

Psychosocial dimensions of change

An application of attachment theory and analytical psychology to family
life in post-war Kosovo

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Abstract

This empirical study attempted to develop an original theoretical framework aiming at understanding the psychosocial changes that occurred in the long-term among families living in a post conflict setting. During the last fifteen years, Kosovo has been transitioning from warfare and organized violence to stabilization and state building under the supervision and with the support of the international community. Drawing on different contributions from analytical psychology, attachment theory and the systemic family theory, the theoretical framework focused primarily on family relationships and observed them through both a psychological and a psychosocial perspective. The empirical study attempted to observe the complex relational matrix interconnecting individuals and families with their broader context encompassing societal, economic, cultural and political facets. A total of thirty-five families belonging to different ethnic and socio-economic groups participated in the study, originating from different areas of the region. They were exposed to war events with different intensity and to gross violations of human rights that occurred between the years 1998-1999.

The research explored the process of psychological and psychosocial transformation that occurred in family life by focusing on the quality of family attachment behaviours between children and caregivers and on care-giving/parenting styles. Moreover, the impact of the process of 'internationalization' was taken into account, which has been defined as the whole of the interactions involving the local population and international community, taking place both in Kosovo as well as in third countries. The role of technology and social media in providing opportunities for

regular contacts with relatives and friends living abroad and strengthening further family relationships was also considered. The results showed that when families were exposed to harsh daily stressors, marginalization and discrimination even before war-related events they were more likely to display limited family psychosocial functioning, inadequate parenting and caregiving and mothers to report more frequently psychopathological symptoms of depression and anxiety. Secondly, attachment security within family and responsive parenting styles appeared to have a mediational role towards potentially traumatic experiences and adverse environmental conditions by enhancing the capacity of positively coping with adversities at both a personal and family level. Thirdly, the long-term effects of war experiences seemed to be also linked to changes in the society, in particular to the transformations caused by the process of 'internationalization', such as the promotion of a human rights based culture, law enforcement and infrastructural interventions aiming at developing communication systems and information technology. The study discusses the potential factors supporting lasting resilience and the Adversity Activated Development responses in individuals and families.

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Introduction

This thesis aims at giving an answer, although approximate and imprecise, to the question of ‘how do people recover after having experienced collective violence and conflict, especially from a long-term perspective’. Do they remain deeply traumatized and affected by the negative and psychopathological scares of war? Or do they start a new life, pursuing other values and inspirations?

The main reason for initiating my study, and then its purpose during the process of conducting the research and writing, was to deeply explore the experience of Kosovo people, even ten years after the 1999 bombing, at the beginning of its independence as a state¹. I have decided to move and live in the capital of Prishtinë/Priština² with my husband after he accepted a job as seconded staff of the Italian Ministry of Foreign Affairs within a newly established mission led by the European Union, the so called EULEX. I was previously working as a psychologist and psychodynamic therapist in different institutions in Italy and I was about to finish a PhD programme on attachment theory and its clinical applications. I had been prepared for this change in advance, hoping to be able to use my knowledge and competence in a post-conflict setting. I had read several papers and reports on the horrifying massacres that were perpetrated in Kosovo perpetrated by Serbian military and paramilitary forces against the Kosovo Albanian ethnic population, after Srebrenica. Moreover, I had still had a fresh memory of the tragic conditions of the Kosovo Albanians in the media, and of the expectation of an imminent ‘humanitarian

¹ Kosovo claimed independence from Serbia on 17 February 2008, after eight years under the United Nations‘Ad Interim Administration (UNMIK).

² In this work all the names of places will be reported in two official languages, Albanian and Serbian.

catastrophe'³ that justified the intervention and the 11-week bombings by the NATO military forces.

After 1999, Kosovo, a tiny region with 1,8 million of inhabitants, was literally invaded by the multiple presence of several international governmental and non-governmental organizations pouring millions of euros to fund programmes of intervention in various areas but often unable to communicate and coordinate properly with each other⁴. This huge international presence and impressively disproportioned aid did translate into ambivalent feelings among the population: on one side it strengthened the sense of being victims in need of rescue by powerful and knowledgeable 'others' but on the other hand, a sense of frustration and an urge to claim autonomy and independence grew that sometimes international actors were seen as 'perpetrators' as well. When I arrived in Kosovo for the first time, the new state was just six-months old. The atmosphere was very strange, the new beginning was spreading energy and hope but not for everyone, as many controversial political issues remained unresolved and the economic situation was in a deadlock.

Beside the personal and professional motivation of my study, there is also a more general motive, which focused on the effects of traumatic experiences on children and adolescents, and in particular on how, even after years after these events, this may affect their parental capacities.

Academic literature on war traumas and the psychological effects of organized violence has recently been growing (Mollica et al, 1992; Boothby, Strang, & Wessells, 2006; Miller & Rasco, 2004; Wessells & Monteiro, 2004; Barenbaum et al.,

³ Wheeler N., 2000. *Saving Strangers: Humanitarian intervention in International Society*. Oxford University Press, p 265.

⁴ King I., Mason W., 2006. *Peace at any price: How the world failed Kosovo*. Cornell University Press.

2004; de Jong, 2002; Miller, Kulkarni, et al., 2006; Miller, Omidian, et al., 2006; Summerfield, 1999). Studies are often split between trauma-focused and psychosocial approaches to understanding and addressing mental health needs in conflict and post-conflict settings by emphasizing the role that daily stressors play in mediating direct war exposure and mental health outcomes. This empirical work aims at showing that trauma-focused advocates tend to overemphasize the impact of direct war exposure on mental health, and fail to consider the contribution of stressful of social and material conditions as well as protective factors that promote resilience or Adversity Activated Development (Papadopoulos, 2008). Drawing on the findings of recent studies, a unique model is proposed in this thesis which integrates concepts from the analytical psychology, family systems theory and attachment theory. Based on that model and on the body of research that supports it, an exploration and comparison among different groups of Kosovo families exposed to different conditions before and in the aftermath of the war have been assessed, in order to address their resources and capacities of transformations at an individual, family, community and societal level.

