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Manfred F. R. KETS de VRIES

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The Kiss of the Hedgehog

Manfred F. R. Kets de Vries*

* Professor of Leadership Development, Distinguished Professor of Leadership Development at INSEAD, Boulevard de Constance, 77305 Fontainebleau, France.
Email: Manfred.ketsdevries@insead.edu

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Abstract

We are all products of attachment behavior. Each attachment with our primary caregiver forms the blueprint that determines the way we see ourselves and how we regulate our behavior toward others. Furthermore, the same behavioral system that underlies the dynamics of the infant-caregiver relationship appears to be applicable to adult relationship behavior, influencing the encounter between people in both personal and work environments. Attachment is a common thread that influences our interactions with others throughout our lifetime. These working models of relationships can be positive (i.e. people can be trusted, confided in, helpful in distress) or negative (i.e. no one can be trusted, people are not really caring, one is all alone in the world), contributing to relational distress and interpersonal difficulties.

The objective of this article is to explore the evolution and function of attachment in the context of adult relationships. I explore childhood and adult attachment scenarios, two basic models of which are moving toward people or moving away from them (apart from the scenario of secure attachment). The first (which has been termed anxious-ambivalent) manifests itself through intense protest or energetic efforts to regain proximity; the second (avoidant) is characterized by the suppression or denial of attachment needs and the maintenance of distance in relationships. (Avoidant types are further differentiated into fearful and dismissive avoidant.) A questionnaire offers a quick assessment of individual attachment style. I end with suggestions on how to engage in interventions for change.

KEY WORDS: Secure; anxious-ambivalent; fearful avoidant; dismissive avoidant; coaching; psychotherapy; psychodynamic.

Ich hab' noch einen Koffer in Berlin.
—Marlene Dietrich

Home's where you go when you run out of homes.
—John le Carré

One does not discover new continents without consenting to lose sight of the shore for a very long time.
—Andre Gide

Introduction

How do people relate to one another? How much closeness can we tolerate? Let's look at a couple of scenarios.

First, imagine you're a highly successful professional (you may be one, of course). You have always been effective in your work but most of your relationships are superficial and short-lived, both at the office and in your personal life. Is this "normal" or are you different from other people? You know you are uncomfortable being too close to others and have always found it difficult to give them your complete trust. And you hate being dependent on anyone. But although you never feel the need to be close to others, there are times when you ask yourself whether there's something missing from your life. It seems impossible for you to form deep relationships. Perhaps you have shallow relationships because they are the only kind you are comfortable with. Is there something wrong with you?

Now, let's suppose you are a different executive. One of your colleagues in the office is irritatingly clingy. Whatever you do and wherever you go, she's always around. At first you were flattered to be the subject of so much attention but it has started to make you feel suffocated. In the nicest possible way, you have tried to tell her you need some distance but she doesn't appear to want to hear you. Instead, she complains that her relationships with other people have altered and

are no longer what they used to be, and she is clearly upset that no one apart from herself seems to be bothered about it. This makes you wonder whether her behavior is really so inappropriate. Is she being cold-shouldered? Who has the wrong attitude, she or you? Yet it doesn't feel right to have her hanging around you all the time. It's as if she only feels OK when she has someone she can go through life with. How much clinginess is normal?

These two examples are snapshots of the dynamics of the interpersonal field. The German philosopher Arthur Schopenhauer (1788–1860) told a parable about two hedgehogs that were trying to keep warm in the winter. If they got too close to each other, they were badly pricked; if they kept their distance, they were cold. Eventually, by shuffling around, they discovered the optimal distance for personal comfort. Schopenhauer thought this a very appropriate symbol of the human condition. How close can you get to others before you start to feel uncomfortable? Some people can get very close; for others, closeness is anathema. To obtain a deeper understanding of what goes on in human encounters, we need to explore attachment behavior—how dependent we are on other people for emotional satisfaction. What is the nature of the ties that bind us to others and endure over time?

Our behavior toward others derives from the kind of attachment pattern we have learned to be comfortable with. The roots of what makes up our comfort and discomfort run very deep. The template for all our relationships is laid down at a very impressionable age, with the early "dance" between mother (caregiver) and child. Early mother-child interaction patterns determine the nature and quality of present and future attachments. New relationships will be affected by the expectations developed at this early stage of development.

