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THE INTERNAL WORKING MODEL OF ATTACHMENT DISORDER

THE INTERNAL WORKING MODEL (IWM) OF AD: The IWM of AD children evolves out of a world that typically begins with caretaking that is faulty. The pervasive twin outcomes of this faulty caretaking are, first, the caretaker comes to be viewed as a source of both protection and threat. This is an irreconcilable dilemma for the child and it embeds a split view of others into the child's IWM (the origins of what is termed Borderline Personality Disorder) This precludes the child's ability to predict what others' responses will be. Secondly, due to egocentrism, the child develops a sense of self as frightening or repulsive to the caretaker, thereby inducing the caretaker's withdrawal/rejection. The infant itself now becomes the primary threat to its own existence. This is a terrifying dilemma, and the solution is typically to split the self and bury the real self so as not to frighten away the primary caretaker (origins of BPD). In place of the "frightening self" (True Self), a "strategic and protective self" (False Self). Now a divided view of self, others, and the world becomes the default basis of the child's IWM. With time, this initial division proliferates, like the spreading of cracks in a windshield. The result is an IWM that is composed of a collection of fragmentary pieces rather than being a working, cohesive system. This lays the groundwork for developing an attachment disorder. The IWM of AD children leaves them in the tortuous position that if they leave themselves open to in a world without safety, they die. In Eriksonian terms, Basic Mistrust has been the outcome of the first eighteen months of life.

IWM OF AD- PURPOSES: The IWM of AD children serves three purposes.

1. Protect the child from threats from the outside world
2. Protect the child from threats from the internal world.
3. Strategically procure caretaking and resources from others.

Because of the intense anxiety out of which the IWM of AD children emerges, it needs to be able to be used automatically to maintain its protective function. Thus, the IWM of AD tends to be inflexible and immune to new experience. The IWM of AD is also absolute in its application as this provides a sense of pervasive control so needed by AD children. The net result is an IWM in which truth and accuracy have been traded for familiarity and control.

MEMORY: Normal memory is woven out of multiple sensory strands which are filtered through the person's perceptual stance at the time. Later memory retrieval is impacted by the person's mood at the point of remembering. This can result in recalling only some aspects of the original memory vs. the whole memory and can further distort the original memory, which may have already been distorted by the person's perceptual stance back then. For AD children, their anxiety-driven IWM is highly conducive to inaccurate memory encoding, and this inaccuracy is very vulnerable to later compounding by inaccurate memory retrieval. This renders discussions designed to "straighten out" differing recollections unproductive and worth avoiding.

IWM COMPONENTS

DEVELOPMENTAL LINE OF ANXIETY: The human infant, in its helplessness, is saddled with a fear of its own annihilation. The protest cry of the infant is designed to summon the caring ministrations necessary to restore a homeostatic state and to avoid any threat to its continued existence. With the infant's movement into symbiosis, fear of annihilation is replaced by fear of loss of the primary attachment figure. As the attachment figure becomes increasingly valued, fear of loss of the love of this figure predominates. With toddlerhood comes a new anxiety: fear of loss of bodily integrity. Approaching completion of the separation-individuation process and the establishment of self and object constancy brings with it a new fear: loss of the self. With additional development, the endpoint of the developmental line of anxiety arrives- fear of loss of positive self-regard.

ANNIHILATION ANXIETY: Along the developmental line of anxiety, annihilation anxiety is the most primitive. It is fundamentally a fear of one's existence ending through death, disappearance, fragmentation, going "crazy", being exploited by others to the point of having nothing left, being taken over and controlled by others... Many AD children carry a heavy loading of this anxiety. They may express it as they are going to die, be killed, burn up, explode, drown, disappear, get lost forever, break into pieces... It becomes woven into their IWM.

ABANDONMENT ANXIETY: If AD children develop past annihilation anxiety, they usually end up saddled with abandonment anxiety which is the second most primitive form. Here, the focal concern is the loss of the primary caretaker which leaves them totally alone in the world. The line that separates this from annihilation fears is a very fine one, and so abandonment anxiety can easily bleed into annihilation anxiety. Abandonment anxiety too, becomes an intrinsic part of the IWM.