Indeed, the primary research question focused on the long-term effects of collective violence, in relation to armed conflict and ethnic hatred, on family functioning. After a conceptual analysis of the idea of the archetype and attachment motivational system, the archetype of attachment was formulated and applied as an exploratory tool to observe the intertwining links between intra-psychical and interpersonal dimensions. The revision of the concept of archetype in terms of the attachment system was not theoretically new: Stevens and Knox have conducted a critical review of the Jungian literature on archetypes and then compared it with the contemporary attachment theory (Stevens, 1982, 2002; Knox, 1999; 2003; 2004).

Two main *behavioural dimensions* have been chosen: the attachment relationships within the family and the care-giving attitudes of parents towards their children.

The empirical findings of attachment research have shown the strong influence that secure attachment has on the socio-cognitive development of children (Grossman, Grossman, Kindler and Zimmerman, 2008). They have also indicated the potential impairment that the disorganized pattern of attachment and care giving can bring to the development of a coherent sense of Self. The theoretical model of the ‘archetype of attachment’ aims in particular at understanding the realm of both the psychological and the psychosocial dimensions in a post-conflict environment, having been subjected to an extremely intensive exposure to the internationalization and globalization process.

The method of this study consists of:

- 1) Critically reviewing the literature on trauma and addressing both its intrapsychic, individual and relational aspects as well as the social and contextual issues intervening in the creation of collective trauma and victims;
- 2) Developing a unique framework of understanding for the emergence of security and peace at different levels, (i.e. personal, family, community and societal) that might give motives of different dynamics in response to traumatic experiences;
- 3) Connecting such a model to the empirical study, exploring from different angles the experience of trauma and the long-term psychosocial changes in families and individuals.

In *Part One*, the endeavour is to give a wide-ranging description of the phenomenon of trauma by reviewing various definitions mainly referring both to the psychoanalytic literature and psychiatric perspective, and I discuss different models of intervention towards traumatized persons while illustrating the mechanisms of the social construction of trauma.

In Chapter 1, I delineate the field of inquiry, by analyzing the key elements of the definition of trauma. This includes the experiences defined as traumatic from a medical point of view and the different aspects of the victim/survivor of trauma. I outline the main methodological approaches of intervention towards trauma, focusing on the psychopathological consequences, or resilience factors or models in order to emphasize the positive outcomes, strengths and transformational resources. Moreover, special attention is dedicated to the social process of constructing trauma through narratives at a collective level by presenting contributions from the mainstream of cognitive and constructivist psychology.

In Chapter 2, I describe briefly the main methodologies of the humanitarian intervention that tend to split between trauma-focused approaches and psychosocially-oriented perspective (Miller and Rasmussen, 2009)⁵. I also point out the main results of meta-analytical studies that were conducted on intervention efficacy. In Chapter 3, I examine the long-term consequences of war and collective violence, as they were reported in psychiatric studies by considering their impact on individuals and groups, on longitudinal studies with cohorts of different ages, as well as on vulnerable people.

⁵ Miller E. K., Rasmussen A., 2010. War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science and Medicine*, 70. P.7-16.

In *Part Two*, the attempt is to develop an original theoretical framework of understanding the dynamics of building human security and relatedness in individuals, families and communities. More specifically, the focus is on how they can react to traumatic experiences, by making use of concepts that are primarily derived from Analytical Psychology, Attachment Theory and Family Systems theory. In Chapter 4, I explain the reason for extending Jungian psychology to encompass also the social, cultural and political dimensions and I present the contributions of several authors in this direction introducing alternative revisions of the idea of archetype within Jungian literature (such as the re-elaborations by Stevens and Knox). In Chapter 5, I try to sketch the framework of the ‘archetype of attachment’ which is conceived as a bridge between intra and interpersonal dimensions, able to create intergenerational relational networks that can be translated into cultural values and attitudes. I justify the combination of the theories selected (in particular, British Object Relations theories, Relational psychoanalysis and Intersubjective psychoanalytical theory). In Chapter 6, I concentrate on the current status of attachment theory and research by highlighting the biological aspects of human development (evolutionary, genetic and neurobiological), as well as the early relationships and parenting experiences, and the narrative and representational level of adult attachment.

In *Part Three*, the attempt is to conduct an empirical study with different groups of families that can provide support to the theoretical framework developed in this thesis. The study is informed from a psychosocial perspective with models of intervention in post-conflict settings.

More specifically, in Chapter 7 I explain the methodology of the research, its objectives and hypothesis and the instruments applied. After having presented the

results by applying both quantitative and qualitative methodologies, I discuss the empirical findings in light of the previous ideas and the conceptual framework of the ‘archetype of attachment’.

In Chapter 8, I draw a few conclusions to highlight the features of the theoretical framework and some factors that determine higher efficacy in the human-rights based interventions with populations that are exposed to conflict and organized violence. This is also in order to provide human rights officers with useful insights on resilience and positive coping strategies at an individual, family and community level.

PART ONE

In the aftermath of war and collective violence

CHAPTER 1

THE FIELD OF INQUIRY

This chapter will briefly illustrate the multidimensional concept of ‘trauma’, mainly through the perspectives of psychiatry, psychology and psychoanalysis. First, a short introduction on the etymological and historical origins of the concept of trauma will be provided. Secondly, a comprehensive overview of the concept of trauma will be offered including recent findings from neurobiology, neuroscience, infant research and developmental psychopathology. The chapter aims at presenting the differences between the theoretical frameworks of understanding trauma and the underlying models of response and intervention at both an individual and group level. Finally, the collective dimension of trauma will be analyzed by drawing insights from the social and constructivist psychology.

1.1 Definition of ‘trauma’

In terms of etymology, the word *trauma* derives from the ancient Greek *trauma* meaning "a wound, a hurt, a defeat". According to the *Merriam-Webster Dictionary*, the word originates from the root **trau-*, and an extended form of root **tere-* meaning "to rub, turn". These roots are derived from the verb *titrosko*, meaning "to pierce, to cut"; *titrōskein* "to wound"; *tribein* and *tetrainein* "to pierce". The *Oxford English Dictionary* reports that the term trauma was originally used as a medical term to refer to "a wound or an external bodily injury" or to "a psychic injury, especially one caused by emotional shock the memory of which is repressed

and remains unhealed”. Moreover, starting from the 1690s in the medical dictionary, *trauma* appears to refer both to an injury to the living tissue and to the cause of the injury by an extrinsic agent. However, from 1894 onwards the term appears in the sense of "psychic wound, unpleasant experience which causes abnormal stress".