In these early years, a blueprint is created that will influence the way we relate to others throughout our life and even across generations (Main et al, 1985; Ricks, 1985; Caspi and Elder, 1988; Karen, 1998; Sroufe, 2005; Grossman et al, 2005; Steele and Steele, 2005). For example, as parents, insecurely attached adults may lack the ability to form a strong attachment to their children. They

will be unable to provide the necessary attachment cues required for a child's healthy emotional development, thereby predisposing their children to a lifetime of relationship difficulties. In this way, what was initially a dyadic issue turns into a generational issue. Attachment problems may continue from generation to generation unless an individual breaks the chain. Understanding these developments makes it even more important to know the nature of our relationship patterns.

Attachment disorders in children can usually be traced to the effects of having a non-emotionally available caregiver, that is, a primary contact who is either withholding, inconsistent, physically absent, or frequently changing (Egeland and Sroufe, 1981; Cassidy and Shaver, 1999). This scenario can be exacerbated by separation from parents, due to death or divorce, or physical or sexual abuse during childhood. Children growing up in this kind of environment will be burdened with problems of self-esteem and identity formation, and be prone to dysfunctional interpersonal relationships.

These difficulties can play themselves out very differently as children grow up. Some children may become overly clingy, always fearful that any relationship they are in will fall apart. Other children (subjected to other kinds of parental dysfunction) will develop feelings of detachment, failing to form long and lasting relationships with anyone and finding it very difficult to trust even those close to them. If not checked in good time, these patterns will continue into adulthood and predispose an individual to a lifetime of relationship difficulties that manifest themselves in the way interpersonal relationships (both at work and at home) unfold.

What is attachment?

In its simplest form, attachment is a deep and enduring emotional bond established between a child and caregiver during the first years of life. The way this relationship unfolds, positively or negatively, will set the tone for all future relationships (Parkes, et al, 1991; Karen, 1998; Cassidy and Shaver, 1999).

In his seminal work on attachment, the psychoanalyst John Bowlby noted that children's mental representations or working models of relationships lay the foundation for all their future relationships and experiences (Bowlby, 1969, 1973, 1980). According to Bowlby, attachment and separation are elemental forces that drive our behaviors and decisions and the failure to form a secure attachment with a caregiver can be linked to several types of problem behavior. The way these attachment patterns resolve themselves influence our self-efficacy (our belief in our ability to complete tasks successfully), self-confidence (our positive perceptions of our general abilities), and self-esteem (our feeling of self-worth and self-satisfaction).

The ability to form attachments is biologically driven and is part of our evolutionary heritage. We are born with a repertoire of preprogrammed, instinctive, biological behaviors that help us survive as infants. Infants who seek the closeness and security of their mother (or other primary caregiver) will have an evolutionary advantage. The children of mothers who are responsive to their needs and provide security are more likely to survive and pass on their genes (Miller and Fishkin, 1997; Kirkpatrick, 1998; Simpson, 1999). Babies' crying, smiling, grasping, and clinging are very purposeful activities. Such behavior will keep them close to their primary caretakers who will protect them from danger, feed and comfort them, and teach them what's good and bad about the world in which they live. This intensive pas-de-deux is facilitated because parents also have instinctive behavior patterns, such as soothing babies when they cry, caressing them, making sounds that appeal to them, and mirroring them (i.e., playfully imitating a baby's facial expressions), all of which enforce caring behavior. The main purpose of these processes is to maintain proximity between infant and caregiver, ensuring the infant's safety and protection, essential factors for the continuity of the species (Belsky, 1999).

Based on the nature and quality of their early attachments, children develop systems of thought, memory, belief, expectation, emotions, and behavior that act as a template for the way they engage in and handle all future relationships. How these attachment patterns work themselves out in our inner theatre very much

depends on the nature and quality of repeated interactions with our caregivers. Depending on their responsiveness (especially in situations of stress), specific working models of relationships are constructed in our inner theatre. These can be positive (i.e. people can be trusted, confided in, helpful in distress) or negative (i.e. no one can be trusted, people are not really caring, we are all alone in the world).

Although Bowlby focused primarily on understanding the nature of the infant–caregiver relationship and its implications for socio-emotional development, he also asserted that the schemas of self and others, created from the parent-child interaction, are present in other kinds of relationships: "attachment is an important component of human experience from the cradle to the grave" (Bowlby, 1969, p. 129). He suggested that the same motivational system that underlies infants' attachments to their caregivers also underlies the emotional bond that develops between people later in life. These early relationships patterns will influence us throughout the course of our life.