OMNIPOTENCE: In order to manage their primitive anxieties, AD children deeply believe that their very survival depends on their having omnipotent control of other people and situations most of the time (tool of emotional regulation). Based on the data they gather, AD children will work to orchestrate not only events, but the very feelings and behaviors of those closest to them. AD children seek to pressure the outer world to conform to their IWM. If this fails, AD children are apt to distort reality so that it subjectively appears to line up with their IWM. They will also pressure themselves to fit their own internalized self-representation. This pressure, and the behavior it generates, intensifies when change is on the threshold. AD children will work very hard, in particular, to control the adults' attention. These control methods can take many behavioral forms, including: oppositional / defiant behavior, passive aggressive behavior, withdrawal, hairsplitting semantic arguments, sexualized behavior, aggressive behavior, bizarre behavior, appearing "confused", vague / circular or unintelligible language... In addition, AD children are prone to engage in power struggles in order to demonstrate their omnipotent control to the adults. More basic still, AD children typically grant themselves the power to define reality itself. It is this belief that allows them to deny a misdeed that an adult caught them in the middle of performing. In the AD child's mind, his denial rewrites history, because for AD children, words have yet to be divested of their magical power.

HYPERVIGILANCE: Hypervigilance is commonly seen in AD children. Hypervigilance is the directing of a significant proportion of energy, attention, and thinking towards monitoring the external environment. Being hypervigilant, AD children tend to scan situations very quickly for cues and then make interpretations of entire situations based on only one or two details. This can lead to responses that are very inaccurate. Hypervigilance can be broken down into two kinds: threat hypervigilance and resource hypervigilance. Threat hypervigilance is part of the AD child's response to a chronic lack of a sense of safety, and this results in need to scan situations for possible sources of danger. Resource hypervigilance is part of AD children's response to a terrifying feeling of inner emptiness, almost as if

they don't really exist. As a result, they search out their environments for external resources to "validate" or "prop up" their existing. This validation is obtained by getting others to interact with, or attend to, them in some way. In the absence of such external support, these children begin to feel like they are disappearing, almost as if they were turning into ghosts. This causes their anxiety to rapidly mount. In situations in which they are not sure how to respond, resource hypervigilant children will scan the environment for clues as to how to assemble their response.

SCARCITY MODEL: Children with attachment difficulties tend to view life through the lens of a scarcity model. They believe things will rarely, if ever, be available in adequate supply. This can be because the resources are simply unavailable or because others won't want to share the resources with them. This scarcity model encompasses physical resources, emotional resources, others' availability, etc. Such a scarcity model produces a range of outcomes. Others are often cast in the role of competitors first and foremost. Such a competitive viewpoint breeds entitlement which precludes any sense of gratitude or appreciation. No matter how much they receive, AD children send a message that it is never enough. This can be very warring on others. A scarcity perspective is conducive to difficulties sharing, hoarding, and impulsive taking/stealing in the spirit of "get it while you can". A scarcity model also leads to significant problems with delaying gratification, for "later" essentially looks like "never".

EMOTIONAL EXPERIENCE: AD children have tremendous difficulty tolerating emotional experience of any kind. Their need for control is aimed at managing both the outer world (more conscious) and their inner world of feelings and sensations (less conscious). Thus, AD children seek to live in this narrow "demilitarized zone" wherein they keep both the outer and inner worlds at bay. Often, they cannot distinguish one feeling state from another nor feelings from physiological sensations. Their emotional regulatory skills are minimal and often maladaptive in a larger sense. This leaves AD children very prone to states of emotional overload, and these are typically disorganizing and terrifying experiences that can easily rise to the level of being traumatic. Hence AD children can have miniature psychotic breaks in order to blot out their feelings. AD children usually come to view what they see as the source of their emotional overload, as an enemy who was trying to overwhelm them on purpose. This is essential for parents, teachers, and therapists to understand. The typical behavioral response to being emotionally overwhelmed is a self-protective, aggressive, counterattack.