An alternative interpretation of the word trauma has been highlighted in the etymological research conducted by Papadopoulos (2006). The author reveals the double meaning of the original ancient Greek verb *titrosko*, which includes “to rub in, to rub off” and also “to rub away”. According to this second definition, the word trauma acquires a positive connotation:

“if the mark left on persons as a result of something being rubbed onto them, and in so far as the rubbing is of two kinds, we could have two different outcomes from ‘rubbing in’ an injury or a wound; and from ‘rubbing away’, as in cleaning a surface where there were marks previously (like when we use an eraser to remove writing on a piece of paper)” (Papadopoulos, 2006: 2).

1.1.1. Trauma as a psychic event

1.1.1.1. Definition in psychiatry

The American Psychiatric Association (APA) first introduced the term *trauma* in 1980 within the nosologic classification scheme of the third edition of its *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III), together with the first delineation of Post-Traumatic Stress Disorder (PTSD). The PTSD diagnosis

represented an important change, although it stirred controversies, by stipulating that the etiological agent was outside the individual (i.e. traumatic event) and not an inherent individual weakness (i.e. traumatic neurosis). In particular, DSM-III distinguished between traumatic stressors and ordinary stressors based on the assumption that, although most individuals have the ability to cope with ordinary stress, their adaptive capacities are likely to be overwhelmed when confronted with a traumatic stressor. In fact, in its initial DSM-III formulation, a traumatic event was conceptualized as:

“a psychologically traumatic event that was outside the range of usual human experience” (1980: 236).

The original PTSD diagnosis considered extraordinary events that were not included in the common experiences, such as simple bereavement, chronic illness, business losses or marital conflict. In this regard, if adverse psychological responses to ‘ordinary stressors’ were evident, the diagnosis would be characterized as Adjustment Disorder. Traumatic stressors however refer to individual experiences of torture, for instance sexual assault, rape, the Nazi Holocaust, the atomic bombings of Hiroshima and Nagasaki, natural disasters (such as earthquakes, hurricanes, and volcano eruptions), and human-made disasters (such as factory explosions, airplane crashes, and automobile accidents). Noteworthy, DSM-III pondered that some stressors frequently produce a disorder (e.g., torture) and others produce it only occasionally (e.g., car accidents). The disorder appeared to be more severe and longer lasting when the stressor was of human design type. The *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, Text Revision (*DSM-IV-TR*; American Psychiatric Association (APA), 2000) specifically defines a trauma as:

“direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (Criterion A1). The person’s response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behaviour) (Criterion A2)” (APA, 2000:463).

The definition of *DSM-IV-TR* has been criticized for mainly focusing on a “threatened death or serious injury, or other threat to one’s physical integrity”. This definition tends to exclude many events that may be traumatic, even if a threat to life or injury might not be an issue (e.g. extreme emotional abuse, major losses or separations, degradation or humiliation, and coerced (but not physically threatened or forced) sexual experiences). In this way, the diagnosis of PTSD appears to be limited, since Criterion A that was introduced earlier represents a prerequisite for the categorization of the disorder. However, the earlier definitions of trauma, as exposed in *DSM-III* (APA, 1980) and in *DSM-III-R* (APA, 1987), considered general threats to *psychological* integrity as being equally effective forms of trauma.

The *DSM-V* (APA, 2013), has made a number of important evidence-based revisions to PTSD diagnostic criteria, with both important theoretical and clinical implications. As a result of research-based changes, PTSD is no longer considered as a fear-based Anxiety disorder (as explicated in both *DSM-III* and *DSM-IV*), but is

currently classified under a new category of ‘Trauma- and Stressor-Related Disorders’. For a patient to be diagnosed, every case has to be preceded by exposure to a traumatic or otherwise adverse environmental event. The "A" stressor criterion specifies the features of the triggers:

“a catastrophic event involving actual or threatened death or injury, or a threat to the physical integrity of him/herself or others (such as sexual violence). Indirect exposure includes learning about the violent or accidental death or perpetration of sexual violence to a loved one. Exposure through electronic media (e.g. televised images the 9/11 attacks on the World Trade Center) is not considered a traumatic event. On the other hand, repeated, indirect exposure (usually as part of one's professional responsibilities) to the gruesome and horrific consequences of a traumatic event (e.g. police personnel, body handlers, etc.) is considered traumatic”.

Importantly, the new diagnosis of PTSD includes also anhedonic/dysphoric presentations marked by negative cognitions and mood states as well as by disruptive behavioural symptoms (e.g. angry, impulsive, reckless and self-destructive behaviour).

In conclusion, by examining the notions of trauma as they were illustrated in DMS’s different editions, it is possible to determine that an event is *potentially* traumatic and can be detrimental to the mental health of an individual only if it is experienced as extremely upsetting and disturbing and if it at least temporarily overwhelms his/her internal resources, by threatening *at least* his/her psychological integrity. In this regard, *DSM-IV R* has provided a list of potentially traumatic events

therein called ‘traumatic stressors’ that, quoting Briere and Scott (2006: 3-11), include:

“combat, sexual and physical assault, robbery, being kidnapped, being taken hostage, terrorist attacks, torture, disasters, severe automobile accidents, and life-threatening illnesses, as well as witnessing death or serious injury by violent assault, accidents, war, or disaster. Childhood sexual abuse is included even if it does not involve threatened or actual violence or injury”.