As we mature, we transfer attachment relationship patterns from our parents to other people in our life. The quality of attachment established early in life will affect all our adult relationships, including romantic love, friendship, and workplace behavior (Hazan and Shaver, 1987, 1990, 1994; Shaver et al., 1988; Feeney, 1999; Fraley and Shaver, 2000; Teyber and McClure, 2011). The way individuals talk about themselves and their feelings reveals how they have organized their attachment experiences and how they will regulate their behavior toward others. People with a secure working model will be more likely to engage in positive behavior, while the opposite will be the case for people who have an insecure working model.

Attachment scenarios

In their child observation studies, the developmental psychologist Mary Ainsworth and her colleagues (expanding on Bowlby's work) described a

number of attachment patterns in infants that become internalized, and have an effect on mature functioning (Ainsworth and Bowlby, 1965; Ainsworth, 1969, 1982; Ainsworth et al., 1978; Main and Solomon, 1986). They singled out three basic attachment styles: secure (positive), anxious-ambivalent, and avoidant (both dysfunctional).

Positive attachment patterns

Secure attachment

Parents of securely attached children react rapidly to their children's needs and are generally responsive. They also tend to play and are involved with their children. Due to their consistent, appropriate responsiveness, a secure bond will be established between caregiver and child, resulting in the child's openness to emotional experiences and willingness to engage in creative and productive emotional interaction. Such parents have created a "secure base" for their children, which enable them to venture successfully into the world. This secure base contributes to a child's healthy cognitive and social development; it establishes trust and reciprocity, which becomes a pattern for all future emotional relationships.

Securely attached infants are prepared to explore their environment when the caregiver is present. Although they may display some degree of separation anxiety when a parent leaves, they are easily comforted upon their return. Drawing on their basic sense of security, they will perceive other people as dependable, caring, and trustworthy.

As time passes, secure children mature into secure adults who expect others to be trustworthy and responsive, a *Weltanschauung* that reinforces their sense of inner security. These people regard themselves as wanted, worthwhile, competent, and lovable. They will form a secure sense of self, which includes a sense of competence, self-worth, and a healthy balance between dependence and autonomy. Secure attachment patterns also contribute to the development of empathy, compassion and conscience.

Dysfunctional attachment

When attachment needs are not met, children feel insecure. They learn as infants that proximity seeking does not elicit satisfactory responses from caregivers. Children subjected to dysfunctional childrearing feel bad, unwanted, worthless, helpless, and unlovable. They perceive others as insensitive, hurtful, and untrustworthy, unresponsive to their needs. And they perceive the world as unsafe and life as painful and burdensome.

These children may resort to desperate strategies to get some kind of response from their caregivers, one of which is hyper-activation, the other deactivation—in other words, activities that focus on moving towards people or moving away from them. These strategies can be interpreted as exaggerations of the primary attachment strategy. The first (anxious-ambivalent) manifests itself through intense protest or energetic efforts to regain proximity; the second (avoidant) is characterized by the suppression or denial of attachment needs and the maintenance of distance in relationships (Mikulincer and Shaver, 2007; Parkes et al. 1991). Some of these children will always be on the lookout for comfort and attention, while others—the avoidant ones—may resort to emotional distancing and greater reliance on themselves than others.

Anxious-ambivalent attached children are more fearful and less confident than infants who are securely attached. Inconsistent support from caregivers during the vulnerable years of early childhood creates feelings of persistent anxiety associated with interpersonal relationships, and exaggerated levels of negative emotions. Having been exposed to an unpredictable combination of responsiveness and rejection, these children become anxious and ambivalent. They demonstrate extreme separation distress when a parent leaves, and ambivalence or anger upon their return. They monitor their caregivers more closely, attempt to stay by their side and respond more dramatically when they are in trouble. In adulthood, a pattern of anxious-ambivalent attachment is characterized by chronic worry and anxiety over the availability and responsiveness of people important to them; this can make them appear clingy

and emotionally needy. To elaborate on Schopenhauer's metaphor, they are the hedgehogs that try to come too close.

Avoidant attached children have problems with intimacy—an outcome of the unavailability and non-responsiveness of their caregivers. They are uncomfortable being close to others and proximity makes them nervous. Although they may want emotionally close relationships, they cannot handle them. They demonstrate few signs of needing their caregivers; they do not spend a lot of time trying to get their caregivers' attention; and they do their best to cope with problems on their own. Distancing has become a defensive psychological strategy. They are unlikely to feel (or express) empathy, and may even take pleasure in the misery of others. Their behavior can be deeply infuriating. These are the hedgehogs that keep their distance, fearful of getting hurt.

