

ATTACHMENT & AFFECT REGULATION THEORIES AND
THE EXISTENTIAL/ DEVELOPMENTAL MODEL

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Abstract:

This is a theoretical paper integrating attachment and affect regulation theories with an existential-developmental model that was first presented in 2002 at the 3rd World Congress for Psychotherapy held in Vienna. At that time a variety of developmental theories (Erikson, Freud, Piaget, Bowlby, Mahler and Winnicott) were combined in order to describe development as a spiral from birth to death. The term “DNA of the Soul” was used, with the intertwining double helix symbolizing the ongoing dynamic interaction of positive –growth enhancing and negative—growth inhibiting possibilities which, at each stage of development, forge our evolutionary path through life. New neurobiological advancements are giving light and support to the existence of this “psychological DNA” that becomes part of our thrownness in life. It constitutes our psychological inheritance that, in contradistinction to our biological DNA, can be changed with courage and will power.

Key words:

Attachment, affect regulation, freedom, thrownness, existential-developmental.

Introduction

In the paper “Thrownness, Freedom and the Will for Authenticity”, presented at the 1st World Congress of Existential Psychotherapy in London in 2015 and published in the Journal of the Society of Existential Analysis in 2016, I attempted to describe the process of development by integrating several developmental theories and to reconcile the concepts of thrownness and freedom as the two poles on a continuum from determinism to free will. The concept of the ‘DNA of the Soul’¹ (2002, 2007, 2016) emerged many years ago using terms that I then knew and understood. Today, new theories have helped me better explain the original concept, which is based on

¹ Soul is “understood as the individual human being’s very own situated gathering of lived experience” (Craig, 2008, p.257). Self, on the other hand is “this relating to one’s own presence” that we call ‘I’ (Craig, 1992, p.29)

the basic notion that “all is written in the genes”, but not solely the biological ones. There is also a psychological DNA, conceptualized as a spiral with two poles—positive and negative, which predisposes us to develop specific ways of being-in-the-world. In other words, the growth enhancing forces are related to our feelings of worthiness, our ability to trust others and to form intimate relationships. The growth inhibiting forces are connected to feelings of low self-esteem, lack of trust and difficulties in relating to others. This growth enhancing and growth inhibiting patterns are based on our early experiences; many of them retained only in a pre-verbal state.

In his beautiful book, the “Uses of Enchantment” (1976) Bruno Bettelheim relates the importance of the very early years in which we do not yet use language and thus we often cannot remember because memories are stored in a now forgotten language, the language of feelings. Everything that happens to us is imprinted on an affective level. Important messages are transmitted, in an implicit, non-verbal manner, in the original attachment relationship. It is understood that a secure attachment leads to resilient affect regulation whereas insecure attachments predispose the individual to a variety of states of affect dysregulation. The ambivalent/anxious pattern leads to prolonged states of hyperarousal, the avoidant to prolonged states of hypoarousal and the disorganized/ disoriented to a chaotic pattern of hyper- and hypoarousal² (Hill, 2015). All these patterns of relating and being-in-the-world affect who we are and how we have developed in order to cope with and adjust to this strange new world we have been thrown into.

The importance of affect and its regulation for the way we are is saliently described by Hill (2015):

Affect is at the core of our being, a measure of our heart. It excites and deflates us, connects and distances our relationships with others. It organizes us and undoes us. When affect is regulated, we are at our most adaptive, our most self-possessed, our most engaged, our best. ... Regulated affect states occur when we feel safe. (p. 1)

Attachment patterns and affect regulation in relation to Erikson’s theory

Attachment patterns are initially created by mother’s mode of being -in- the -world, her affective and self-state, her ability to regulate her own emotions and to be there for her infant. Mother’s capacity to relate in a caring and consistent manner that allows for ruptures to happen and knows how to repair them serves as a prototype for the child’s capacity to tolerate ruptures in relationships and know how to mend them. Her empathic ability to use shame and praise in proportionate measures will also allow the infant (and later the young adult) to attain an adaptive balance on the “shame-pride axis” .

² Hyper and hypo- arousal signify different responses of the Autonomic Nervous System (ANS) and are indications of a dysregulated affective state.