Vicarious traumatization is considered to be a specific category of a traumatic stressor targeting emergency workers and police forces who often encounter potentially traumatic phenomena. Nevertheless, defining what a traumatic stressor is could also include several problems. As Briere and Scott observe (2006: 9), the requirement to be life-threatening may exclude other highly upsetting experiences such as major losses or separations, degradation and humiliation and coerced sexual experiences (but not physically threatened or forced). Moreover, the evaluation of the impact of life events when defining a traumatic stressor is extremely problematic due to the variability of subjective experience and meaning-making (Paykel, 1978; Andrews and Tennant, 1978). The systematic study of the dimensions of traumatic experience is particularly complicated due to the difficulty of obtaining reliable data and the high influence of socio-cultural factors. Green (1993) proposed eight general components to take into account when measuring one’s exposure to traumatic events and the impact of the traumatic experience on the individual. He emphasized the importance of the subjective feelings of helplessness, inadequacy, lack of control and

threat to life that an individual could experience. In line with the psychophysiological processes described in paragraph 1.1.2, it is important to distinguish between the traumatic stressors that are non-interpersonal in nature and the interpersonal trauma, as they have a different complexity, intensity and frequency.

General population surveys suggest that at least half of all adults have experienced at least one major traumatic stressor in life. The ‘National Comorbidity Survey’ (Kessler et al., 1996), which included a sample of 8,098 persons, revealed that a 60.3% of the adults have reported a traumatic stressor. However, in another study conducted in the United States with 1,000 participants, experiencing a traumatic event was referred to by 69% of the interviewed population (Norris, 1992).

1.1.1.2. Defining the traumatic stressor in psychology and in psychoanalysis

While in psychiatry the term ‘trauma’ refers primarily to a (*potential*) harmful event, in psychology and in psychoanalysis the term rather indicates one’s subjective response to an event. According to the American Psychological Association (APA), trauma is:

“an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Long-term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea”

Through psychological and psychoanalytical perspectives, the concept of trauma presents outstanding complexity and multidimensionality. Trauma is primarily an event, meaning “*a fact that unfolds the total effects in many directions*”, according to the original definition of Whitehead (2004). In Jungian terms, it can be said that trauma belongs to the domain of pragmatic reality, considering that “*real is what does*” (Jung, 1933, para. 411). Laplanche and Pontalis (1974) define trauma as:

“an event in the subject life defined by its intensity, by the subject’s incapacity to respond adequately to it, and by the upheaval and long-lasting effects that it brings about in the psychical organization”.

The history of trauma in psychiatry started between 1866 and 1870, when Charcot expressed an interest in the earliest accounts of London doctors on the effects of powerful disturbances on the nervous system following from railroad accidents (Fassin and Rechtman, 2009: 31). John Eric Erichsen (1818-1896) presented clinical accounts of the victims of these incidents that he allegedly attributed to micro-lesions of the spinal cord resulting from the railroad accident. The condition was referred to as “*railroad spine*” and later “*railway brain*”. Charcot adopted this trauma model to confirm his hypothesis on the psychological origin of hysteria, especially with male subjects.

The origins of psychoanalysis are inextricably linked to the concept of trauma. Janet, Jung and Freud introduced a psychic etiology into theories of trauma and affirmed the exclusively psychological origin of hysteria, although with marked

differences. Unlike Charcot (1887), who firstly pointed out the neurological nature of hysteria as being primarily triggered by a hereditary predisposition of the individual's nervous system, Janet introduced the idea that hysteria originates from psychic trauma and emphasized extensively his theory on psychological automatism as a possible explanation (Janet, 1887, 1889, and 1894). Janet viewed hysteria as a psychological response to an external trauma and with no anatomical link observed.

By acknowledging the influence of Janet's teachings during his practicum in the winter semester 1902-1903 in Paris, Jung stressed the traumatic origin of complexes in several of his writings. He was fully aware of the devastating potential of the natural dissociability of the psyche when confronted with extremely abusive circumstances, and hinted at how this could potentially develop into multiple personalities:

“In a word, complexes behave like independent beings, a fact especially evident in abnormal states of mind ... An intensification of complexes leads to morbid states which are extensive multiple dissociations endowed with an indomitable life of their own” (Jung, 1937: 121).

More explicitly, Jung affirmed that *"a traumatic complex brings about dissociation of the psyche"* (Jung, 1921: 131).

Freud's theory of hysteria, according to his paradigm known as 'seduction theory', was initially supporting the model of trauma neurosis where the symptoms of hysteria were triggered by an external etiological agent which was intruding into the psyche, namely a sexual trauma in infancy. In 1897 Freud introduced the notion of

internal trauma as an integral part of psychic life and not as only being related to reality. Upon abandoning the hypothesis of a child's seduction, Freud defined traumatic anxiety as the "*fear of being overwhelmed or annihilated*" (Freud, 1923/1961: 57) by either external or libidinal dangers. He defined a danger situation as "*a recognized, remembered, expected situation of helplessness*" (Freud, 1933: 94-95). Interestingly, the Freudian theory of trauma comprehends both the inner representation of the trauma and the real external traumatic experience. The theory includes two temporal phases of which the first refers to the moment when the 'seduction' occurs. The later stage is called *Nachträglichkeit* or *après coup* (Freud & Breuer, 1895) and refers to the progressive development of the child when coming out of latency. Moreover, the traumatic event is passively stored in memory and acquires its pathogenic significance by being placed in the context of a new cognitive ability that activates the traumatic material inserted into a system loaded with energy excitations. *Nachträglichkeit* constitutes one way in which traumatic encounters are mediated:

"by [the] subjective dimensions above and beyond the objective particularities of both the event and the person. It demonstrates that the subjective impact of an event is not given once and for all but is malleable by subsequent experiences" (Bistoën et al., 2014).

In the perspective of relational psychoanalysis, the essence of trauma is inherent in the incapacity of the subject to tolerate psychically a (potentially) traumatic event. The impact of this overwhelming experience can seriously affect the psychic fabric by destroying one's capacity to create connections. It can also lead to the establishment of dissociative breaks between the multiple modes in which an

individual processes experiences. The destruction of the symbolic capacity can generate alexithymia, a state of mind which is impossible to work through. During this stage individuals remain silent and unreachable except through the ways of expression of the dissociated parties, mainly through the soma or the dysregulated emotions (Van der Hart et al., 2013).

Trauma takes shape along a line that appears to connect the outer world and the inner world, namely events and experiences that involve the individual's psyche and relational dimensions, the impact of affects and creation of meanings. Trauma is a complex phenomenon, linked to the persistence of chronic traumatization or negligence that affects one's development. The previous is in line with Masud Khan's (1974, 1979) suggestion for the introduction of the concept of 'cumulative trauma', or for a sophisticated form of early relational trauma that captures the subtle modulations of one's emotions in a parental relationship as described by Allan Schore (2004).

