Sunrise to Sunset,  
the Family Circle,  
and yet.....  
How family of origin loss  
creates adult problems.

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Circumplex Model of Family Dynamics

Two major continua of family functioning:

**Adaptability**: the degree to which the family can change and grow to accommodate developmental maturation and new circumstances

**Cohesion**: the degree of emotional and relational closeness among family members
Four Behavioral Styles on Each Continuum

<table>
<thead>
<tr>
<th>Adaptability</th>
<th>Cohesion</th>
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<tbody>
<tr>
<td>Chaotic</td>
<td>Disengaged</td>
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<tr>
<td>Flexible</td>
<td>Separated</td>
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<tr>
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<td>Connected</td>
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<td>Enmeshed</td>
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Levels of Flexibility

CHAOTIC
- Lack of leadership
- Dramatic role shifts
- Erratic discipline
- Too much change

FLEXIBLE
- Shared leadership
- Democratic discipline
- Role sharing change
- Change when necessary

STRUCTURED
- Leadership sometimes shared
- Somewhat democratic discipline
- Roles stable
- Change when demanded

RIGID
- Authoritarian leadership
- Strict discipline
- Roles seldom to change
- Too little change
Healthy & Unhealthy Factors

Two healthy options on each scale:

Adaptability: Structured or Flexible
Cohesion: Separated or Connected

Two dysfunctional options on each scale:

Adaptability: Chaotic or Rigid
Cohesion: Disengaged or Enmeshed
Combinations of adaptability and cohesion styles indicate the nature of the family, its relative health or dysfunction.

**Healthy Families**
- Flexible Separated
- Flexible Connected
- Structured Separated
- Structured Connected

**Dysfunctional Families**
- Chaotic Disengaged
- Chaotic Enmeshed
- Rigid Disengaged
- Rigid Enmeshed
<table>
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<tr>
<th>Healthy</th>
<th>Unhealthy</th>
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</thead>
<tbody>
<tr>
<td>Subsystem boundaries are clear; may be altered as family requires.</td>
<td>Boundaries are rigid or very diffuse; not subject to change.</td>
</tr>
<tr>
<td>Rules are clear &amp; fairly enforced; may change as conditions change.</td>
<td>Rules are unchanging &amp; rigidly enforced, or no rules &amp; guidelines.</td>
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<tr>
<td>Members have a clear understanding of roles.</td>
<td>Roles are rigid &amp; may not be modified, or are not clearly defined.</td>
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<tr>
<td>Individual autonomy is encouraged &amp; family unity is maintained.</td>
<td>Autonomy is sacrificed for “togetherness”, or is required because of lack of unity.</td>
</tr>
<tr>
<td>Communication is clear and direct without being coercive.</td>
<td>Communication is vague &amp; indirect, or coercive &amp; authoritarian.</td>
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Attachment......

- ..... is the enduring emotional closeness which binds families in order to prepare children for independence and parenthood.

- Children’s attachment patterns are substantially influenced by those of their parents.

- The issue is not whether children are attached, but how—whether they experience relationship as valuable, reliable, and safe.

- The legacy of inadequate childhood attachment poses a considerable burden for the individuals themselves, for society, and for public services.
• Secure attachment  
  High levels of acceptance, cooperation, sensitivity, & availability in parents

• Ambivalent attachment  
  Unsettled/anxious and angry child; alternates between approach & rejection of parent, who tends to be insensitive to child’s needs

• Avoidant attachment  
  Minimal distress in child; looks away & actively avoids parent; more interested in toys & other objects; parent tends to be inconsistent and disorganized

• Disorganized/disoriented attachment  
  Mix of avoidant & ambivalent types; bizarre & contradictory responses to caregiver; seeks proximity but avoids contact; rapid changes of affect

Attachment Styles (Bowlby)
Neurophysiological Effects of Disrupted Attachment

- Stress caused by maltreatment & neglectful parenting has an adverse effect on the hypothalamic-pituitary adrenal (HPA) stress reaction pathway.

- Cortisol (stress hormone) prepares the body for protection (fight/flight/freeze) against physical harm; prolonged exposure (hypercorticolism) may damage hippocampus, a structure in the brain essential in the storage & processing of emotional memory.

- May block ability to experience emotional intimacy and bonding.
Psychosocial Effects

Development of an *internal working model* re: cognitive & emotional perception of self, others, & the world

Internal working model of relationships resides in the unconscious & serves as a template for how the child/adult will interpret relationships throughout development

Patterns of emotional response, anticipation, & behavior are set in childhood & lived out in adulthood
Inflexible Interpersonal Coping Strategies

- **Moving Toward**
  Pleasing others, seeking approval, minimizing risk of rejection or criticism; gives away too much of true self; loss of one’s voice, interests, preferences, boundaries

- **Moving Against**
  Tend to be expansive, dominating, aggressive, resistant to others’ wishes or rights; want to be in control of self & emotions at all times, and seek to exercise control over others, often through intimidation

- **Moving Away**
  Create safety for self through physical avoidance, emotional withdrawal, & self-sufficiency; expect rejection ➔ take care of self
**Interpersonal Process of Treatment**

- Build a strong working alliance with the client. Mutual respect, non-judgmental, genuine, emotionally present.


- Identify maladaptive relational patterns that keep recurring. (& addictive/compulsive behaviors as emotion defense)

- Provide a new and better response that does not repeat the familiar scenario in their interaction.

- Help generalize this experience of change in the therapeutic relationship to interactions with others.
Substance addictions are self-reinforcing and may or may not have a “lost child” component. Continued compulsive/addictive behavior does abandon the client and produce emotional distress. Some persons substitute the pleasure and comfort rewards of compulsions/addictions for the benefits of intimacy/closeness, while blocking the pain of unresolved emotional distress trapped in the unconscious (amygdala/hippocampus system). Substance abuse/compulsive behavior treatment is incomplete unless the underlying emotional needs are addressed and childhood wounds are healed.
References


Adult Self-Protective Internal Models

In order to manage the anxiety & grief associated with unmet needs (both for security and for support for autonomy & differentiation), clients often develop three disruptive internal working models:

1. Clients **block** their own need internally & respond to themselves in the same hurtful ways that others have responded to them; judgmental, abandoning, punitive, rejecting affect that parental figures originally expressed.

2. Clients block anxiety & pain by saying & doing to others what was originally done to them; **re-enacting** in adult relationships the same scenario they experienced as children.

3. Clients block the experience & expression of their own need by **eliciting** the same unsatisfying response from others that they received in childhood.