... as a *char*. And then she would come home to these ten kids and put food on the table and daddy would come home drunk and he would you know... tip the table over. He needed wine money" (session 2).

Grace explained that Kurt never spoke about his childhood to her, but that his brother later confided in her about their experiences growing up. "My husband would *never* share and I wouldn't go into it with him because... I suppose he was embarrassed, or he didn't know how to deal with it" (session 2). As Kurt's father got older and became ill, Kurt and his brothers used to "knock him around". Grace reported that Kurt hated his father and worked furiously to build a different life for his family, the irony of which he was either unaware of, or unable to admit. Grace expressed that Kurt considered her and the children unappreciative of him and how much he provided for them, and that during his tirades he would scream that they should be grateful for a father who worked so hard for them and who gave them everything they needed.

Grace indicated that Kurt was easily threatened by other men talking to, or being near her, perceiving any interaction as a sexual advance. Grace says that this made social situations very difficult and that Kurt would suddenly announce that they were leaving the party immediately. She says when this happened she knew she would be beaten as soon as they got home, and that Kurt might even pull on or restrain her by holding onto her hair while they drove home. “He would make sure that he can hear what I’m chatting about. So when we go home he would *sommer* slap me in the car already! You know he say that guy who I was talking to... but you know it was... the topic was interesting, so we were just talking about the topic! Not even like me and a man standing alone, it would be a whole clique” (session 4). Grace admits that the anticipation of these journeys home were excruciating and that she often suffered whiplash from having her hair pulled so violently – she reports that she still does not like to tie her hair too tightly as it reminds her of these car journeys. “He’d start *screaming* in the car already so now I already know what’s gonna happen at home. And um... I always had *long* hair, and then he would take it out...and he would take my pony tail and turn it all (demonstrates how Kurt would pull her hair) (session 2).

Although the duration of the abuse varied, Grace reports that there was always a period of calm after the violence when Kurt might apologise for getting angry, or at least treat her with unusual kindness. She explained that during these periods Kurt might be unusually generous, taking them shopping and buying them extravagant gifts. Grace admits she learned to get as much out of these shopping trips as she could, but also felt a sense of foreboding knowing that she would “pay for it later”. These periods of relative calm were also marked by Grace’s own expression of anger toward Kurt, where she admits she would often taunt and criticise him about his abusive behaviour.

Grace reports that she initially did speak with her family about Kurt’s treatment of her, but that they would either silence or blame her for the abuse and she eventually desisted. “I was also very young when I got married to him and my mother warned me, my granny warned me...they would say ‘now I told you so! I knew he was a good for nothing!’” (session 1). Once after confiding in her father about an affair Kurt was having, Grace’s father became agitated with her as the following quote demonstrates: “my father would shut me up...he even said to me one day ‘why don’t you give this man sex – maybe he won’t have affairs!’”

(session 3). Grace received similar responses from the police when she tried to report Kurt's violent behaviour, who responded that what happened in their home was *huislike dinge* which should be sorted out between her and her husband.

Grace reported that the physical and sexual abuse lessened and eventually stopped around the time of the birth of their third child, Michelle, in 1992. She attributes this change to her own change in thinking and behaviour, reporting that she wasn't scared of Kurt anymore and that she began physically retaliating when he "started with her" (session 4). "Then I became more assertive, you know, hitting back, or throwing things back... You know I thought 'kill me in the process if you want to but...' you know, when I stood up to him it sort of subsided until it faded... and I was telling myself 'I just had *enough!* Today I'm going to kill this man, or go to prison... whatever, but I'm not going to take this anymore!'" (session 4). Kurt showed an interest in the pregnancy and was present for Michelle's birth, and Grace reports that she was "the apple of his eye" from the time she was born. Michelle's early childhood was therefore very different to that of her siblings and there is a sense of resentment, from both her siblings and from Grace, for her having "had it easy".

As soon as the Domestic Violence Act was brought into legislature in 1998 Grace applied for an interim protection order which she reports she kept in the house and used as a means of protecting herself by threatening Kurt with legal action. Grace reports that although she was granted the interim protection order, she did not apply for a court date until 2002 when she began divorce proceedings. Kurt was not allowed onto the premises and moved to Johannesburg a few months later, where he currently lives. Their divorce was granted in 2004, and Kurt was not present in court during the hearing. Grace currently expresses great anger towards the justice system as she feels this Act was passed too late to have made any real difference in her life, in that by the time a protection order was available to her Kurt was no longer abusing her sexually or physically.

### ***Current interpersonal functioning***

Grace and Kurt currently have a distant, yet conflictual relationship and although Grace has remained in the family home she receives no financial support from Kurt. Currently, their communication revolves around their youngest daughter, and usually results in a heated argument. Grace frequently reports feeling of immense anger towards Kurt, particularly when

she feels overwhelmed by tasks or situations which Kurt would have been responsible or present for. Throughout the course of therapy this remained a theme of discussion which Grace used as a knee-jerk explanation for her feelings of anger in various situations.

Grace has not been involved in an intimate relationship since her divorce from Kurt. “I see myself on my own, I’m not going to open myself up to *more* hurt, you know... ‘cause it’s like you fear the unknown. You don’t know what’s out there, what you gonna get? So that’s sad, you know, to end your life alone... on your own” (session 3). During the course of therapy she did report having dated a man in 2009 who a friend had introduced her to, but that each time he indicated he was interested in pursuing a sexual relationship with her, Grace cut all contact with him for months at a time. “I don’t just get into sexual relationships... the moment I hear the conversation steering in that direction then I would just flee... just leave it... but when I see it steering in a direction where they want to get close, you know I would just call it off or make an excuse” (session 3). At the time of termination of therapy Grace had no contact with him and expressed that she could not foresee ever wanting to be involved in another intimate relationship.

### ***The therapeutic relationship***

From the outset Grace was committed to the therapeutic relationship. She was consistently early for sessions and did not miss a single session throughout the course of therapy. Therapy consisted of 33 fifty-minute weekly sessions, excluding a period of three weeks over which Grace took leave from work.