DISSOCIATION: To protect themselves from their own own threatening feelings, AD children learn to dissociate or disconnect themselves from their own experience in the present moment. Their selective perception is so well honed that AD children can appear to almost shut down parts of their brain in ways the average person cannot comprehend. Experience itself is erased from consciousness as though it never happened. Threatening questions, as well as any possible answer that might have immediately arisen can be obliterated right out of awareness. AD children learn how to move and hold their bodies so as not to trigger physiologically stored emotions and memories. This primitive denial is beyond the reach of conventional forms of treatment and is a major reason why such treatment tends to fail with AD children. Overall, this dissociative response is made up of many different tactics including: increased distractibility and fidgeting (can look like AD/HD); becoming confused; circular answers; vague or contradictory language; inaudible or unintelligible speech; loss of short-term memory; shutting down one or more of their sensory processing systems so they literally don't experience their own sensory input (can look like learning disabilities except that processing can improve dramatically as attachment develops); immature and/or faint tone of voice; loss of eye contact; bodily preoccupations (picking at skin, scabs, bug bites; fingernail chewing, itching and scratching, hair twirling, aches and pains, repetitive movements, playing with fingers).

EYE CONTACT: The eye contact of AD children is typically erratic to absent altogether. There are three primary reasons for this: 1) making eye contact is too emotionally arousing, 2) a default expectation that

disapproval or anger or disgust will be seen on the other's (primarily parents) face, and 3) fear of their own deep seated desire for attachment being activated.

VICTIMHOOD: AD children tend to present themselves as "victims of life" who are responsible for nothing. Inwardly, these children feel responsible for everything that has happened to them; and this generates overwhelming shame. Avoiding this shame is one reason AD children deny all personal responsibility. Closely connected to this shame is a deeply felt (though usually out of awareness) self-hatred. This self-hatred presents a formidable obstacle to accepting love or caring from anyone when it is offered. The offering of love triggers a strong sense of not deserving it, and so it must be rejected along with the person offering it. In fact, the adult offering love may be looked at as rather dumb for offering love to such an awful child. Alternatively, the AD child, believing that he doesn't deserve anything of value from another, may perceive the love being offered as something hurtful that is being disguised by the adult. In either case, the love and the adult are rejected; and the AD child remains caught in the bind of continuing to protest about what he is not getting, but being unable to accept it when it arrives. Such a bind results when victimization is converted from an event(s) into an identity. This insures the perpetuation of a victim stance into the future, for it now must be preserved to protect identity. A victim identity encompasses the belief that the past is more powerful than the present and so opportunities in the present are trumped by the pain located in the past.

TEMPORAL EXPERIENCE: Time is experienced by children with AD as separate discrete moments, as a series of disconnected "nows". There is little or no experience of time as a linear continuum. Attention is primarily focused on the "now" and neither past nor future is commonly invoked, for both lack a sufficient sense of "reality" to consciously impact the thinking, problem solving, planning, or behavioral functioning of children with AD. This leads to a host of time related problems. The two most prominent are a lack of learning from experience and a lack of advance planning. Because of the present-centered focus, past experience and its related learning is not accessed. Present behavior and decisions do not benefit thereby, and this often leads to the repetition of identical or similar mistakes. Because the future seems basically "unreal" to AD children, anticipating future consequences or rewards is not factored into current behavioral choices. If advance planning occurs at all, it is usually limited to a matter of the same day. Deadlines and appointment times, being abstract markers in future time, tend to exert little influence on behavior. Hence, AD children are frequently "late for life" and oblivious to deadlines. For AD children, time tends to be viewed as a commodity to be spent, like money, rather than a resource to be used. It is typically spent on staying safe and the procuring of "interesting experience". These are what matter to the child and not time itself. Hence, saving time, wasting time or using time efficiently all tend to be pretty meaningless concepts to children with AD.

INTEGRATION: AD children generally lack integrative thinking. They tend to view life as random. Everything just happens. They have difficulty seeing connections between things, internally or externally. They also do not connect things across time. Hence they often do not grasp connections like cause-effect, actions-results, feelings and behavior, the impact of their behavior on others, sequential events... AD children do not even see their own behavior as stemming from choices they have made. As a result, the concept of personal responsibility can seem like literal nonsense to them. Their lack of integrative thinking impairs their ability to manage complexity. When faced with complex situations, they become anxious and often deteriorate both behaviorally and cognitively.