Hill (2015) explains how attachment patterns are related to both our affect and self-state regulation; how the ANS is regulated and develops a 'window of tolerance' for affect, or is dysregulated (hyper and hypo-arousal) and moves between extremes of affective arousal. My understanding is that, the larger the 'windows of tolerance'³ and the better the regulation of affect the "healthier", more resilient and well adapted the individual will be and the more capable of intimate, caring and understanding relationships.

This view of development, which highlights the effect of attachment on the state of regulation-dysregulation of the individual in his/her life, gives new light and understanding to Erikson's (1963, 1980) theory of psychosocial stages. His theory of the development of the individual throughout the life span can be related to the neurobiological findings for patterns that develop as a result of secure/ insecure attachments. We can, then, follow the path from the establishment of basic trust, to feelings of autonomy and self-trust, to the ability to form an "identity", a sense of "being" as competent and worthy, to the creation of intimate and caring relationships and, finally, to a sense of wisdom and integrity. Conversely, at the other end of the spectrum, an insecure individual haunted by feelings of shame and self-doubt, who has a hard time establishing a coherent sense of self and has difficulty in forming intimate and caring relationships will experience dissatisfaction and have an unfulfilled sense of being-in-the-world.

Our attachment to an important "other" –usually the mother—affects the way we view and understand relationships as either basically trustworthy and safe, or unsafe, unpredictable, uncaring, hostile, etc. Erikson suggested that during the first stage of our psychosocial development we build a sense of basic trust vs. mistrust. Along the same lines, Bowlby's (1969, 1973) and Mahler's (1975) theories of attachment and separation-individuation, further suggest the impact of our early attachments on where we fall on the continuum of basic trust and safety, on the one hand, to mistrust and feelings of basic insecurity, on the other. We might hypothesize that at one extreme we have the 'perfect mother' who never betrays her infant and is always present for him⁴; knows how to handle her emotions and helps her infant regulate his. This perfect mother clearly does not exist so we must be satisfied with a "good enough mother", as Winnicott (1971) suggests and we hope that the other extreme is not too neglectful and/or abusive, whether physically, mentally, or emotionally. Often the emotional abuses are the harder to detect and the more difficult to bring forth into the healing light.

In the beginning of life it is our touch, our smell and our kinesthetic abilities that help us to start to 'know' this other on whom our life depends. How tense is she? How scared? approving? disapproving? caring or abrupt? Is she there? Is she reliable? Can I really trust she will be there for me? All this implicit information is registered in our

³ "The 'windows of tolerance' represents the boundaries of affect tolerance" (Hill, 2015, p.2).

⁴ The male gender is used for the child in order to avoid confusion with mother but it is equally true for the female child.

flesh and mind. We know how it feels when we are caressed by something tender and when we are hurt by something rough. We don't understand why it happens but it just does and we have to learn how to adjust our moves so that we will maintain the caresses and avoid the hurts. It is natural that we try to do what pleases the 'other' so that we get the affection and care we need. In the process we, of course, lose our authenticity without being consciously aware of the process. Hence, as Stern (1985) suggests the role of the therapist is "to be the midwife of the patient's denied reality, the conjurer, spokesman, and gentle exorcist of his ghosts" (p. 92).

Our primary early attachment pattern, through its effect on the functions of the brain and ANS, affects the development of our basic stance towards the way we feel about life and relationships. Strong bonding leads to a basic sense of security, a felt sense of safety, that allows the individual to grow up feeling confident in life. At the opposite extreme the presence of an insecure, anxious, ambivalent or disorganized bond leads to a basic feeling of unsafety and a felt sense of danger.

This is continued in the second year of life when the infant is trying to 'stand up on his own two feet'. Hill (2015) writes:

The secure caretaker's capacity for autoregulation and affect tolerance are key. When shaming the infant, the empathically attuned attachment figure is able to modulate the intensity of the shame and efficiently reestablish a psychological connection with the infant" (p.129).

The "shame -pride" process is important for the development of autonomy vs. feelings of shame and doubt. The primary relationship and the way important others (father, teachers, siblings, etc.) view this growing being will come to interact and influence further the individual's view of himself. Will he develop into a trustworthy, competent individual or a no good, happy-go-lucky, incompetent being? What messages are given to the infant, the toddler, the young child, the teenager and the young adult? What relationships will he face and co-create throughout life? Where will he place himself on the "pride-shame axis"⁵?