During the initial phase of therapy our discussions revolved around Grace’s childhood experiences, as well as her experiences of abuse during her marriage to Kurt, much of the content of which Grace had previously not had an opportunity to speak about in such depth. The recounting of her experiences was either overwhelmingly saturated with affect, or eerily devoid of affect, feeling dissociative in nature. My countertransference experiences were strong and I felt either a desperate need to comfort Grace, to protect her from her own difficult experiences, and at other times I felt suddenly frightened and overwhelmed wanting to distance myself from the material. At times I observed that Grace would be speaking about a traumatic experience but appeared vacant and separate from the material, as if she were reporting someone else’s memory – her speech during these times had a monotonous quality,

lacking expression. When Grace was able to access her own affective experiences she often expressed surprise and discomfort at the intensity of these, but seemed unable to remain in touch with them for longer than a few minutes at a time. Periods of intense feeling were typically followed by a period of distancing in which Grace would either joke about the content of the discussion, or relate it to her current work experiences. I noticed a similar pattern within and between sessions in which a particularly affectively charged session would be followed by two or three sessions devoid of affect. It seems important to note that my experience of such sessions, which were devoid of affect, felt qualitatively very different to sessions in which Grace avoided contact with her affective experiences. In the former, Grace's expression impressed as being entirely dissociated from affective content while in the latter she appeared to be vaguely aware of the presence of her affect but resisted acknowledging these in order to prevent a feeling of being overwhelmed.

The second 'phase' of therapy, which lasted for roughly three months, was marked by a period of boundary testing in which Grace appeared to be testing out the limits of our relationship. We spent time discussing what might happen if she was late and couldn't contact me, and whether I had other clients (and what this meant for our sessions if she was late or needed to reschedule). Grace also wanted to know about my life. Although these conversations appeared relatively benign, I experienced them as intrusive and began to notice a wish to withdraw from her demands. In retrospect the function of this period is clearer to me, that Grace was attempting to feel out the boundaries of our relationship – what we could expect from each other within the therapeutic relationship and whether the relationship was safe. As an inexperienced therapist I feel I had not yet developed enough of a reflective thinking space to be able to consider the significance of this stage in Grace's therapy at the time. However in retrospect it is interesting to note that Grace had begun to demonstrate to me her insecure push-pull attachment pattern. During this time I was not able to maintain a mentalizing stance for any length of time, and often felt pushed out of the therapeutic space by Grace's manner and volume of speaking. When I tried to reflect this to Grace, she either flatly ignored such statements or escalated her 'talking-over' behaviour communicating that work around the therapeutic relationship felt too threatening. My note taking at the time is concrete and journalistic in nature, indicative of my inability to remain in touch with the therapeutic material and my difficulty, or resistance, to holding what Grace communicated through the transference.

This period was also characterised by a period of increased dream material which I found equally cumbersome to come to grips with. Many of the dreams involved themes of leaving, or being left in which Kurt often featured. A dream Grace brought to therapy in our eighth session involved Grace coming to a decision to leave Kurt for good. In the dream Luke, her eldest grandchild, was her own child and she was leaving with him. Grace was upset in the dream as Kurt failed to respond or react to her decision to leave as the following demonstrates:

“He wasn’t a bit interested and that actually made me feel disappointed, that he’s not even saying anything... I was leaving for good and... ‘you’re not even saying goodbye to the child!’ and he just gave me that look ‘do what you have to do’... and then I woke up. It stayed with me all morning – it made me actually irritable!” (Session 8)

The dream highlighted Grace’s difficulty owning her own affective experiences – it seemed significant that she was only able to experience sadness and disappointment on behalf of her grandson and that experiencing this loss as her own was too overwhelming. The dream also seemed to highlight that Grace experienced our developing relationship as dangerous in that it exposed her to loss, her response to which was to retreat while closely monitoring the effect her leaving had. This is in keeping with my conceptualisation of Grace’s pattern of attachment in which although she finds intimacy dangerous and often retreats from it, she is often preoccupied with the effect this has on her attachment figure. It appears that she uses the responses she elicits from her attachment figures as a gauge of her significance to them. In the dream, Kurt’s failure to respond confirms her fears that she is not loved or wanted, similar to her early attachment experiences.

Following a period during which both Grace and I took leave, she returned to therapy in what appeared to be a dramatic flight into health. She reported having more energy and was less tired by the end of the week, as well as experiencing fewer angry outbursts. Although Grace was always neatly groomed, she often had her hair done and was dressed very smartly during this period. She frequently reported receiving compliments about her appearance, which seemed to further boost her mood. Grace brought less and less dream material during this time

and our discussions revolved around external events and activities which kept Grace busy. She was reluctant to engage in discussions related to her internal experiences and became agitated when I reflected on this. I came to think of this phase of therapy as a necessary break from the previous pace and intensity of therapy in which Grace seemed to be restoring her own sense of equilibrium. In comparison to the often fraught sessions of the previous stage, this period felt somewhat vacuous and I worked hard to allow Grace to set the new pace of our sessions.

The final phase of our therapy was marked by a decrease in Grace's energy, a less exuberant mood, as well as a significant increase in conflictual interpersonal encounters with members of her familial and social circles, which were often marked by the angry outbursts Grace described earlier in our therapy. Grace seemed tired and easily agitated, frequently reporting feeling people's demands on her were more than she could manage. Grace related an altercation she had with her sister-in-law regarding the times she picks up and drops off her nephew to and from school, during which she felt manipulated and controlled. The situation triggered an angry, aggressive response from Grace which seemed somewhat disproportionate to the situation, and she recounted how she had angrily confronted her sister-in-law after purposefully picking up her nephew late. Michelle was with her in the car and she ranted to her that "this is one lesson you must learn...*don't* let people control you!... You must show them so they won't try to control you again'. 'I *hate* people controlling me and I *hate* people messing with my job!" (Session 29). This incident seems an apt illustration of Grace's tendency to perceive others' demands as excruciatingly intrusive and as an attempt to control her, as well as her marked difficulty regulating affect once hyperaroused. Given Grace's response to her sister-in-law it is likely that Grace experienced and responded in a similar manner within her relationship with Kurt.

During this phase of therapy Grace's relationship with her teenage daughter notably deteriorated and she expressed enormous resentment towards Michelle, who she often experienced as demanding and thoughtless. "I've got to just take the punches...there was a point at which I just felt like crying and screaming and I thought – you ungrateful witch!" (Session 24). Grace was able to admit that Michelle reminded her of Kurt and that the manner in which she sometimes responded to her daughter was as a result of this. "She's sometimes such a carbon copy of her dad! You know they don't consider people's feelings, they just say

it!... And I'm thinking 'if this child says one more thing I'll slap her!' She triggers that in me... she's like him, she even moves her face like her dad!" (Session 24). These feelings towards Michelle often led to angry tirades about Kurt having left her to deal with everything on her own. Her resentment of Michelle seemed to stem from her guilt surrounding the absence of Kurt, and what this meant for Michelle's various milestones. During our twenty-second session Grace recounted an episode during which her very good friend took her and Michelle to buy jewellery for Michelle's matric ball. Her friend's generosity made her feel uncomfortable and she became angry with Kurt at having put her and Michelle in this position: "this feeling of sadness just came... you know how *could* he do this... you know, and then I got angry! How *could* he do this to Michelle?" (Session 22). In this instance Grace seemed unable to own her feelings of sadness and anger at being abandoned by Kurt, something which had become a pattern with Grace.