Contemporary models in psychoanalysis (Bromberg 1998, 2006, 2011) recognize the psyche as being divisible and in search of its own illusory integration. However, the traumatic quality of an event creates a rupture or the non-occurrence of the links integrating the various levels of experience, leading the individual to a loss of complexity and to the amputation of the circle of experience. This process could explain the great variability of post traumatic symptoms which include impaired memory, amnesia or distortions. Following Janet, Jung parallelized the idea of complexes representing dissociated parts of the personality, to a type of cancer that grows at the expense of the rest of the personality. In this case the complex remains at an impoverished, emptied and congealed state within a foreign body.

Therefore, the experience of trauma is characterized by the affective interplay of shame, mortification, guilt, pain, humiliation, helplessness, anger, aggression and excitement. These elements are extremely important for the therapeutic elaboration of the individual's suffering, which involves the subject in a traumatic scene and includes a matrix of projective identifications between the aggressor and the victims (Meares, 1999). Traumatic experiences, which are mainly interpersonal and relational in nature such as neglect, abuse, maltreatment, loss and separation as well as the consequent dissociative defensive mechanisms, can lead to the creation of pathological organizations of personality. With Bromberg's words quoting Putnam (1992: 104) "*dissociation is the only way out when there is no escape route; the result is a life as refugees*".

In the Kleinian and post-Kleinian perspective, Herbert Rosenfeld (1964, 1978), Donald Meltzer (1964, 1968, 1992), Betty Joseph (1989) and James Grotstein (2009) have defined grandiosity, perversion and withdrawal as forms of defensive strategies. Within the mainstream of the Independent British analysts, Ronald Fairbairn (1944, 1952) and Donald Winnicott (1964, 1965, 1974, and 1986) have firstly pointed out the relational roots of dissociative psychopathology. In particular, the inter-subjective and relational origins of the pathological organizations of personality located in dissociative processes are pivotal in the relational psychoanalytic theory (Davies and Frawley, 1994) and in the attachment theory (Liotti, 1992, 1995, 1999, 2000, 2004, 2005; Lyons Ruth, 2001; Lyons Ruth, Jacobvitz, 2008; Fonagy and Target, 1996, 1997, 2002). In this sense, the discourse on trauma inevitably intrudes into the discourse on mourning if it is considered that the trauma, and the losses it entails, are constitutive of human existence. If individuals are all basically open to trauma, then

this is due to their ability to have access to the work of mourning that enables the processing of losses that are resulting from the trauma itself. Access to mourning is achieved by establishing new bonds and thus avoiding pathological dissociations.

During the last two decades, the theories on trauma have been influenced by the expansion of research on attachment theory as well as by the empirical findings offered by Infant Research (Beebe and Lachmann, 2003; Stern, 1985, 1998, 2004; Trevarthen, 1995). A very important contribution for understanding the crucial role of attachment on the emotional and psychic development of the infant is offered by the work of Peter Fonagy and his research team. A psychoanalyst, Fonagy oriented his studies to attachment theory and child development and coined the concept of mentalization or reflective function (Fonagy, 1999, 2001; Fonagy & Target, 1996a, 1996b, 1997, 1998, 1999, 2002, Fonagy et al., 1998). In his view (1999), mentalization is:

"the capacity to understand and interpret human behaviour in terms of the putative mental states underpinning it as it arises through the experiences of having been so understood in the context of an attachment relationship" (Fonagy, 1999: 13).

He describes the "*reflective function*" as the capacity to reflect on the content of one's own mind as well as on the minds of others or as the ability:

"to conceive of others' beliefs, feelings, attitudes, desires, hopes, knowledge, imagination, pretence, plans, and so on" (Fonagy, 2001: 165).

The development of an integrated and whole sense of Self and the psychological agency is the final result of regular interactions between a child's mind and its caregivers. If the caregiver is able to reflect accurately the links between fantasy and reality, it can facilitate the development of the cognitive and affective capacities to create representations of different states of mind (Fonagy et al., 2002).

Fonagy, Steele and colleagues (1991) explain that a secure attachment between the child and its caregiver could offer the most congenial context under which the child could learn to read the others' states of mind. By exploring the mental states of sensitive and responsive caregivers, children can find in their caregivers' mind an image of themselves as human beings motivated by intentions and feelings (Fonagy and Target, 1997).

Evidence from longitudinal research referring to the framework of attachment theory (Sroufe, 1996; Meins et al. 1998; Laible and Thompson, 1998; Fonagy et al., 1994) suggests that the secure attachment may be a marker of the development of self-agency and reflective of its functions. The previous research that offered these findings focused on the link between 'security of attachment' and the robust development of a wide range of capacities based on symbolic abilities, such as frustration tolerance, ego control, self-recognition, play, exploration, social cognition and emotion regulation.

1.1.1.3 Defining trauma through a relational perspective

Other studies and observations on caregivers and infants have documented the consequences of lacking responsive and attuned caregivers (Main and Solomon 1986, 1990; Murray, 1992; Lyons-Ruth and Jacobvits, 1999; Schuengel, Van Ijzendoorn et al., 1999a, 1999b). Anxious/avoidant and anxious/resistant patterns of attachment seem to represent the prototypes of early coping strategies that young infants adopt towards unresponsive and insensitive caregivers. In anxious/avoidant attachment patterns, children shift their attention from the caregivers and their own distress by using dissociation and central defence strategies. Instead, they prefer to focus on external aspects of the environment or on activities that can offer them a sense of control and keep low their level of arousal low. However, as Bleiberg summarized (2001:82) children in the anxious/resistant attachment pattern overly focus on the caregiver's presence and experience profound distress and hyper arousal when they fail to call up the presence of their caregiver.