Adult attachment patterns

In adulthood, the early template of attachment will shape the quality of an individual's subsequent attachment experiences (Hazan and Shaver, 1994; Sroufe, 2005). This doesn't mean, however, that attachment patterns are written in stone. Existing representations can be updated and revised in the light of new experiences. Attachment challenges early in life will not deterministically predispose an individual to a life of insecure attachment. However, that early attachment dysfunction will lead later in life to repetitive patterns of unhealthy and conflictual relationships. It is highly likely that people with adult attachment disorders will display negative and provocative behavior patterns and engage in self-destructive behavior. Feelings of detachment, anger and frustration seem to be their constant companions. They don't know how to connect to others, let alone how to create any emotional bonds. Their need for control means that they can also lie, cheat and be very manipulative. These people have inferior communication skills. They have a lower ability to listen to others and find it difficult to accept any form of guidance.

People with attachment disorders tend to lack empathy. Giving and receiving affection does not come easily to them. They often feel depressed and sad but do not necessarily show these feelings. They find it difficult to compromise and when they find themselves in a healthy relationship, may be tempted to destroy it preemptively. Such behavior can be seen as a form of protective reaction—a way of managing anxiety—as they fear that the other party is going to break up the relationship anyhow. At the core of this self-destructive pattern is often an unconscious fear of success. They are tempted to sabotage themselves when things are going exceptionally well.

Types or dimensions?

More recent works on attachment behavior have proposed four attachment styles (Bartholomew, 1990; Bartholomew and Horowitz, 1991; Feeney et al., 1999; Pietromonaco and Barrett, 2000; Rholes and Simpson, 2004) and can be seen as an elaboration of the three-group attachment style model originally proposed by Ainsworth and her associates (1978). This alternative model is differentiated by the use of a dimensional as opposed to a stylistic approach to the study of attachment behavior.

According to this model, it is possible to organize reactions between two parties within a two-dimensional space. The *anxiety* dimension corresponds to anxiety and vigilance about rejection and abandonment. The *avoidance* dimension corresponds to the discomfort associated with closeness and dependency—the reluctance to be intimate with others. These two orthogonal dimensions describe general patterns of thoughts, feelings, and behaviors that occur within the context of relationships.

In this conceptual scheme, people who score high on anxiety tend to worry whether the other person is available, responsive, and attentive. People who score low are more secure in the expected responsiveness of their partners. In the case of avoidance, people at the high end of this dimension prefer not to rely or open up to others. People at the low end are more comfortable about intimacy

with others and more secure about depending on others and having others depend on them.

In this dimensional system, the secure and anxious-ambivalent classifications were retained from the three-category model, but the avoidant category was split into two: *fearful-avoidance* and *dismissing-avoidance* (Bartholomew, 1990; Bartholomew and Horowitz, 1991; Brennan, Clark, and Shaver, 1998; Fraley and Shaver, 2000; Mikulincer and Shaver, 2003).

The adult relationship "dance"

Secure attachment: Using this framework, a prototypical secure adult would score low on both these dimensions (low anxiety/low avoidance). People who form secure attachments in childhood are likely to have secure attachment patterns in adulthood. Such individuals have a strong sense of self and want close relationships with others. They have a relatively high sense of self-esteem, feel liked by others, and build relationships relatively easily (Hazan and Shaver, 1990). They hold positive representations of the self (e.g., viewing themselves as worthy and lovable) and of others (e.g., viewing them as responsive, attentive). They tend to have trusting, long-term relationships and very few worries about abandonment. Their lives are well-balanced: they are secure in both their independence and their close relationships. They tend to have a positive view of life and know how to manage and express their feelings. They have good social skills. They are comfortable sharing feelings with friends and partners. They are willing to disclose their true thoughts, feelings, wishes, and fears. These people have learned that, when they feel stressed or threatened, seeking proximity (a primary attachment strategy) brings comfort and relief. They are prepared to seek out social support when needed. They enjoy intimate relationships. A secure attachment pattern also provides a defense against stress and trauma, making for resourcefulness and resilience. In addition, these feelings of inner security contribute to the ability to self-regulate, which results in effective management of impulses and emotions. In general, the world feels safe; life is worth living.