When the rules of the game are consistent, either on one side or—even I would dare say—on the other, it is helpful for the young child because there are at least clear and predictable conditions under which he can maintain a relative sense of security. The greater problem arises when things are inconsistent and the child cannot figure out the rules of the game and so can rarely 'win'. Children growing up in an unruly background will tend to become chaotic and disorganized themselves, whereas those lucky enough to have experienced good-enough mothering will have an easier time in their effort to be themselves and grow up with a degree of self-esteem and feelings of competency and worth. They are more likely to have the "virtue of hope" and this basic feeling that they are not in danger and can dare to take a "leap of faith".

⁵ "The regulation of sympathetic and parasympathetic arousal underlies the regulation of the pride-shame axis and the management of narcissistic equilibrium" (Hill, 2015, p. 130)

The unlucky ones can take many directions and struggle hard to maintain a balance and self-regulation that is often quite precarious. They have been named avoidant, preoccupied, hypo or hyper-aroused depending on the type of attachment and ANS arousal pattern they present. In general, we can say that, if the right- brain emotional appraisal is one of anxiety and tension we are in a hypervigilant state where our sympathetic NS is activated. If on the other hand, our right brain emotional appraisal is more one of fear and shame we tend to be more withdrawn and numbed with an under-regulated parasympathetic arousal. When we are in a state of arousal and our ANS is activated we usually evaluate the dangerousness of the situation using both the information from our body (sensory input, amygdala & limbic system information—lower brain) and our higher thinking processes (cortex-higher brain), if they are not blocked by a too intense feeling. If the situation is perceived as highly dangerous the total organism is placed on an alert state with heart pounding, constricted pupils, blood flow going to where it is needed, perspiration, hormonal secretion and a readiness to fight, flee or freeze depending on the last words from our master brain. What will reign? Past experiences and outcomes have left their imprints and in milliseconds our brain reacts according to what it believes to be correct for the situation at hand.

Determinism vs. Free will

Our original ability to respond to this thrownness is limited. As children, we are completely dependent for survival on this ‘other’ that we don’t really know, neither do we have the capacity to understand events in the same way we do as adults. Situations evoke bodily experiences and emotions, different states that we will later interpret and label (hopefully but not always) correctly. We will write our life’s script on the basis of these faulty interpretations (e.g. I am no good) and continue to fulfill them. It will have to be through the hard work of self-exploration that we can re-write a new scenario. The presence of a caring and attuned therapist is crucial as a catalyst; however, it is only the consistent effort of the individual that can lead to change.

The persistent and courageous effort for self-awareness is the basic path for understanding, accepting and changing these well ingrained patterns that often have their roots early in life. How aware are we of our scenarios and our automatic reflexive responses? It is with contemplation and self-reflection, usually after the fact, that we may decide whether the way we reacted was actually the ‘correct’ (desirable) response, or not. It is through our ability for afterthought that we can decide upon the usefulness of this automatic, primitive, first reaction that is the result of all of our ‘lived experiences’⁶. It is in this capacity for self-reflection and contemplation of our beingness -in-time, that our freedom is found. It is this ability,

⁶ Lived experience is understood as experience that “becomes meaningfully or thematically organized by each individual’s human existence as a whole” (Craig, 2008, p. 276).

to look backward and forward and to understand where we are coming from and where we want to go, that gives us the freedom to choose whether we want to continue to react in this same 'predetermined' manner, or whether we want to do things differently, challenging and modifying what our inheritance and our thrownness have led us to do. Our freedom lies in the responsibility we have to live a contemplative kind of life rather than a mindless one. As Socrates exclaimed centuries ago, "the unexamined life is not worth living".

As a first act of free will we have to accept, own, and even love, as Nietzsche suggests, our destiny; this inheritance that we are carrying within our 'genes'. We need to make it our own, exactly as we have experienced it both psychologically and physically. Authenticity is the re-claiming of the self, it is the authorship of our life. To reclaim this 'felt sense', this lived experience that constitutes our own unique being-in-the-world. Through this process of contemplation, acceptance of what cannot be changed and self-chosen modification of what can be changed, we can open-up our being to a world of possibilities. A world where we can really respond, rather than react, to life in our own, unique way. This move from a pre-determined state of being, based on our inheritance and our thrownness, to an unknown and undefined way of being, is the victory of free will. We can choose to respond to the challenge of life as a whole, i.e. not only the isolated challenges of everyday life, but life in its totality—from the ontic to the ontological, in unique and unpredictable ways, as both we are and life is.