Research on the role of temperamental factors has shown that children's response to stress can significantly vary between adopting an avoidance/dissociation behaviour or hyper arousal due to a constitutional predisposition and in combination with a specific caregiving environment (Vaughn, Bost, Van Ijzendoorn, 2009). In the attachment theory, the major traumatic experiences correspond to events of separation and loss of the primary caregiver (usually the mother) or to abuse and maltreatment. Bowlby (1969) defined anxiety as a biologically determined epiphenomenal experience that is catalyzed by the perception of dangers, both internal and external.

He considered the prototypical danger situation as the loss or separation from the mother and her protective and caring love. The disorganized attachment represents the collapse of the coping strategies that the child can adopt towards non-attuned responses from the caregiver. The category of disorganized attachment emerged later from empirical research both in infants and adults (Main and Solomon 1986, 1990), and is characterized by behavioural and representational correlates that indicate a lack of self-agency, terrifying states of mind, increased dissociation and/or arousal (Solomon and George, 1999; Hesse and Main, 1999). Most frequently, attachment disorganization appears in maltreated and abused infants and in parents who exhibit frightened, dissociated or subtly frightening behaviours in the interaction with their children.

This also appears in adults with unresolved losses and traumas (Lyons-Ruth and Jacobvitz, 2008: 666-697). As Siegel (1999) explained, these situations activate a fight-or-flight response which dissociates information processed symbolically and reflectively from the information processed implicitly and procedurally. As a result, traumatic experiences are primarily stored as sensory, somatic, motoric, and affective states, since the explicit-reflective and symbolic processing has been blocked.

This phenomenon can explain the connection between the disruption of reflective processing and the diminished capacity to understand mental states. Fonagy and Target (1997) hypothesize that children presenting disorganized attachment recoil from apprehending the mental states of their caregivers because they are terrified when they recognize hatred or the desire to get rid of them in their caregiver's behaviour. These attitudes towards them are unbearable and the mental proximity with their caregivers is extremely dangerous. Therefore, the reflective function in

disorganized children has to be inhibited and often this situation results in splitting and creating different representations of themselves and the caregiver interacting in either benevolent or terrifying ways (Allen, 2001).

For this reason the authors conclude that these children might paradoxically come physically closer to the abuser by seeking to express their need of closeness (Fonagy, Target & Gergely, 2000: 111). Chronic exposure to maltreatment exacerbates this vicious circle and creates enduring distortions in relationship patterns and subjective experiences of badness and responsibility for their abuse in order to preserve a sense of agency and attachment (Terr, 1991; Herman, 1992).

In the next paragraph, the neurobiological and physiological correlates of traumatic stress will be explored and their connections with the attachment motivational system will be described.

1.1.2. Traumatic stress and the neurobiological basis of trauma

By virtue of the rapid technological discoveries, neuroscience could expand and radically change the understanding of the relationship between brain developments and experience which is dependent on social and relational processes that can override genetics. In particular, the role of early life experiences and their impact on the brain's plasticity, as well as on socio-affective and cognitive development, has been underlined in research studies (Van der Kolk and Van der Hart, 1989). A crucial discovery was the difference between normal stress responses that aim at returning the body to a state of regulation and traumatic stress responses that introduce neurophysiological changes not apt to normalize. The term 'traumatic

stress' here indicates the psychobiological processes affecting the entire human organism including the body, mind and brain, when they are hurt by trauma. The Post Traumatic Stress Disorder (PTSD), which has been classified in *DSM-V* as a stress related disorder rather than as an anxiety disorder, consists of a series of bio-behavioural changes due to continued stress mobilization. Its symptoms include among others physiological hyper-reaction and emotional anhedonia (Kardiner, 1941; Grienkel and Spiegel, 1945; Krystal, 1978).

Inspired by Paul MacLean's (1985) '*triun brain*' model⁶, Bessel Van der Kolk has described the psychophysiological effects of traumatic stressors on the brain and one's organism (1994; 2014). The external stressor is initially perceived as dangerous primarily by the thalamus which is an area of the limbic system collecting information from the body and external environment. The thalamus transmits the perceptions in two directions, down to the amygdala-structure included in the unconscious brain, and up to the medial pre-frontal cortex (MPFC), where the information reaches conscious awareness through the hippocampus and anterior cingulate (LeDoux, 1996). Amygdala can activate immediately the hypothalamus that stimulates the response of the stress-hormone system (releasing cortisol, adrenaline) and the autonomic nervous system (ANS) which increases the hearth rate, blood pressure and rate of breathing to orchestrate a whole-body response 'flight or fight'.

⁶ The '*triun brain*' consists initially of the reptilian complex (comprising basal ganglia) which organizes basic life sustaining functions such as arousal, sleep/wake, hunger/salivation, breathing; the paleomammalian complex (limbic system), which processes information and its emotional relevance, categorization and perception; and the neomammalian complex (neocortex) which is responsible for planning and anticipation, emphatic understanding, inhibition, sense of time and context., These three structures are sequentially added to the forebrain in the course of evolution. Although in the last decade several research findings have disconfirmed this theory, it remains largely accepted for its simplicity and generalizability.

The ordinary response to a traumatic stressor should consist of a balanced response on the one side of the amygdala and the limbic sub-structures governing the hormones' release and the physiological activation. On the other hand, the executive capacity of the prefrontal cortex should ensure a rational evaluation of the event able to inhibit appropriately the autonomous response once the danger has passed.

In PTSD the critical balance between the amygdala and MPFC shifts radically. This occurs when inhibitory capacities of the MPFC break down and they make it much more difficult to control emotions and impulses giving origin to symptoms of hyperactivity. Dissociative reactions are developed when stress hormones continue circulating in the body and they replay emotional responses related to the experience of trauma, while flashbacks or sensory fragments of memory intrude into the present. The dorsolateral prefrontal cortex and hippocampus are the structures processing one's inner experiences in relation to the present and the past. Depersonalization and numbing occur as an extreme survival reaction when the brain deactivates because the thalamus is overwhelmed by too intense a stimulation break downs and the event cannot be integrated into one's conscious mind.