Anxious-ambivalent (preoccupied): Adults who have an *anxious-ambivalent* (preoccupied) attachment style (low on avoidance/ high on anxiety) are very self-critical and insecure. Their lives are not balanced: their insecurity turns them against themselves and leaves them emotionally desperate in their relationships. In relationships, they can be very clingy or even smothering, appearing anxious, needy, in constant need of comfort, and never satisfied by attention from others. They are very high maintenance as they constantly want to be heard. This kind of attachment behavior is also characterized by feelings of unworthiness and a constant need for others' approval. As a result, others are reluctant to get as close to them as they would like them to be. Realizing this, they become concerned that others don't like them. The fear of rejection is an ever-present shadow and is the engine that drives them to be overly dependent on others.

But in spite of their continuous search for approval and reassurance from others, nothing anyone else does will ever be enough to alleviate their self-doubt. Their worries about their likeability lead to frequent breakups, often because the relationship feels cold and distant. Given their high level of anxiety, they may want to "merge" completely with another person. Ironically, it's precisely this that scares others even further away.

Furthermore, they may provoke conflict to "test" others. This is their way of finding out whether others will really stick with them in all circumstances, in spite of their negative behavior. But because of their provocative behavior, their relationship founders and their worst fears come true. These are the hedgehogs that struggle to find an appropriate distance.

Using the dimensional approach, the high avoidant dimension presents two options: *dismissing avoidant* (low anxiety/high avoidance) and *fearful avoidant* (high anxiety/high avoidance), which has parallels to the often-described schizoid and avoidant personality types (Millon, 1996). For example, people who grew up with disorganized, absent parents often develop avoidant patterns of attachment. Since, as children, they detached from their feelings during times of

trauma, as adults, they continue to be somewhat detached from themselves. These people's lives are not balanced: they do not have a coherent sense of self nor do they have a clear connection with others. They find relating to others extremely difficult. While fearful avoidant people want human interaction and contact but are afraid of rejection, dismissive avoidant people seem to be completely unable to form personal relationships. They are uncomfortable being and interacting with others. They don't seem to care. They prefer isolation. The problem for the rest of us is that it is not easy for us to determine what avoidant type we are dealing with.

Fearful avoidant: Fearful avoidant people avoid attachment relationships in order to prevent being hurt or rejected by their partners. Although they would like to have emotionally close relationships, they find it difficult to trust others completely, or to depend on them. They are unable or unwilling to share their thoughts or feelings with others. They often make excuses to avoid intimacy (such as working long hours or the need to travel). They are afraid of being hurt if they allow themselves to become too close to others. They invest little emotion in romantic and social relationships and experience only a modicum of distress when a relationship ends. Other common characteristics include a failure to support partners during stressful times. Empathy does not come naturally to them.

Dismissive avoidant: Dismissive avoidant people are quite comfortable with themselves and experience no need for closeness. They are cerebral individuals with an extremely strong defensive system and have deeply suppressed their emotional side. This is a highly defensive mode of self-reliance. They want to feel independent and self-sufficient, not to depend on others or have others depend on them. The desire for independence often appears to be an attempt to avoid attachment altogether, and remaining invulnerable to feelings associated with close attachment to others. They tend to be loners and regard relationships and emotions as relatively unimportant. Their typical response to conflict and stressful situations is to distance themselves. Their lives are not balanced: they are turned in on themselves, isolated, and emotionally removed from others.

The Attachment Style Questionnaire

This short questionnaire is based on several different assessment instruments developed and used by attachment researchers (Hazan and Shaver, 1987; Collins and Read, 1990; Bartholomew and Horowitz, 1991; Brennan et al., 1998; Crowell and Treboux, 1995; Hendrick, Dicke and Hendrick, 1998; Hesse, 1999). It is designed to measure your attachment style—the way you relate to others. When you have completed it, you will know more about your basic attachment style and how it influences your relationships. While this questionnaire cannot fully describe every aspect of your attachment style, it can provide a quick assessment of how you relate to others. Answer the questions below as honestly as you can. Rate each item on a scale of 1 to 5 and circle the appropriate number.