AD AND LANGUAGE: AD children often internalize language as a tool of trickery. Thus, verbal language can trigger distrust and an expectation of exploitation in AD children. This blocks taking in any of the content or using the verbal medium as a way to build relationship. The adults who use it may be seen as threatening objects. Language interferes with the AD child's need for omnipotence by the very nature of its demands: the words be listened to and a response be given. To avoid this experience, AD children

frequently avoid involvement in conversation or respond only minimally. AD children also have a high proportion of idiosyncratic meaning for words, and so even if they are talking, there may be little real communication occurring. Verbal adeptness should not be confused with relating through words, and AD children can easily fool adults who don't make this distinction. The place of language in the AD child's IWM emphasizes the need to use nonverbal mediums to initially build a bridge, and as that succeeds, verbal language can increasingly be brought in.

ADULTS, FAMILY, & AUTHORITY

ADULTS: AD children generally harbor a pervasive distrust of others. Adults, as a rule, are viewed as unreliable, unintelligent, deceptive, mean, and rejecting, if not outright abusive. The more an adult seeks to earn an AD child's trust, the more dangerous that adult is likely to appear because efforts to earn trust are usually seen as elaborate "tricks" played by the adult in order to hide an intent to hurt the child. AD children are liable to interpret adults who disagree with them as literally lying to them. Adults who are giving to an AD child are generally thought of as resources to be exploited. Authority figures are seen as especially threatening because of their assumption that they have some measure of control over the child and their potential for generating shame. "Adult crimes", in the eyes of AD children, usually confers the right to retaliate.

ADULT ATTENTION: AD children can normally function only within a fairly narrow range of adult attention, given their loading with primitive anxieties and lack of object constancy. Too little attention they are likely to interpret as meaning others are preferred and so they are being left out, rejected, or wholly abandoned. While this does fit with the IWM of AD, it also generates anxiety which typically leads to behavior to provoke engagement and calm the anxiety (emotional regulation vs. acting-out). Too much adult attention, or attention that is too positive clashes with the AD child's IWM. This also generates anxiety which will likely lead to sabotaging behavior to ruin the moment and restore what is familiar (emotional regulation). In both cases, calmly pointing out that they may be trying to simply manage their anxiety, can be helpful.

DISCIPLINE & CONSEQUENCES: Discipline is generally viewed as arbitrary and intended to humiliate the AD child, and so it only provides further proof that adults cannot be trusted. AD children commonly inquire of authority figures what will happen if a given rule is broken. The purpose here is often to gather information to maneuver around that adult or to use the answer to conduct a "cost-benefit analysis" to decide if the contemplated misbehavior is worth the price. This is one reason why being somewhat vague about the range of possible consequences is useful- it blocks this cost-benefit analysis. In addition, AD children are likely to assume that if they have not been directly prohibited from engaging in any given behavior beforehand, no matter how outlandish, then it is alright. If consequences are subsequently imposed, the AD child may see this as betrayal and protest that he was set up by the adult. When AD children escape consequences and / or responsibility, they usually see this as "proof" of how powerful they are. However, when the child fails to extricate herself from disciplinary consequences, it is often seen as a personal failure. Helplessness, shame, and defensive anger are the likely results (see victimhood).

INFORMATION & POWER: Information is power and AD children know this very well. They will go to great lengths to control the flow of information about them in order to maintain their power to manipulate others' image of them. AD children give out very little real information about themselves, for they view that as giving their power away to others. Telling the truth, therefore, is to be avoided as a matter of policy, and adult urgings to do so can be seen as attempts to steal the child's power because the adults want it for themselves. Much of the fabricating of AD children is intended to keep adults confused about

what's real and what isn't. When asked questions, AD children often stall by “playing dumb” or “forgetting”, hoping that the adult will get impatient and give a prompt or clue around which the child can fashion an answer that will please the adult while giving away no information.

NUISANCE BEHAVIORS: These are frequently occurring, more minor behaviors such as interrupting, noisemaking, asking excessive questions, or relatively incessant chattering that serve multiple purposes: 1) disrupt the simplest of everyday interactions and block relating, 2) ongoing reminders that the AD child is not under the adult's control, 3) nonstop chattering diverts awareness into left hemisphere language functioning and away from right hemisphere affective awareness (true of excessive verbalization in general), 4) discharge anxiety, and 5) probes the external environment to acquire information about the situation. From adults' reactions to these “behavioral probes”, AD children begin to piece together who is punitive and who is supportive; who will respond and who will ignore; who is more structured and who is more lax. The child with AD is likely to use the responses to his probes to figure out how to “manage” the adults.