Moreover, the brain circuits seem to overlap consistently with the neurobiological structure controlling the attachment motivational system. These circuits are involved in stress control and include the Autonomic Nervous System (ANS), which includes the sympathetic nervous system (SNS), the parasympathetic nervous system (PNS) and the Ventral Vagal complex (VVC) (Fox and Hane 2008: 218-237). Stephen Porges drew attention to the role of the social engagement system when experiencing a trauma, in 1994 with his 'Polyvagal Theory'. According to this theory, the SNS is responsible for arousal, including the fight-or-flight response. On

the other hand, the PNS promotes self-preservative functions like digestion and wound-healing by promoting the release of acetylcholine that stops arousal by slowing the heart down, relaxing muscles and returning breathing to normal.

By focusing on the role of the polyvagal nerve and how it connects numerous organs (i.e. the brain, lungs, heart, stomach, and intestines), Porges explained how social contact can determine the regulation of visceral mechanisms. In this direction, several studies on the neurobiology of human attachment were conducted by using the paradigm of Strange Situation (an accurate description of this methodology to study the attachment behaviour in children is provided in Chapter 4). These studies have shown that securely attached children tend to regulate their heart rate faster after the separation from their mother (Sroufe and Waters 1977; Donovan and Leavitt 1985; Spangler and Grossmann 1993), and that children who appear more stressed during the Strange Situation are more likely to exhibit increases of their cortisol levels (Spangler and Grossmann, 1993; Hertzgaard, Gunnar, Erickson and Nachmias, 1995).

Interestingly, the psychobiology of traumatic stress seems similar to the brain circuitry underlying attachment of human behaviour (Coan 2008: 241-265). The idea of the attachment as a neural construct is relatively recent, although research on attachment in humans has utilized physiological measurement (i.e: ANS physiology, electroencephalography, glucocorticoid levels and functional magnetic resonance). In particular, attachment involves the incentive of motivation and the acquisition of rewarding stimuli mediated by the dopamine projection system of the ventral tegmental area (VTA) and the *substantia nigra* (Le Moal and Simon, 1991).

Moreover, amygdala has a crucial role in attachment-related processes since it is exquisitely sensitive to social signals expressed on the face (Benuzzi et al., 2007). However, both the amygdala and the hippocampus are likely to underlie the identification and consolidation of significant interactions between attachment figures and emotionally salient situations. The hypothalamus, which regulates a variety of metabolic and autonomic processes, as well as linking the central nervous system to the endocrine system through the Hypothalamic-Pituitary-Adrenal (HPA) axis (Kemeny, 2003), is involved in threat response and social soothing. However, emotion regulation involves several regions of the prefrontal cortex (PFC) (Coan & Allen, 2004; Coan, Allen, & McKnight, 2006). Additionally, filial bonds seem to occur in the context of significant neural development, facilitated by locus coeruleus and amygdala (Nakamura & Sakaguchi 1990). However, in adults the affiliation (Fraley & Shaver, 2000) relies on nucleus accumbens and the release of social neuropeptides, such as oxytocin and vasopressin (Depue & Morrone-Strupinsky, 2005; Young & Wang, 2004) which can activate proximity behaviours and sensitivity to social cues.

Attachment represents essentially an emotional bond linking an infant to its primary caretaker(s). This bond is mostly based on the caregiver's affective and emotional attunement and their mutual regulation aiming at a sense of safety, joy and pleasure. From this perspective, attachment can deeply influence the structure and function of the developing infant's brain. The failure to establish secure attachment as a consequence of abuse or neglect or emotional unavailability can cause early developmental and relational trauma to the child, particularly in combination with other factors of a genetic or neurological nature.

Secure attachment represents a source of resilience and strength to highly stressful experiences later in life. On the other hand, insecure attachment can increase vulnerability especially in the presence of neurological impairment. Attachment has a pivotal role in the social regulation of emotions (Simpson and Belsky, 2008:131-157) and secure attachment relationships represent the best adaptive strategy to develop self-awareness, empathy and the capacity to cooperate. Children categorized as attachment-disorganized, who often have been abused, neglected and/or maltreated by their caregivers, exhibit psychophysiological responses and defensive mechanisms similar to those presented by subjects that are affected by PTSD and other stress related disorders, such as dissociation, depersonalization, arousal, hyperactivity (Liotti, 1992; Lyons-Ruth., Bronfman, and Atwood. 1999; Lyons-Ruth and Jacobvitz, 2008: 666-697).

These important findings can indicate that the attachment motivational system mediates the impact of traumatic experiences by offering to the individual, child or adult, a better capacity of self-regulation and useful protective coping strategies. Furthermore, it can also explain the different impacts of interpersonal traumatic experiences that involve caregivers and other significant figures.

1.1.3 Vulnerability and early trauma

In this section, the concept of vulnerability and the pathways to develop trauma related disorders will be outlined, by focussing on developmental psychopathology studies. Moreover, the different impact of age, gender, socio-economic status, ethnicity and gender on increasing vulnerability will be briefly discussed.

To begin, it is important to clarify that the term ‘victim’ in the literature of trauma describes the person who, following the impact of a traumatic event, experiences feelings of vulnerability, fragility, self-pity, numbness, defeat, shame, self-hatred, and discouragement. With the term ‘survivor’ authors and clinicians refer to a person that has completed the healing process and is not passively affected by traumatic experiences, after having recuperated self-confidence and trust (Dunn, 2005).

Empirical research has widely shown how the characteristics inherent to the victims can influence or mediate the impact of traumatic stressors and their consequences on their mental health (Breslau, Davis and Andreski, 1995). In particular, age and gender are mostly investigated, but also socio-economic status, ethnicity and race are relevant mediators of the traumatic experience. More recently, experiences of migration, displacement and asylum have been identified by psychodynamic psychologists and psychoanalysts as significant conditions for coping with traumatic events.

1.1.3.1 Vulnerability and pathways to trauma related disorders

Trauma, in particular protracted physical and sexual abuse, can significantly increase the risk of severe maladjustment in children and adolescents and in adulthood it may be linked to personality disorders. However, empirical findings show that only a part of the population that has experienced abuse has later developed severe personality disorders (Paris and Zweig-Frank, 1992, 1997) or became an abuser (Oliver, 1993). As Cicchetti and Rogosh (1996) argue, diversity is the hallmark in developmental psychopathology, a reminder that multiple contributors are conducive to adaptive and maladaptive outcomes in individuals' lives. This theory is developed by borrowing the principles of equifinality and multifinality⁷ from the general systems theory (Von Bertalanffy, 1968) to describe different developmental pathways.