1 = Strongly disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly agree

1. I feel people withdraw when I get too close to them.
1 2 3 4 5

2. I spend a great deal of time worrying about my relationships with others.
1 2 3 4 5

3. I often expect the worst to happen in a relationship.
1 2 3 4 5

4. I worry that people will not like me when they know what I am about.
1 2 3 4 5

5. I find it difficult to assume that other people care about me.

1 2 3 4 5

6. I always worry that I am not good enough.

1 2 3 4 5

7. I spend a great deal of time worrying about my relationships with others.

1 2 3 4 5

8. I am always yearning for something or someone I feel I cannot have and rarely feel satisfied.

1 2 3 4 5

9. I need others constantly to show that they like me.

1 2 3 4 5

10. I often worry that people close to me will leave me.

1 2 3 4 5

11. I find it difficult to express positive emotions to others.

1 2 3 4 5

12. I become uncomfortable when other people express emotions.

1 2 3 4 5

13. I find it difficult to talk to others about my problems and concerns.

1 2 3 4 5

14. I will never be really intimate in my relationships with others.

1 2 3 4 5

15. I prefer not to be too close to people.

1 2 3 4 5

16. I feel uncomfortable in opening up to other people.

1 2 3 4 5

17. I am uncomfortable going to others in times of need.

1 2 3 4 5

18. I pull away when other people try to get too close.

1 2 3 4 5

19. I find it very important to have "alone" time.

1 2 3 4 5

20. I find it difficult to depend on anybody.

1 2 3 4 5

While this quiz cannot fully describe every aspect of your attachment style, it can provide a basis for understanding more about the kind of style you prefer. If your total is 40 points or less, you appear to have a **secure attachment style**. People with secure attachments feel more comfortable with themselves and their relationships. They are prepared to sharing their feelings with others, and are likely to turn to others for support. They tend to have happier, long-lasting relationships, and are less subjected to psychological disorders.

If your score on questions 1 to 10 is 40 or more, you may have an **anxious-ambivalent style**. People in this category are usually less satisfied with their relationships than securely attached people. Since they feel an excessive desire to be close to others, they can be clingy, suspicious, dependent, jealous, controlling and even at times domineering.

If your score on questions 11 to 20 is 40 or more, you may have an **avoidant style.** The higher the score, the more avoidant you tend to be. Avoidant people have difficulties in their interpersonal relationships. They tend to avoid forming

attachments to others, and, if they do attempt to do so, the relationship may be characterized by mistrust or a lack of confidence. In this test, however, no effort was made to single out **dismissive** from **fearful avoidants**.

Changing dysfunctional attachment patterns

Although there are no quick fixes for people with attachment disorders, which can be quite resistant to change, attachment styles can be modified. Positive life experiences and/or appropriate interventions can be the catalysts to changing relationship patterns. However, making such changes happen is a process, not an event. Modifying dysfunctional relationship patterns represents a real journey.

As for most change processes, this journey of change needs to start by recognizing that there is a problem. There are a number of signs and symptoms that are indicative of dysfunctional attachment patterns (Hesse, 1999; Sable, 2000; Davis et al, 2003), summarized in Exhibit 1.

Exhibit 1

Signs and symptoms of attachment problems

Anxious-ambivalent:

- Problems with self-esteem
- Finding others unpredictable/difficult to understand
- Idealization and devaluation of relationships
- Possessive/needy/clingy behavior
- Impulsiveness
- Failure to take personal responsibility for problem situations
- Feeling underappreciated/wronged
- Perceiving relationships as unbalanced
- Unstable relationships

- Lack of self-control/extreme emotions
- Confusion
- Discomfort with anger
- Sensitivity to rejection
- Jealousy
- Difficulties in dealing with life's adversities
- Addictive behavior

Avoidant:

- Difficulties with genuine trust, intimacy and affection
- Relationships feel either threatening to one's sense of control, or not worth the effort, or both
- Difficulties with authority figures
- Compulsive self-reliance
- Sensitivity to blame
- Inability to give support to others
- Perceiving others as undependable
- Difficulties in maintaining friendships
- Using work as an excuse to avoid personal relations
- Difficulties in expressing emotions
- Apparent lack of empathy
- Pessimistic view of people and society
- Negative or provocative behavior

Many people with attachment disorders have a deep desire for love and affection but are unable to express this desire effectively. They want to be accepted but do not really have the skills to achieve acceptance. Negative experiences in childhood have directed them toward defensive scenarios (for example, denial and repression) as ways of coping with deeply rooted emotional issues (Vaillant, 1992). Typically, they also have a tendency to blame others (projection) for their problems. Negative self-perceptions, however, often cause them to blame themselves as well. These people may engage in very self-destructive activities. If

several traumatic losses have occurred, it becomes hard to differentiate between self-sabotage or the roll of the dice of life.