This year marked the end of Grace having children at school and it appeared that her daughter's milestones evoked a complex reaction of both deep sadness and immense anger for Grace. Her dream material increased and she began speaking about her own teenage years with a profound sense of deprivation, as if each milestone Michelle reached reminded Grace of all she had been deprived of at this age. My transference and countertransference experiences were strong and often deeply moving, and I often found myself wanting to take some action in order to alleviate Grace's anguish. I felt either desperately protective over Grace, or angry and frustrated with her throughout this time, as well as feeling guilty about the impending termination of therapy. I noticed that I was unusually preoccupied with Grace and thought about her often between sessions, carefully digesting material from our sessions. During our twenty-ninth session Grace recounted a dream she had had the previous evening, about her and Kurt, which she found particularly powerful:

I dreamt about Kurt last night and I think it's got to do with him being so stuck, you know him not doing what he's supposed to do... the dream was in this wooden house. We were living in a Wendy house, but quite a neat, high thing... it was like a ranch type of thing with rails where you could tie your horse. The house was very quiet and very neat... it was my own house... And I just had a baby, but I don't see any baby, but in this dream I had this baby and I'm still convalescing and whatever. And this man actually wanted sex and I said 'are

you *crazy*?' You know... I just *had* a baby! And then I woke up and I thought 'oh my God, what the hell are you dreaming? And I was actually *mad* when I woke up" (session 29).

Grace and I discussed the dream and explored its possible meanings, but Grace found it difficult to say more than how the dream left her feeling. "I was *angry* with this man! I just felt this man is inconsiderate it's all about *him*... you know... he doesn't even *care*! You, know, that feeling" (session 29). Grace conceptualised dreams in quite a literal way but was generally willing to explore the themes of her dreams with direction. However, her first interpretation of her dreams was almost always related to Kurt either abandoning, or intruding on her. The baby in this dream may also have symbolised the infant-Grace (regressed state) who felt under constant threat, even within the safety of the therapeutic relationship (the neat, high-walled house) and that even this could not protect her from the pain of her internal and past experiences.

Throughout therapy Grace found discussions about our relationship too threatening to be useful, particularly when these related to any negative feelings she felt towards me. For instance, the termination of our therapy coincided with the departure of her supervisor at work, which Grace found very difficult to accept. Grace felt angry and betrayed by her work supervisor, explaining that just as she was beginning to feel comfortable with her she was leaving. She considered her supervisor's departure unnecessary as she was aware she was leaving by choice (as opposed to being fired, or her contract ending) and seemed to harbour some suspicion about her motives. Although she was able to admit to her painful feelings of anger towards her work supervisor she flatly denied that although our relationship was ending in a similar manner, that she had any feelings of anger towards me. She was however able to concede that she might feel angry when "something comes up", as the following exchange demonstrates:

*Grace:* And I was thinking the other night, you know it's another relationship ending...

*Me:* Mmm...

*Grace:* You know 'cause Jacqui (Grace's work supervisor) has also only been here for this year, and you know you just get used to someone, the way they work, their way of doing things... and like I said just get comfortable... and

then it's goodbye. *Ja*, so that to me is a bit hard, you know, saying goodbye all the time. You know in my life, if I look back, how many times did I have to say goodbye to people... whether it be divorce, whether it be death... my dad, my daughter, you know that went to New Zealand. So it's goodbye all the time man, you know in different relationships.

*Me*: Mmm... how do you usually deal with those goodbyes?

*Grace*: I'm normally sad for a while, you know, and then I start feeling used to it... accepting it.

*Me*: OK...do you ever feel a bit cross or angry about it?

*Grace*: *Ja*, sometimes I do get angry... when something comes up like with my dad, or Kurt, for that loss... or small things man like Christmas coming up and I don't have enough money to provide for everything... with all the losses I feel angry.

*Me*: So maybe you can expect to feel angry with me also.

*Grace*: Mmm... especially when things is gonna come up and... "I could have been by Julia now!"

*Me*: Mmm... and that's absolutely fine...

*Grace*: And especially with getting a new supervisor, 'cause it's not like Jacqui got notice, she resigned and she's not even introducing us to the new supervisor! ...I told her at supervision "You're like a mother, that's just *handing* us over to a step-mother type of thing! Without even introducing... you know you're leaving and we've just got to take this new mom. So it would be nice if you could introduce us" (session 32).

## **Case analysis**

The purpose of the analysis is to illustrate the ways in which Grace's early attachment pattern has influenced and continues to maintain her current functioning, with a particular focus on her difficulty with affect regulation and her capacity to mentalize. It will argue that early attachment relationships have a complex impact on adult attachment relationships. The analysis will explore the link between Grace's particular early attachment style and her vulnerability to developing conflictual interpersonal relationships. Finally, the link between Grace's insecure early attachment and her experience of intimate partner violence will be

discussed, with a view to understanding her current challenges and the possible functions of repetition in this context.

### ***The impact of Grace's early attachment experiences***

Fonagy (2001) explains that if a child's caregiver is emotionally inaccessible the child is unable to form and internalize an image of his/her own internal states, which is necessary for the attainment of a sense of self. Caregivers may unconsciously reveal states of mind such as hatred and disgust that "if pervasive, constitute a psychological form of abuse, because the child has to recoil from the image of himself that is contained in the parent's attitude" (Fonagy, 2001, p. 175). This is demonstrated in Grace's early sense of being hated by her mother, and the various fantasies she constructed to make sense of this feeling. "And I would always tell him [Grace's brother] 'I don't have a mother, my mother died' ...and I always felt my mother wanted nothing to do with me... she spoilt my brother" (Session 2). When this happens the child may internalize the caregiver's frightening feelings towards them, as being part of themselves (Fonagy & Target, 1995, cited in Bateman & Fonagy, 2004). In order to achieve a bearable and more cohesive sense of self, this painful alien-self representation is externalised and projected in order that it is felt to be controlled by another mind. This projection onto the world, however, has the consequence of making the world, or the mind of the other, a terrifying persecutory place. "...The world can be cruel, although you don't want it to be" (Session 6). Bateman and Fonagy (2004) suggest that this might be why people with borderline personality disorder are frequently involved with partners who maltreat them.

