

**Sunrise to Sunset,
the Family Circle,
and yet.....**

**How family of origin loss
creates adult problems.**

Alan Basham, M.A.
Eastern Washington University

Ryan Kiely, M.S.
Excelsior Youth Center

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

Adaptability

Chaotic

Flexible

Structured

Rigid

Cohesion

Disengaged

Separated

Connected

Enmeshed

LOW-----COHESION-----HIGH

DISENGAGED

SEPARATED

CONNECTED

ENMESHED

HIGH

FLEXIBILITY

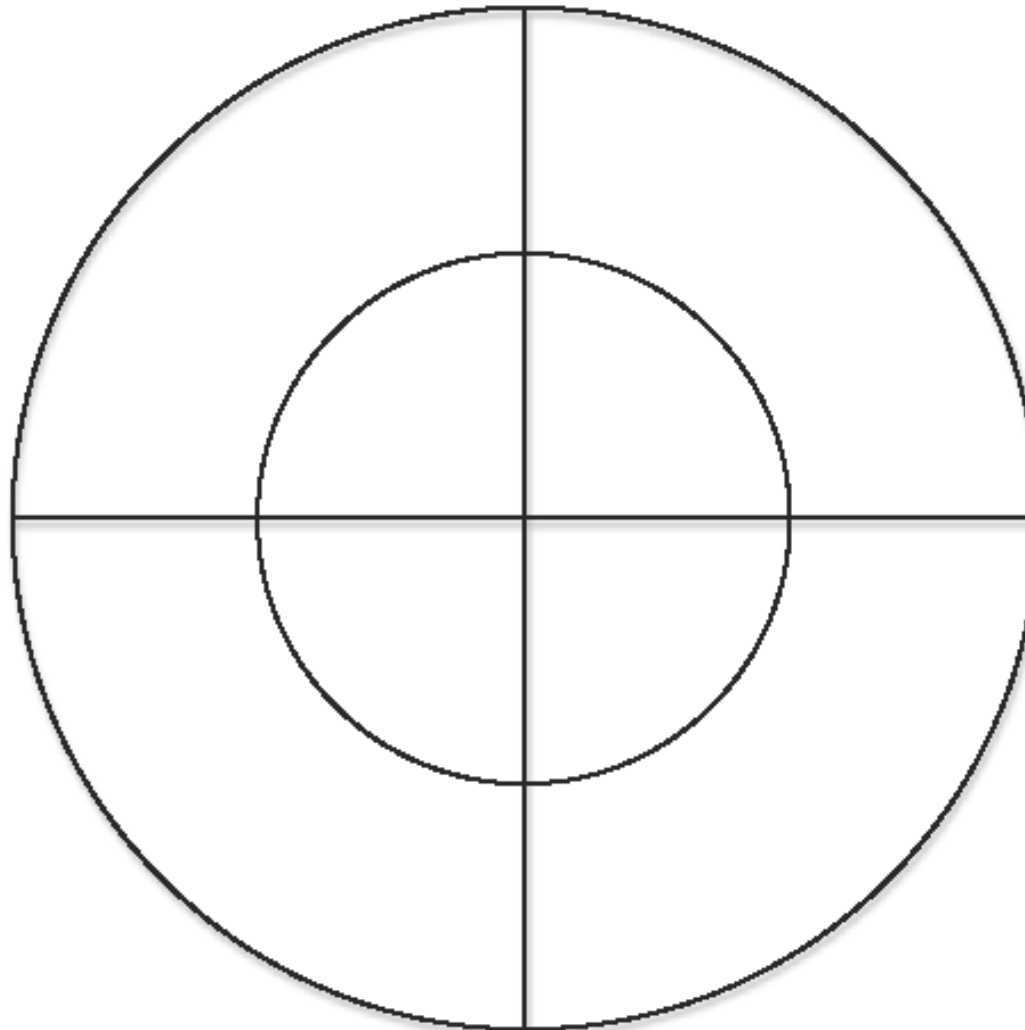
LOW

CHAOTIC

FLEXIBLE

STRUCTURED

RIGID



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



Healthy

Subsystem boundaries are clear; may be altered as family requires.

Rules are clear & fairly enforced; may change as conditions change.

Members have a clear understanding of roles.

Individual autonomy is encouraged & family unity is maintained.

Communication is clear and direct without being coercive.

Unhealthy

Boundaries are rigid or very diffuse; not subject to change.

Rules are unchanging & rigidly enforced, or no rules & guidelines.