FAMILY AND INTERPERSONAL RELATIONSHIPS

LOVE: Most fundamentally, love is not to be trusted. Love is often defined as weakness and used against those who offer it. Sympathy or empathy is understood by AD children as entitling them to receive whatever they want from the sympathetic person. Then, if what they want is not offered, the child takes that as proof of adults' dishonesty and as a legitimate basis for retaliation. Sympathy or empathy is also often seen as humiliating pity, and in this case, an angry counter-response is likely.

INTERCHANGEABILITY: Other people are often seen as essentially interchangeable and are evaluated on the basis of, "What have you done for me lately?" Past history carries little or no weight (temporal perception). Thus, an AD child's attitude towards anyone else can change quickly depending on what that person most recently has or hasn't done for the child.

BOUNDARIES: AD children's boundaries generally vary from wholly absent to overly porous to defensively rigid to fluctuating. The defensive rigid boundaries are not really boundaries at all but a defensive veneer to mask the fragile or absent boundaries underneath. Deficient boundaries manifest in multiple ways. AD children are vulnerable to merger / fusion fantasies and often react against them to avoid being “taken over by another”. Their emotional permeability leaves them open to picking up the emotional states of others and acting them out or attributing their own affective states to others (projection). Simply put, AD children are forever mixing up “inside and outside”. They can be oblivious to others' personal space, but overly reactive to others' physical proximity to them. They typically don't understand, or don't care about, the concept of personal ownership and are susceptible to presuming on others' possessions simply because they want them. Due to their scarcity model, AD children may also exhibit varying degrees of hoarding.

INDISCRIMINATE AFFECTION: AD children often display indiscriminate affection towards strangers, and this can serve several purposes. It is a tool of “personal image management” to get others to see the child as charming, polite, etc. This created image can be used to foster the illusion that the parents are the source of any problems at home since such a “charming child” could not possibly be at fault. Indiscriminate affection is also used as a way to procure attention and gratification from others who “don't know any better”.

PRIMARY CARETAKER: The parent in the primary caretaking role generally receives the brunt of the child's acting out as this parent is usually seen as the symbol for all of the ways adults have failed the AD

child previously. Typically this is the mother, and AD children who have been adopted are quite capable of blending their internal images of adoptive mother, birth mother, and other caretakers without any recognition that they are so doing. In interacting with her adoptive mother, the AD child applies beliefs, feelings, and behaviors that are related to her birth mother or developed with her, all the while thinking that she is interacting with her adoptive mother in present time (temporal perception). It is important that parents and child become aware that this mixing up of mothers is going on inside the child and that the maternal images need to get separated out. The non-primary parent often has a very different experience with the AD child. This can create parental conflict, wherein the parents see each other as either minimizing problems, enabling, or overreacting. The child may well nourish this split and take advantage of it to exercise greater control over the parents.

PARENT-BLAMING: Because AD children are so skilled at charming others, and because the parents are struggling so hard, extended family and friends often offer little support and are likely to blame the parents for the child's extreme behavioral problems at home. School personnel are quite vulnerable to this same lapse. Worse still, mental health and social service professionals can make this same mistake.

PARENTAL FEELINGS: Because AD children give so little back in return for parenting efforts, parents often go through a progression of: initially feeling anxious that things aren't going well; feeling unappreciated for their efforts; at some point feeling selfish for wanting a return on their investment; then feeling guilty; and finally feeling angry which can loop back into more guilt. This sequence sometimes culminates in a degree of secondary Post Traumatic Stress Disorder in one or both parents. This continuing emotional turmoil can create intense parental ambivalence that can include strong wishes to hurt the child or put the child out of the family.

SIBLINGS: If there are siblings, eventually they become jealous and angry about the amount of family resources in terms of time, attention, energy, and money that the attachment disordered sibling is using up and are likely to ask the parents to get the AD child out of the family.

PEERS: Peer social skills are delayed an average of four years, in AD children. Friendships, if made at all, usually last only for a brief time as AD children too often seek to dominate peers or set them up to get in trouble while not understanding the likely future consequences for the friendship. Then when peers later reject, tease, or avoid the AD child, he does not understand why and feels victimized which reinforces the fundamental distrust.

December 27, 2010 Version 3.4