It is likely that as a consequence of Grace's early misattuned relationship with her mother, she was forced to internalize her mother's feelings of rage towards her, as an alien-self. As discussed above, this persecutory self was then externalized onto the minds of others in order to make her sense of self more tolerable. As a result Grace developed a fragmented self structure which in turn sensitized her to being traumatised (Bateman & Fonagy, 2004). Kohut emphasised the subjective nature of childhood trauma, indicating that the overwhelming affective experience of an event is traumatising, rather than its content (Siegel, 1996). Kohut and Siegel (1963, cited in Siegel, 1996) explain that the timing of traumatic events is crucial to understanding their impact and that a developmentally immature self is less likely to be able to withstand an overstimulating affective experience. Grace's experience of her mother as either absent or frightening, coupled with her experiences of neglect while in the care of

her paternal grandmother, are likely to have been traumatic for Grace. McWilliams (1999) points out that internalized parent objects need not, and often do not, correlate to the actual parent. If the *experience* of the parent object is traumatising, this is how the parent object will be internally represented. It is therefore less important that the therapist reaches accurate conclusions about the internalized object, than it is that they establish a clear understanding of the perception of the internalized object (McWilliams, 1999). For instance, although Grace retains a sense that her mother meant to hit her father with the hot pot of coffee, and not her, her subjective experience of the incident is very much related to the frightening experience of being burned by her mother. These early experiences of caregivers being dangerous, yet vital to having her needs met predisposed Grace to perceiving attachment relationships, as well as her own emotional experiences, as potentially dangerous. Such a developmental trajectory is likely to have further undermined her developing capacity for self reflective awareness and self-regulation (Ford, 2009). In addition, these experiences took place prior to Grace's verbal development complicating their integration into the structure of her narrative or declarative memory (van der Kolk, 1996). This impacts her capacity for participation in meaningful and beneficial relationships (Ford, 2009).

Personality organization is closely tied to this early establishment of attachment style in that one's attachment history provides a blueprint of what to expect from, and how to react to attachment figures. This includes the types of defenses one employs. People with borderline personality disorder typically rely on the use of primitive defenses such as splitting in order to make sense of complex experiences such as exist within attachment relationships (McWilliams, 1994). McWilliams (1994, p. 112) explains that splitting is thought to be an interpersonal process which stems from a preverbal stage in infancy when the child is unable to view the caregiver as being made up of both good and bad elements, as well as being associated with both good and bad experiences for the infant. Splitting is therefore a primitive means of organising experience "by assigning good and bad valences to everything in the world". McWilliams (1994, p. 113) states that in adulthood "splitting remains a powerful and appealing way to make sense of complex experiences, especially when they are confusing or threatening". It is likely that Grace had to rely on this defense in her early attachment relationships in order to elicit care and nurturing from her mother, thus splitting off her experience of fear and internalising this badness as part of herself, in order to experience her mother as a good object. As Grace became less physically dependant on her mother for care

(early childhood) her father became the protecting and nurturing good object, and her mother the cruel and hateful bad object. Her reliance on splitting to make sense of her experiences had a complex cumulative effect on the way in which Grace approached and functioned within her later adult attachment relationships, such as her marriage to Kurt. Grace's early internalised sense of badness was projected onto Kurt, whose abusive behaviour served to validate this projection of self.

### ***Adult attachment and intimate partner violence***

Bowlby proposed that the internal working models of the self and others formed in early infancy remain relatively stable throughout life (Collins & Read, 1994, cited in Fonagy et al., 2004). As these models operate outside of awareness, they are resistant to change (Crittenden, 1990). In adulthood partners act as primary attachment figures for each other, according to these established patterns of relating interpersonally. It would follow then that as a result of her insecure pattern of attachment, which developed in her early childhood, close interpersonal relationships activate Grace's attachment system and are perceived as dangerous or threatening. It seems that Grace developed an insecure-preoccupied attachment style characterised by an up-regulating stance in which affect is exaggerated to draw and maintain the attachment figures' attention (Fonagy, 2001). An example of this up-regulating stance is the way in which, as a child, Grace attempted to seek out her mother's affections despite feeling hated by her. Grace learned from an early age that if she wanted to hold her mother's attention she had to seek her out actively, which might have involved acting in a way that evoked an angry response in her mother. It is important to note that these were not conscious attempts to evoke an angry response, but rather to seek and maintain her mother's attention and proximity to her. An instance of this is evident in Grace's retelling of the incident during which her mother hit her with a stiletto heel. Grace indicated that her mother was initially unresponsive to her pleading to play outside, so she persisted and nagged until her unresponsive mother suddenly responded with aggression, causing Grace to retreat. This type of interaction, although extreme, seems to provide a model of the way in which Grace experienced her mother: she was absent and indifferent which caused Grace to anxiously pursue her for a response, but in doing so her mother often responded angrily. As such Grace learned to that in order to elicit a response, or maintain proximity to an attachment figure she needed to seek them out. In addition, Grace came to expect that the responses she received from attachment figures were unpredictable both in nature and timing. This link is crucial to

an understanding of Grace's relationship with Kurt, in that in a sense his unpredictable and aggressive behaviour was a prerequisite for solidifying the significance of this relationship for Grace. This is supported by Bowlby's view that fear and threat activates the attachment system and results in "the formation of especially strong attachment bonds, even when the attachment figure is the source of threat" (Bartholomew et al., 2001, p. 44).

The result of this was an early established pattern of relating in which Grace alternates between a pursuing and retreating stance in interpersonal relationships. Although Grace indicates she longs for interpersonal closeness, it is also something she associates with feeling suffocated, controlled or frightened, and is therefore something she is simultaneously fearful of. McWilliams (1999, p. 227) explains that this pattern of relating is characteristic of people with borderline personality disorder in which they commonly feel "engulfed and controlled when close, and devastatingly abandoned when given space". This ambivalence about closeness remains a dilemma for Grace, and is evident in almost all of her close relationships. For instance, Grace perceives Michelle's attempts to be nurtured by her as intolerably demanding and causes her to respond irritably to requests for tea to be made for her while she studies, or to be woken up by Grace on the mornings of her exams. However, when Michelle demonstrates her growing independence from her mother, such as showing excitement about enrolling at a university, Grace is deeply hurt by this.

This style of relating is evident in Grace's descriptions of her relationship with Kurt, which has been described as violently volatile. Both partners grew up with parents who subjected their spouses and children to ongoing abuse. As a result of their own experiences of early attachment failures, it appears that both partners exhibited ambivalent/preoccupied adult attachment styles. Babcock et al. (2000) highlight that insecure attachment may contribute to dysfunctional affective displays, as demonstrated by both Kurt and Grace throughout their marriage. This is evidenced in Kurt's angry responses to his feelings of jealousy around Grace speaking to other men, during which he would violently pull her hair on the way home in the car, as precursor of the beating she would receive when they got home. Grace admits that during times of relative calm in their relationship she would nag and berate Kurt for not earning enough money, or for not finishing the renovations to the house, during which she would be verbally abusive towards him. Grace was not able to link her goading of Kurt as a retaliatory response to his treatment of her, nor was she able to connect his later violent

behaviour as a response to her goading. Fonagy et al. (2003) claim that insecure early attachment may lead to affect regulation problems where individuals are easily overwhelmed by internal and external experiences. In addition they have a reduced capacity for mentalization which means that they have difficulty intuiting and interpreting theirs and others' internal experiences and responses, as illustrated above. These difficulties make negotiating intimate relationships extremely complicated for both partners as overwhelming affect may have a disorganizing effect on thinking and decision making abilities (Fonagy et al., 2003).