Roles are rigid & may not be modified, or are not clearly defined.

Autonomy is sacrificed for “togetherness”, or is required because of lack of unity.

Communication is vague & indirect, or coercive & authoritarian.

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

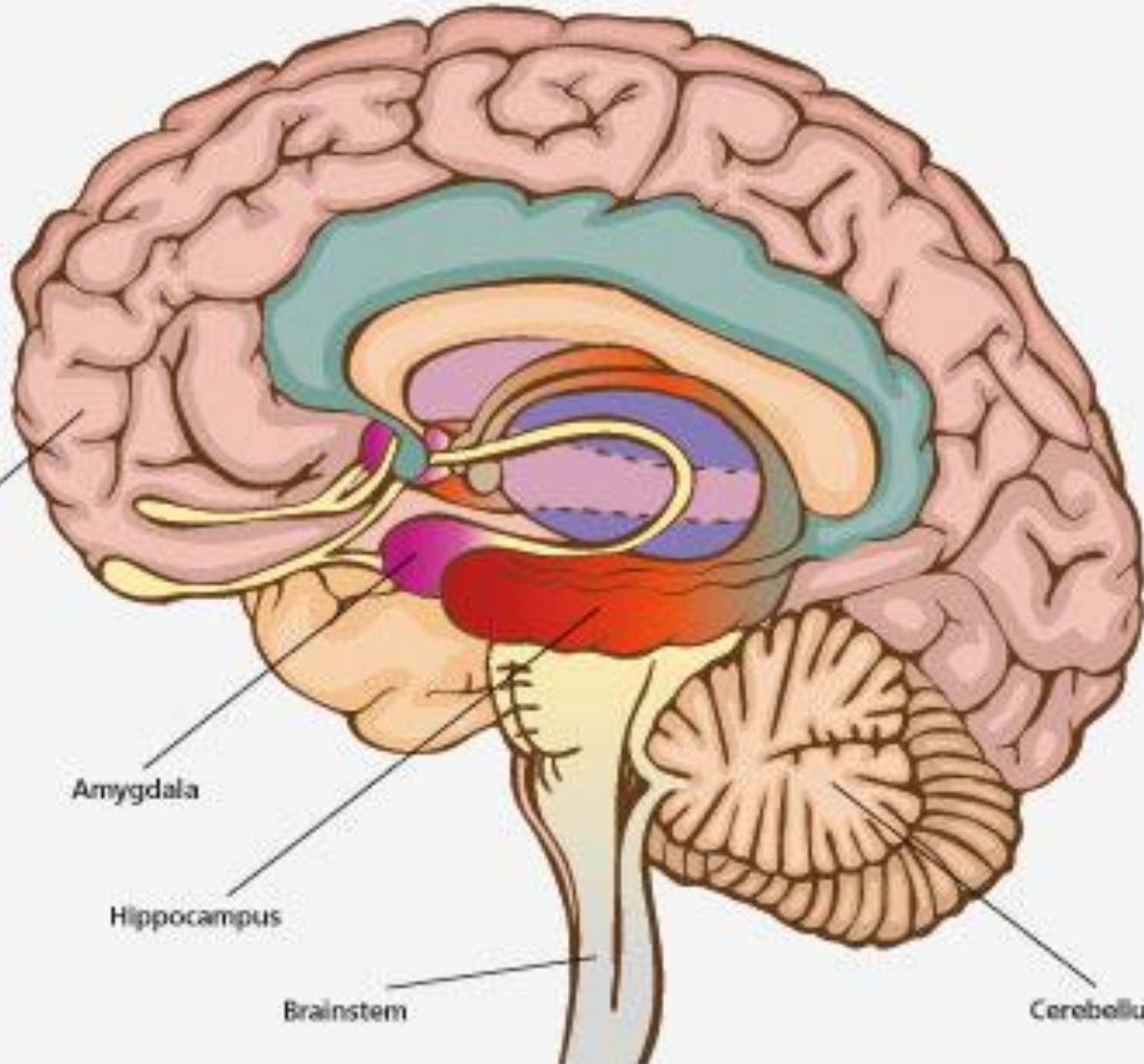
- **Disorganized/disoriented attachment**

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 (hypercortisolism) 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



Prefrontal Cortex

Amygdala

Hippocampus

Brainstem

Cerebellum

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 self-protective internal models and perceptual schema related to childhood experiences.
Moving toward, moving against, moving away
Blocking, re-enacting, eliciting
- 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.

What does this have to do with compulsive/addictive behaviors?

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

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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.