Steps toward change

Homo sapiens has a great capacity for rationalization. We are extremely talented at deluding ourselves. To create preparedness for change, a multi-prong effort will be needed, however, with effective interventions on many different levels. Possible change strategies include psychodynamic understanding, cognitive and emotional restructuring, family and group psychotherapy, paradoxical intervention, motivational interviewing, and the use of psychodrama (role playing) to break through the barriers of the mind and prompt these people to reveal (and actualize) emotional issues. Sometimes a psychiatrist's involvement may be needed if there is evidence of mood disturbances caused by chemical imbalances in the brain. (For example, antidepressant medication can often make people with attachment disorders less sensitive to feelings of rejection.) A combination of medication and talking therapy (psychotherapy) may be more effective than either form of treatment by itself (Byng-Hall, 1999; Holmes, 1999, 2001; Sable, 2000, 2004; Teyber and McClure, 2011).

If people with attachment disorders have decided to ask for help, the coach or therapist first needs to create a safe environment in which they can face their inner demons. A healing atmosphere or environment must be in place so that people feel able to reveal their vulnerability. The goal is to help these individuals develop the capacity to trust and express emotions in a more appropriate manner than they have done in the past. This is the first step toward living a happier and more productive life.

Depending on the type of attachment disorder that is presented, a coach/therapist needs to vary the intervention technique. For example, a key problem for people with anxious-ambivalent attachment disorders is the inability to self-soothe. Unable to do this for themselves, they look to other people to do it for them. The product of this incapacity is a panic reaction manifested as extreme clingy, needy behavior. They are frightened that the

relationship will fall apart and of the emotional devastation that may follow. From a cognitive point of view, it is important to enable these people to reduce their level of anxiety by substituting negative thoughts with positive ones, as negativity fuels anxiety. Many anxious-ambivalent people make unverified, negative assumptions what others are thinking. Unfortunately, such negative thought processes become self-fulfilling prophecies. Given their talent for cognitive distortion, they tend to blow small issues out of proportion, and as a defensive reaction may break relationships for no real reason at all.

Given their inability to talk properly about what bothers them, anxious-ambivalent people often find themselves in impossible situations. In interpersonal situations, they frequently set traps for themselves. They are extremely talented at miscommunication. Learning how to communicate effectively will therefore be one of the main goals in coaching/therapeutic interventions. Because these people are highly likely to have grown up in contexts where they were unable to talk about their problems and resolve conflict, learning how to communicate effectively in order to resolve their own issues must be a high priority.

Unraveling the strands of the past will help any journey of personal insight. People with attachment disorders need come to grips with the issues from the past that are the source of their dysfunctional relationship patterns. Typically, they will have incoherent, partial unconscious memories of their caretakers, due to serious childhood trauma. It will be important for them to sort out how they experienced these childhood difficulties. They have to transcend old, dysfunctional behavior patterns, and find new ones that are more adaptive to their current stage in life. They also need to become aware of the role they themselves play in the creation of interpersonal difficulties. They need to recognize their personal responsibility in creating conflict within relationships.

Learning how to confront unresolved childhood grief, with the help of others, will be a major part of such interventions. They need to realize that what may have been an effective survival strategy when they were young may no longer be

effective in adulthood. As trust is difficult for many of these people, trust exercises can form the homework to accompany an intervention program. Essentially, they need to reframe their perceptions of others and become more trusting. They need to confront their self-defeating behaviors and face the difficult issues that help perpetuate them.

While anxious-ambivalent attachment patterns may be difficult to change, it is even more of a challenge to deal with people who have an avoidant attachment style. In the first place, they don't readily volunteer to do something about their problem. They will only ask for help when the disorder starts to interfere with their life very significantly or otherwise impact them in a negative way. This usually happens when an individual's coping resources are stretched too thinly to deal with stress or demanding life events.

Avoidants hold many self-limiting beliefs, as well as an unrealistic view of social standards and of themselves. They tend to be socially inhibited and feel socially inept. Because of feelings of inadequacy and inhibition, individuals with avoidant attachment problems will try to avoid any form of activity that involves socializing or interacting with others. Therefore, to have any form of impact, these people need gradually to face the precise situations that they're most afraid of and typically avoid. Systemic exposure (by creating structured exercises), combined with reframing unrealistic thinking will set their mind and emotions on the right path. Since such individuals avoid social situations as much as possible, their people skills have often atrophied or have never truly developed. Training them in key people skills, including such simple things as how to start a conversation and keep it going, is crucial.