The inability to effectively negotiate the boundaries of a healthy relationship increases the likelihood of conflict between partners, which in Grace and Kurt's case resulted in "sudden eruptions of disturbing anger" (Vincent, 2001, p. 119). This conflict may result from feelings of frustration, abandonment or betrayal in response to a partner who is perceived as emotionally abandoning (Vincent, 2001) and might be why Grace's pregnancies and the birth of their children evoked such violent responses in Kurt. Vincent (2001, p. 124) suggests that partners who have experienced "fright without solution" in response to their early caregivers have what he calls unresolved states of mind, which trigger lapses in their ability to handle conflict and leads to unpredictable behaviour. This is similar to the suggestion made by Fonagy et al. (2004) that one's mentalizing capacity may be temporarily reduced in times of stress, further interfering with each partners ability to think clearly, as well as their decision making capabilities.

Grace's pregnancies may have triggered unresolved states of mind for Kurt, and acted as visible reminders that soon there would be a newborn baby who would demand Grace's attention and take precedence over him. "...With every pregnancy this man just hated my guts! I don't know if it's just me saying... feeling it... but I always felt I was more abused in my pregnancies than anything else" (Session 2). Grace's pregnancies may have been unconsciously perceived by Kurt as her abandoning him. As Kurt responded aggressively or violently to the perceived threat of abandonment, so Grace retreated, thus confirming Kurt's fears. This is supported by Babcock et al. (2000) who suggest that expressive violence is often in response to fear of abandonment, citing wife withdrawal as a significant predictor of violence in partners with a preoccupied attachment style. This line of argument seems to elucidate the timing and increase of Kurt's abusive behaviour particularly around Grace's

pregnancies. It seems important to note that although this may illuminate the pattern of abuse within intimate relationships, it does not serve to absolve either partner of their violent behaviour toward the other.

***Non-mentalizing stances: Psychic equivalence & pretend mode***

The impact of Grace's early attachment relationships remains evident in her current functioning in her experience of self, as well as her interpersonal relationships. If Grace's mother was emotionally unavailable, or responded to her defensively (Fonagy, 2001), she would not have been able to provide sufficient mirroring experiences for Grace. It seems likely that the effects of the circumstances of Grace's conception adversely affected the security of her early attachment relationship with her mother, as Grace acted as a living reminder of her mother's rape and her father's denial of responsibility for the pregnancy. When a caregiver's responses are not 'marked' (accurately but somewhat exaggerated representations of the experience of the infant) affect dysregulation may result (Fonagy et al., 2004). Fonagy (2001) asserts that such a breakdown in maternal mirroring means that the child is unable to internalize representations of their own mental states. Fonagy et al. (2004, p. 292) argue that such an "absence of parental mirroring can lead to a developmental arrest at the level of psychic equivalence" in which the infant expects that their internal experiences correspond with external reality. Put simply, the child does not form a conceptual understanding of the representational nature of affective states, and therefore finds it difficult to distinguish their affective experiences from external reality. Experience of the world in this mode of functioning is overwhelming to the child as their affective experiences appear to exist externally, as opposed to being mental representations of inner experience (Fonagy et al., 2004). Psychic equivalence is also characterised by distortions of the infant's subjective experience which are then projected in order to align their internal and external realities, as described above (Fonagy et al., 2004). This is evident in Grace's experience and retelling of the incident in which she was burned by a pot of boiling coffee. In Grace's retelling of this story she oscillates between a position of her adult and child perspectives of this experience. Her 'adult self' knows that she was caught in the middle of a fight between her mother and father, and that the coffee pot was not meant to hit *her*. However her 'child self' experienced this as an attack by a mother she experienced as cruel, who hated her and had never wanted her. In this mode of psychic equivalence it made sense that Grace's mother

would attack her with boiling coffee, as in this narrative her internal and external experiences are congruent.

Affect regulation is closely related to the capacity to mentalize, and both are established in the first few years of life within the parent-child relationship. The development of infants' reflective function relies on the opportunities they have to observe and internalize their own mental states, through mirroring experiences (Fonagy, 2001). If Grace was not afforded sufficient mirroring experiences in order to develop her capacity to mentalize, her difficulty imagining the mental states of others makes sense. This is evidenced in her difficulty considering the motivations of others' actions, which she tends to perceive as threatening or malicious. An instance of psychic equivalence is evident in Grace's account of her friend's recent betrayal of her. Towards the end of our therapy Grace learned that the deceased daughter of her friend Lucy died of an AIDS-related illness. As Grace learned this incidentally from someone with whom she works (who had assumed Grace knew about the daughter's HIV status) she felt unable to confront Lucy so as not to betray the confidence of her work colleague. Grace and I explored possible reasons for her friend having not disclosed this information to Grace (mentalizing stance), yet she had enormous difficulty imagining the complexity of the situation for Lucy and remained convinced that she simply did not trust Grace with her secrets and had therefore decided to keep the truth from her. Grace imagined that her inner experience of feeling betrayed correlated with her external reality (Lucy's reasons for not disclosing her daughter's HIV status). Psychic equivalence can thus be understood as a non-mentalizing mode of relating to the world in which the individual attempts to make their internal and external experiences congruent by externalising unbearable parts of the self.

A further non-mentalizing stance is pretend mode in which the internal state is thought to be completely separate from reality, having no impact on the outside world (Fonagy et al., 2004). As therapy progressed it became clear that Grace's 'work persona' particularly her work around parenting, is divorced from her actual experience of both being parented and being a parent. For instance when Grace spoke about Michelle or Dimitri becoming angry or upset she would often comment "but as a parent-counsellor, I would use the counselling approach and say 'I can hear you are upset'... angry whatever" (session 14) Grace seemed to adopt the parent-counsellor approach as a means of protecting herself from her experience of her