The role of therapy in self-determination

The role of therapy for reclaiming ownership of our self and our life can be vital. It is in therapy that we find the space and time for this reflective and contemplative process to begin and to unfold. The presence of a non-judgmental and caring other forms the necessary "holding environment" for the initiation of this long and difficult journey of self-exploration. Psychotherapy is both a cognitive and an emotional process. Emotional, lived experiences need to be both re-lived and understood for what they were and still are. They need to be re-formulated, re-regulated and re-integrated in who we are. This process of 'beingness' continuously takes place in all our relationships. The therapist, however, has a different form of responsibility in the encounter than 'others' in the life of the individual. S/he must be a servant to the person's needs and vulnerabilities, must be able to understand the implicit messages and be careful with the way s/he is present. It is the genuine 'positive regard' of the therapist that has the healing power in the life of the other.

The belief in the value of human beings gives the therapist the necessary stance towards the other. A stance of caring and being- there for the other, that is so important for the development of feelings of self-worth. Thus equipped, we are ready to embark on the journey of self-discovery and self-acceptance. The journey requires great stamina. Claiming responsibility for one's life is central in the process

of change. The individual must be willing to leave the safety of old patterns and habits and venture into the unknown. The presence of the therapist is, once more, important for this 'leap of faith' of the individual.

It is the insidious implicit messages that go unnoticed to the 'naked eye', but can be detected by a sensitive other and hopefully by the eye of the therapist who notices, these little nonverbal cues, that are so important for our emotional well-being. Darwin identified seven universal emotions that have been found to be true and understood in all cultures in the same facial expressions. They are the faces of anger, shame, disgust, sadness, surprise, fear and joy. We all pick them up by our triune brain (reptilian, limbic and neocortical) and can quickly identify when we are in danger. Although our words may be ones of understanding and caring our facial expressions betray us. We cannot really hide our reactions of disapproval and disgust, or anger and sadness despite our effort.

Others are hell, says Sartre. They are, because we can see in their gaze and their facial expression whether they approve or disapprove of us. Whether they like, or dislike us and we often react by feeling ashamed and/or rejected. It is no wonder then that "others" become hell and we often decide to remain dissociated rather than relate and be hurt. Being hurt by the most important and significant others early in life is the basic tragedy of the human race. We are thrown into an environment, not of our choosing, and we have to cope and deal with whatever has been thrown to us. Lucky those who find themselves in good hands –the good enough mothering of Winnicott, we referred to earlier—and terribly unlucky those who find themselves on the other side of the spectrum, which I am afraid tends to be the majority, at least of those we see in therapy rooms.

It is no wonder that it is these original imprints that we try to get at and work with in psychotherapy, in the so-called "transference"—or in the individual's way of being with us. These imprints that are related to the way we were treated and felt in the primary relationship with our care taker. When we uncover the covert, implicit messages that we carry, as the 'going-on-beings'⁷ we are, in the present, we can be liberated from the "chains of the past". This uncovering and bringing into light that which has been hidden, opens us up to a realm of indefinite possibilities. We can shift our life from a predetermined position to one of free will. Of course, a lot of "psychotherapy" happens again in an implicit, non-verbal manner, in the way the therapist is present in the encounter. It is the way of being of the therapist that will serve as a catalyst for the modification of these imprints through the new experience of being with a different other—the therapist. The "corrective emotional experience" of psychotherapy targets these affective patterns that were formulated during the early emotional attachments.

⁷ "Going-on-being" is a "sense of continuity of one's own being" as expressed by Winnicott (Craig, 2008, p. 257)

Conclusion

On a personal level, it is the core belief in the value of self-determinism that attracted me most in the existential approach. It was, however, difficult for me to explain how I could support such a belief given the number of conditions I felt I was thrown into that were not of my choosing. How could I reconcile biological and environmental determinism with self-determinism? They always seemed antithetical and as such contradicting and excluding one another. It was through many years of inner turmoil that I am finally at peace with the presence of both as part of life and as a reflection of all of the dualities of human nature and life. Light and darkness, good and evil, thrownness and self-determinism co-exist on and inhabit the same planet. The primary responsibility of each and every one of us is to make a conscious effort to acknowledge their presence and take a stance in the way we want to live our each and every day.

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