As in any form of intervention, it is essential for the coach/therapist to gain and keep the client's trust. Without it, the client will avoid coaching or therapy. The primary purpose for such interventions for people with avoidant attachment problems is to begin challenging their exaggerated negative beliefs about themselves—which may be even more difficult if these thoughts have never reached consciousness.

From a psychodynamic perspective, in coaching or therapy it is important to identify early losses. In almost all types of attachment interventions, emotional recovery from past experiences of loss is going to be key. Individuals need to work through grief and loss issues, which implies some form of education as to origin of their feelings.

In this archeological dig for origins, the identification and validation of feelings is important. People need help to understand the cause of their attachment patterns. They need to be encouraged to express their feelings safely, to figure out where specific feelings stem from, and acknowledge, recognize and accept early childhood traumas by reliving them. Healing can only take place by revisiting and reframing the client's past traumatic experiences.

Whatever these might have been, these experiences need to be mourned, otherwise there will be no resolution. Mourning may necessitate cognitive restructuring of faulty thinking patterns, attitudes, and perceptions. There has to be insight about the origins of these behavior patterns in order to arrive at closure. Usually, closure implies dealing with unresolved relationship longings associated with parental attachment figures. Belief systems and physiological reactions to attachment relationships will need to be reorganized to enhance self-esteem. This includes increasing an individual's mood state moderation system—helping people to accept responsibility for their own behavior and to pursue happiness.

The role of the change agent

People with attachment disorders like these may experience the coach/therapist in a variety of different ways, depending on the nature of the early experiences that interrupted the normal attachment bond. These transference relationships can take many different forms (Eagle, 2000; Kets de Vries, 2011). They may perceive the coach/therapist as not being there, of not caring, of caring too much, of trying to hurt them, of pulling away from them, of being disgusted with them, and so on. These feelings are important as in some ways they reflect the person's

earliest experiences—the things that prevented secure attachment in the first place. Such reactions provide openings for interventions and insight.

Closing the circle

Attachment theory has provided us with the framework to understand better the process and influence our interpersonal history has on new relationships. It enables us to realize that internal representations, developed during the primary relationship, continue to be influential throughout our life (Bowlby, 1988; Collins and Read, 1994 Scharfe and Bartholomew, 1994).

But given the important role these behavior patterns play in enabling some form of psychological survival, these attachment behavior patterns will be highly resistant to change. We are more likely to assimilate new relational information, even at the cost of distorting it, than accommodate information that is at odds with existing expectations. However, this resistance to change doesn't mean that change is impossible. On the contrary, the scripts in people's inner theater may change as they encounter new private and public relationships and gain new understanding about previous experiences, especially those related to attachment. (Collins and Read, 1990, 1994; Feeney, 1999).

Whenever we undertake a journey toward personal change, understanding our attachment patterns will be important. Schopenhauer's dramatization of the hedgehogs' dilemma—finding a comfortable distance—still rings true. Our attachment script affects the nature of our interpersonal relationships, our emotional management and our outlook on life. Understanding attachment patterns will help us understand and guide relationships. How we deal with attachment issues will influence how we deal with problems at work and at home and determine the roles we play in a group setting. Every action we take, every time we talk to others, provides more insight into how we have organized our attachment experiences.

Overcoming attachment dysfunction is never a walk in the park. As I have indicated, it takes a lot of work and effort. It implies moderating our distancing or closing behaviors—finding a satisfactory solution to the hedgehogs' dilemma. It means learning to have more relaxed control over our mind through understanding the real causes of happiness and unhappiness. It implies learning to have more satisfactory relationships and searching for a more enjoyable life.

True recovery from attachment disorders only occurs, however, when we can look at ourselves squarely and face our attachments and inner demons, free from false perceptions. Healing can only take place when we are prepared to face the things that have troubled us, and find new resolutions. It implies being able to accept the many conundrums of life. As the Zen saying goes, "The tighter you squeeze, the less you have." We have to learn that once we stop clinging and let things be, we will be freer. At the same time, we can't have relationships with no strings attached, as it is the strings that hold a real relationship together. To avoid attachments for fear of loss is to avoid life.

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Europe Campus
Boulevard de Constance
77305 Fontainebleau Cedex, France
Tel: +33 (0)1 60 72 40 00
Fax: +33 (0)1 60 74 55 00/01

Asia Campus
1 Ayer Rajah Avenue, Singapore 138676
Tel: +65 67 99 53 88
Fax: +65 67 99 53 99

Abu Dhabi Campus
Muroor Road - Street No 4
P.O. Box 48049
Abu Dhabi, United Arab Emirates
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