children as attacking her. Grace seemed to have learned this formulaic approach to dealing with, particularly her daughter's emotion expression, which underlined her inability to "stay with the feeling" rather than allowing her to connect with her daughter's experience or her own emotional response to this. Although it is typical to present a professional persona in a work setting, it is usually accepted that this is one aspect of the whole self. Grace, however, presents this idealised self-fragment as a concrete representation of her entire self, which remains divorced from her actual experience of herself. Due to the absence of sufficient contingent mirroring experiences in her early childhood, this idealised fragment of herself has not been properly integrated. Grace would frequently slip into pretend mode during therapy sessions when the content of discussion became too demanding, demonstrating the underwhelming or dissociative effect of this stance (Fonagy et al., 2003). An instance of this occurred during our sixth session together, in which Grace expressed her fears about Michelle growing up and eventually leaving home. This was precipitated by an open day which Grace and Michelle attended at UCT for prospective students, which acted as a reminder of this next life stage for both of them. Grace was recounting a story of how she had tried to talk to work colleagues about her fears around Michelle "leaving her alone" (session 6) and was frustrated by the seemingly glib responses she received from colleagues. Speaking about these two perceived failures, the first a feeling of being pre-emptively abandoned by Michelle and the second, failing to have her feelings mirrored by her colleagues, triggered a complex painful reaction from Grace. As a result she slipped into pretend mode and said "some people just don't know about feelings" and began to describe ways in which Grace-the-parent-counsellor would have dealt with the situation, with examples of what she might have said if she had been their position, "just as a counsellor would" (session 14) rather than sit with these painful feelings. By shifting into this role of the parent counsellor she divorced herself from her actual experience of these events.

Grace's speech and manner had a dissociative quality during times like this, and as she unconsciously disavowed her affective experience. During moments like this in the therapy it was important that I performed this regulatory role for Grace – by identifying and labelling her distress I mirrored her internal experience in order that she would be able to integrate this experience (Buirski & Haglund, 2001). It might also be considered that when Grace entered pretend mode she also communicated a selfobject need for twinship in which she felt connected to me through the similarities in our work (Kottler, 2007, cited in Swartz, 2009).

A further example of Grace functioning in pretend mode took place a few weeks later, following a session in which she was only briefly able to hold her conflicting feelings about her marriage and consequent divorce. During our ninth session Grace was able to admit that although her marriage to Kurt was unhappy in so many ways, she did feel taken care of by him, particularly in a financial sense and that she missed the containment of this aspect of their marriage. However in the following session her opening statements were a complete disavowal of these parts of herself that miss being married and which fear growing old alone, which she had been able to access simultaneously in the previous session. Although there are times when Grace *does* feel relieved not to be married, the following is an instance of pretend mode as it was incongruent with her mood state at the time.

“I had a pyjama weekend this weekend... so everyone is so envious ‘cause everyone still has small little ones... you know I was telling Jacqui I was lying there and gosh I felt so good thinking about my friends that are still in marriages (laughs) with small little kids...and I just felt so blessed! ...And I was lying there thinking... with Kurt this wouldn’t have been possible, there would have been *demands*. You would have been labelled ‘lazy’... you had to always just be the mother and cook and the wife... but I enjoyed the weekend” (Session 10).

These flights into pretend mode were frustrating therapeutically, although they made sense in terms of Grace’s inability to remain in contact with ‘complete pictures’ of her internal experiences. McWilliams (1994, p. 112) explains that this inability to deal with ambivalence is characteristic of people with borderline personality disorder, in what she terms “splitting of the ego”. Stolorow and Lachmann (1979, cited in McWilliams, 1994) note that in people with borderline personality disorder, this splitting occurs before an integrated ego state is achieved, rather than splitting which might occur as a defense against stress. It seemed for Grace that these brief states of holding ambivalence were too painful to maintain and would result in what she euphemistically termed her ‘pyjama weekends’ which amounted to her experiencing brief depressive episodes in which she withdrew socially, experienced low mood and low energy, and frequently ruminated about being alone in the future. It seems that it took Grace considerable energy reminding herself that her life was better, however at times such as these

her feelings of loneliness remained unacknowledged and she was therefore operating within pretend mode, as discussed above. Grace was not able to engage with these nonambivalent states from week to week and our sessions began to follow a fairly predictable pattern of a session of ‘making contact’ followed by at least three sessions of Grace re-establishing a tolerable equilibrium.

Although both psychic equivalence and pretend modes are fundamental precursors to a developing capacity to mentalize, due to the misattuned nature of Grace’s early attachment relationships she has been unable to properly integrate these. As such Grace displayed these non-mentalizing stances at various junctures throughout therapy and they became useful indicators for the therapist that Grace had been recently overwhelmed. As a result, assisting Grace to develop a mentalizing stance remained one of the main, yet most difficult tasks of our sessions together. This also meant that the pace of the sessions was set by Grace in order not to overwhelm her capacity to cope with material that was often very threatening to her sense of equilibrium. Fonagy and Bateman (2007, p. 87) qualify that although people with borderline personality disorder are able to mentalize, they “are more likely to abandon this capacity under high emotional arousal (in response to maltreatment) because mentalization was not as well established during the first decade of life”. Within the context of her relationship with Kurt it makes sense that she was often unable to mentalize as she lived with high arousal levels in response to the seeming unpredictability of Kurt’s outbursts. This also meant that Grace and Kurt’s repertoire of means of dealing with conflict was greatly reduced as high arousal interactions activated their attachment systems and they reverted to learned ways of reacting. This pattern underlines the assertion made by Bartholomew et al. (2001) that such relationship patterns are particularly difficult for either partner to successfully terminate.

Grace expresses horror at the mention of future intimate partners and insists she will never have another intimate relationship. She seems unable to tolerate the ambiguities that relationships inevitably present, as well as her own feelings of being overwhelmed that relationships have come to signify for her. At times during the therapeutic process Grace was able to touch on the force with which she felt carried along by her responses to Kurt, particularly during periods of calm during which she would either goad and berate him or take advantage of his generosity (characteristic of these periods). Grace indicated that she knew

she “would pay later” but felt unable to stop herself. Russell (1998, p. 7) explores this compulsion to repeat explaining that it is “an organized system of affective incompetence... [and] an attempt to continue an interrupted relationship in the service of the emotional growth that was earlier broken off”. In keeping with this idea it might be considered that a part of the pattern of interaction in which Grace and Kurt became locked was a powerful repetition of their respective early attachment relationships. In order to step out of this compulsive repetition one needs to be aware of the past experience at the moment of opportunity to choose not to repeat (Russell, 1998). Although Grace seemed vaguely able to identify this compulsion to repeat in her relationship with Kurt, it seems she did not feel sufficiently safe to risk loss of connectedness within the therapeutic space to allow core elements of this repetition to unfold. At the time of therapy being terminated Grace maintained her position – that entering into a new intimate relationship remained too threatening for her to consider. It might be argued that this period of therapy served to solidify rather than weaken her resolve in this regard, as despite it being a boundaried, stable relationship it was at times experienced as threatening – something Grace had to adjust her proximity to as a means of maintaining a sense of safety. Given the safety of a therapy without a specified end-date Grace may have allowed further opportunities for repetition to emerge, but given the limitations of this therapy she seemed to intuitively protect herself. The therapist was careful to attune herself to Grace’s pace in this regard, respecting quiet ‘no’s’ from Grace as cues that she needed to maintain her defensive structure.

## Conclusion

This chapter reviews and concludes the argument of the thesis – that insecure early attachment has profound effects on the later course and nature of adult intimate relationships, particularly within the context of intimate partner violence. This study employed a single case study method, using the history and nine-month therapy with a 49-year-old South African woman named Grace. Grace is the survivor of early psychological and physical abuse who later experienced violent physical, sexual and psychological abuse within an intimate adult relationship. This study traced Grace's adult attachment patterns back to her early attachment experiences, linking this with her difficulty regulating affect and her capacity for mentalization, particularly in high-arousal circumstances. These attachment patterns as viewed through the lense of the therapeutic relationship are then reviewed – how they simultaneously elucidate a client's functioning within attachment relationships, as well as how they might be considered a compulsion to repeat as a move towards healing (Russell, 1998).

Herman (1994) expresses that early and ongoing experiences of trauma are thought to have a disruptive effect on the structural formation of the self, and have been linked to the later development of borderline personality disorder (*DSM-IV-TR*, 2000). Early attachment relationships are internalized as *internal working models* (Bowlby, 1973, cited in Henderson et al., 1997) which forge relatively stable patterns of understanding and relating to the world (Bowlby, 1980, cited in Feeney & Noller, 1996). These modes of relating are in a sense self-perpetuating as they elicit behaviour from others which confirm and hence reinforce these internal working models (Feeney & Noller, 1996).

Early attachment relationships are also thought to play a critical role in the capacity for affect regulation (Fonagy et al., 2003). Within the infant-mother dyad pre-conversational affective exchanges serve to modulate the infant's affective experiences and facilitate the development of a sense of agency (Fonagy et al., 2004). This is achieved through a process of marked mirroring of the infant's affective experiences by the caregiver, which are then internalized as a means of self-regulation (Fonagy et al., 2003). This capacity is necessary for the development of an integrated, stable sense of self, as well as for achieving the capacity for mentalization. Children who have had disruptions to, or insufficient regulatory experiences

within their early attachment relationships, have difficulty reflecting on their own and others' internal experiences (Fonagy et al., 2004). As a result they might operate within or between, what Fonagy et al. (2003) refer to as modes of *psychic equivalence* and *pretend mode* in order to align their internal and external experiences. It seems that the circumstances around Grace's conception and the emotional fall-out of this for her mother, interfered with her mother's ability to sufficiently mirror and regulate Grace's early affective experiences. As such she internalised a sense of affective experiences being overwhelming and unmanageable.

The link between early attachment and neurobiology is now widely accepted by most neurobiologists (Silverman, 2011). Schore (2003) indicates that the attuned mother regulates the infant's internal states by synchronising her level of stimulation with their own, influencing the structure of neural pathways (Lewis, 2005, cited in Ford, 2009) as well as the infant's neurochemistry (Lyons-Ruth, 2006). Lewis (2005, cited in Ford, 2009) indicates that as these neural pathways are forged and consolidated, they limit the development of other neural trajectories. This has important implications for our expectations of the scope of change within the therapeutic relationship, and further impresses Bowlby's assertion that our early attachment relationships have longstanding effects on our adult lives as was seen with the case of Grace who showed marked difficulty regulating affective experience.

Although traditional feminist theory locates intimate partner violence within a socio-political discourse, this study hoped to expand on this thinking by examining in greater detail the experience of intimate partner violence. Bartholomew et al. (2001) state that within adult relationships partners act as attachment figures for each other and suggest that adult attachment styles can be predicted by early attachment styles. It is thought that within the context of abusive relationships, attachment systems are not only reactivated (as in the case of all adult attachment relationships) but are strengthened making it very difficult for either partner to terminate the relationship (Bartholomew et al., 2001). Within this context, adults with pre-occupied attachment styles such as Grace and Kurt, tend to establish a particular relational dance. Kurt's relational style, although anxiously intrusive seems to have mimicked the level of stimulation Grace experienced within her early attachment relationships (Schore, 2003) and may have helped to foster their initial connection. Within their relationship it soon became clear that neither partner was able to sufficiently meet the expectations or needs of the other. This confirmed past failures and evoked painful internal responses to which both

partners reacted (Bartholomew et al., 2001). Grace tended to withdraw as Kurt up-regulated (physical violence), and as he withdrew Grace up-regulated by goading or berating (emotional violence) him. Both partners seemed primed to interpret behaviours as abandoning, and as a result exaggerated both their up-regulating behaviours and their withdrawal behaviours thus perpetuating this cycle (Bartholomew et al., 2001).

The notion of the repetition compulsion lends a useful psychoanalytic understanding of this cycle, in which people elicit certain behaviours from others both to confirm their experiences, and in the hope of receiving a different outcome. In this sense the repetition compulsion might be considered a move towards healing (Russell, 1998). Santayana's (1954, cited in Russell, 1998) observation that when we are unable to remember the past we are fated to repeat it seems important to understanding the repetitions of early trauma, particularly with those whose attachment disruptions directly affected their capacity for affect regulation and mentalization (Fonagy et al., 2004). This meant that within Grace's therapy even seemingly minor repetitions evoked painful internal responses, which she had enormous difficulty processing. For instance during the second phase of therapy a repetition of Grace's overwhelming need for holding, but immense difficulty allowing herself to be held was set up. It seemed that this remained an unconscious repetition, with Grace re-enacting her dilemma of pursuing-then-retreating from experiences of holding, as well as communicating the fragmented and confusing nature of her internal experiences. Grace demonstrated for me that she *could not* think clearly when affectively aroused and needed to retreat into psychic equivalence or pretend mode. Stolorow, Brandchaft and Atwood (1987, cited in Stolorow, 1992) indicate that such use of the transference is an unconscious communication of selfobject needs, as well as a vehicle of repetition.

It could be argued that as these repetitions were not able to be dealt with consciously, they served to strengthen Grace's representation of relationships as being fundamentally unsafe. However, it is hoped that assisting Grace to mentalize around her past and present experiences might have aided her in making meaning of these experiences, thus allowing small opportunities for consolidation and integration (Stolorow, 1992). The final phase of therapy, although fraught with defensive pushing away of painful affect by Grace, demonstrated that she was in fact better able to tolerate contact with her internal experiences. For instance, in our 22 session Grace recounted with painful clarity how during a shopping

trip she had been overcome with a sense of sadness and rage at having been abandoned by Kurt. Grace was able to sit with, at least temporarily, the pain of these emotions and did not need to hand these over to me as she had characteristically done in the second phase of therapy. These periods of affective contact were brief but powerful in that they gave Grace an experience of surviving painful events. As such, a great deal of the work within our therapy dealt with the regulating of affect, mentalizing around her own and others' experiences and served to illuminate the structure of Grace's subjective world.

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## Appendix A

### Aetiological formulation

#### *Predisposing factors*

This formulation hopes to account for Grace's recent presentation at the clinic. Grace is a 49-year-old woman who was referred to the clinic by her work supervisor, and was diagnosed with borderline personality disorder and major depressive disorder, moderate (in remission on presentation). It is likely that Grace's vulnerability to developing both disorders is linked to the circumstances around her conception and birth, as well as her mother's own history of depression (although undiagnosed). Grace was conceived as a result of a rape, likely impacting her mother's ability to bond with her as an infant. Although Grace's mother was never formally diagnosed with major depressive disorder, given her account of her mother growing up it seems likely that her mother experienced numerous major depressive episodes during her childhood. Given the circumstances around Grace's conception, her mother may well have experienced a depressive reaction to her pregnancy and birth. Research indicates that maternal depression negatively impacts attachment bonds and may therefore have longstanding effects on development. Furthermore, insecure attachment bonds which may result from maternal depression are thought to interfere with the infant's ability to regulate affect as well as their later capacity to mentalize.

Grace experienced her mother as either cruel and abusive, or inattentive, and it seems that she established an ambivalent (preoccupied) attachment style in which she sought experiences of closeness with her mother but experienced her as unpredictable and frightening. Grace's parents had a volatile and conflictual relationship in which her mother was at times physically abusive toward her father, and both parents were verbally abusive towards each other. This created an unpredictable environment in which Grace needed to be vigilant of the changing moods of her parents, and provided a model of relationships as being essentially unsafe and abusive. It seems that neither of her parents were able to adequately regulate their own affective experiences which further meant that Grace learned to associate intimate relationships with overwhelming affect, both felt and expressed.

### *Precipitating factors*

At the time of presentation Grace had been working as a lay-counsellor making home visits to pregnant mothers in her local community who are identified as being at-risk due to their age, socio-economic status, HIV-status, due to substance dependence, or if they were identified as being in an abusive relationship. The experiences of Grace's clients were very similar to that of her own and evoked complex internal responses. Although Grace received supervision by a senior member of staff, this took place within a group setting and it was felt that Grace's emotional responses to the work could not be adequately attended to or contained. It is important to note that Grace did not display insight into either her sense of uncontainment, or her somewhat inappropriate use of the group supervision space and was referred to the clinic by her supervisor. On presentation Grace admitted being socially withdrawn, it was unclear whether this was a symptom of her distress specifically related to work, or whether this was part of her broader pattern of interpersonal instability.

In addition, this presentation seems to have been precipitated by Grace's youngest child entering her final year of school. It seems that milestones such as these elicited unresolved experiences for Grace, which she had enormous difficulty identifying and processing independently.

### *Maintaining factors*

At the time of treatment Grace had been divorced for six years and was living with her teenage daughter and adult son, in the house in which her and Kurt had lived during their marriage. The house itself seemed a constant reminder of the couple's marriage, and specific parts of the house served as reminders of traumatic events Grace experienced within the marriage. This coupled with the nature of Grace's work meant that her memories of trauma were evoked on a regular basis. Furthermore, Grace had not internalised an integrated sense of self with which to make sense of and regulate her affective experiences. This meant that while she was easily overwhelmed by internal and external events she had insufficient means of managing these experiences. Grace's tendency to regulate her affective experience made interpersonal relationships further problematic as her capacity to mentalize was greatly reduced during times of affective arousal. Finally, her experience of attachment relationships as being unsafe meant that accessing care within a relationship was a foreign and often

threatening experience for Grace, and impacted the degree to which she felt able to make use of the therapeutic relationship.

### *Protective factors*

Grace's work environment, although difficult for her to manage, provided a sense of competency and independence which were of great value. Furthermore, it should be considered that although the content of the work evoked difficult internal experiences for Grace, it also provided her with the important opportunity for working through her past experiences. Her supervisor at work was a trained clinical psychologist and continued to help Grace to think through her reactions to clients. This provided a validating experience of many of Grace's experiences of trauma without the exposure and vulnerability of a therapeutic relationship, as well as providing her with a valuable space to think about her own role as a parent.

### **Therapeutic formulation**

This formulation draws on attachment theory to account for Grace's development of borderline personality disorder, and her experience of intimate partner violence. As a result of the circumstances (the rape and consequent marriage) surrounding Grace's conception and birth, it is likely that her mother was unable or unwilling to provide a consistently secure base for Grace. Even if Grace's mother went through the motions of motherhood, it seems plausible that Grace was a living reminder of her rape causing an unconscious disruption to the mother-child attachment bond. Grace's earliest memories are of her mother's cruelty and anger towards her, resulting in her feeling unworthy of and unable to be loved. She describes wanting to be near to and feel loved by her mother, but fearing the response she may elicit – at times warm or indifferent and at others cruel and rejecting causing her to form an insecure/ambivalent attachment bond with her mother. Grace's early relationship with her mother may also explain her inability to provide a coherent picture of her internal experiences as she her mother provided insufficient or misattuned mirroring experiences. This meant that Grace was unable to internalise a representation of her mental states and therefore had difficulty regulating her affective experiences, which has been linked to the formation of borderline personality disorder in adults (Fonagy et al., 2003).

As she got older Grace became aware of her father's various infidelities and saw this as the reason for her parents' later divorce. She was extremely angry with her father for abandoning them and forcing them to leave their family home and community, as well as for her mother's suspected depression. Grace experienced her first depressive symptoms after her parents' divorce. It was during this time of feeling very angry with her father that Grace met Kurt. Kurt had been brought up in a family with nine siblings and had been repeatedly abused by his alcoholic father. Bartholomew, Henderson and Dutton (2001) explain that in adult relationships partners function as reciprocal primary attachment figures for one another. As Kurt and Grace's relationship was initially attentive and adoring, it seems plausible that they represented for each other what they had lacked in their early attachment relationships.

Kurt may have perceived the pregnancy and birth of their first child as a threat to this newly established attachment bond, and this period marked the beginning of his abuse of Grace. Grace in turn withdrew and became depressed, which was interpreted by Kurt as confirmation of his feared abandonment and the abuse escalated. Bowlby (in Bartholomew et al., 2001) suggested that situations of threat or fear activate the attachment system and may in fact cause particularly strong bonds, in which the victim feels unable to leave their abusive partner. This might account for the pattern set up between Grace and Kurt which was repeated throughout their marriage, and which fuelled Grace's depressive symptoms. Grace's current fear of intimate relationships is most likely be related to her experiences of her attachment figures as being unpredictable and abusive.