Genetic predispositions and psychobiological alterations that precede traumatic experiences have been taken into account in the attempt to answer questions on diversity. On a different note, Brofenbrenner (1979; Brofenbrenner et al., 1992) focused primarily on the role and influence of the environment at several levels (from the microsystem to the macrosystem), by drawing on the assumptions of the Human Ecology Theory and the Ecological Systems Theory. With regard to the research on biological factors, the results of the research of Yehuda (1998) strongly suggest that only individuals whose biological response to trauma is not typical and shows lower than normal levels of cortisol eventually develop PTSD. Having conducted an

⁷ The term 'equifinality' refers to the observation that in any open system there is a diversity of pathways that may lead to the same outcome. The term 'multifinality' suggests that similar initial conditions may lead to different results.

excellent review of previous studies, Yehuda (1998) indicates that individuals who develop PTSD also present larger than normal levels of basal glucocorticoid receptors, which are the receptor sites for cortisol in its target cells throughout the body, including the hippocampus and the pituitary gland. These last structures are thought to transmit the signal to the hypothalamus to shut down the HPA axis during the fight-or-flight response. Yehuda's hypothesis is that an increased number in glucocorticoid receptors and activity is a primary deficit in individuals with a predisposition to PTSD. Consequently, increased cortisol receptor activity produces a negative feedback that leads to lower cortisol levels.

Evidence in support of Yehuda is offered by numerous studies conducted on different groups of adults and children who experienced traumatic events (Yehuda et al., 1995; Golier and Yehuda, 1999; Stein, Yehuda et al., 1997). According to Yehuda (1998) individuals predisposed to PTSD present an enhanced negative feedback inhibition of the HPA axis that produces a chronic sensitization process of the HPA axis that renders people vulnerable to react to stress with an abnormal and maladaptive response.

An increased interest in the role of genetic risk factors has led to focusing on the role of the D2 dopamine receptor gene, which may interact with early stressors (Cornelis et al., 2010). More recently, the D2A1 allele has been studied for its association with maladaptive responses to stress and there is good evidence to suggest that the D2A1 allele serves as a marker of vulnerability to interpersonal stress and trauma (Comings, Muhleman & Gysin, 1996).

A growing body of research has also studied the role of caregiving and early attachment in modulating cortisol levels in combination with temperamental factors and genetic predisposition, especially on monkeys (Suomi, 1996).

Considering the scientific evidence, it would be possible to answer the question about diversities in developing pathological responses to trauma, by assuming that bidirectional processes operate under the influence of biological vulnerabilities and psychosocial determinants of reflective function. As Bleiberg explains:

“On one side biological factors can limit the development of reflective function by generating environments in which maltreatment is more likely and the parental reflective function is compromised. Children with biological vulnerabilities may fuel the chaos that often prevails in their families, exhaust their caregivers and impose an added burden of frustration and distress while they wreak havoc on the minimal structure and boundaries their families can offer” (Bleiberg, 2001: 92).

Of course, constitutional factors can influence children’s experience of themselves and others, their abilities to monitor emotional signals and to create reciprocal interactions. Moreover, biological vulnerabilities and constitutional predisposition are often shared by both parents and children. This may exacerbate maladaptive consequences or increase their resilience and reflective capacity.

1.1.3.2 Predictive factors of increased vulnerability

Age

Younger and older individuals are at a greater risk than adults (Atkeson, Calhoun, Resick and Ellis 1982; Koenen et al. 2002). Due to the neoteny of human species, children and young individuals need several years to fully develop the sense of agency, emotional regulation and Self as well as affective, relational, cognitive and social capacities. The negative impact of overwhelming traumatic experiences on the infants' psyche has been demonstrated by the empirical observations of the independent British psychoanalysts, such as Winnicott, Guntrip, Fairbairn and Bowlby. This has also been demonstrated by contemporary scientific studies on 'Infant Research' (Beebe and Lachmann, 2002; Stern, 1985, 1989, 2001, 2004), and neuroscience (Pynoos, Steiberg, Goenjian, 1996).

On the other hand, extremely old people are vulnerable because they do not have the capacity to rely on effective coping strategies as a consequence of the deterioration of their mental functions that are linked to the ageing process. The attachment motivational systems have a crucial function in mitigating the response of fear and terror during traumatic experiences especially in children (Bowlby, 1968, 1971, 1980). Furthermore, relational traumas with primary caregivers can cause attachment disorganization, in combination with genetic and contextual factors (Lyons-Ruth and Jacobvitz, 2008).

Gender

There are important gender differences in the rate and impact of traumatic stressors, as well as in their responses to trauma. Girls and boys, and women and men, experience different types of trauma at different rates. For example, more often girls and women report sexual abuse, sexual assaults, physical punishment and psychological distress compared to boys (Hennessey et al., 2004; Tolin and Foa, 2006).

On the other hand, boys are more likely to experience non-sexual assaults, accidents, illness, injuries and witness death or injury (Tolin and Foa, 2006). In general, while both genders experience similar rates of traumatic events, girls and women meet the criteria for PTSD more than boys and men (Abram et al., 2004). Breslau (2002) conducted a survey on a total of 2,181 people aged 18 to 45 in the Detroit metropolitan area.

He concluded that the burden of PTSD in the United States communities is greater in women due to the larger effect of assaultive violence in women. In fact, the risk of developing PTSD following traumatic experiences was twice high for women than for men and its duration was longer in women than in men. The probability of PTSD in women exposed to assaultive violence against men was 36% versus 6%.

Socio-economic status

Overall, lower socio-economic status, together with unemployment could be predictors of trauma (Kulka et al., 1990; Ruch and Chandler, 1983). Clinical experience and previous studies indicate that low socioeconomic positions are overrepresented in trauma populations. The reason for this social variation in injury risk is likely to be multifactorial. Both individual and environmental sources of explanation are plausible. Brattström et al. (2015) have investigated the impact of the influence of socioeconomic factors and co-morbidity on the risk of becoming a trauma victim in a case-control study including 7,382 trauma patients. Associations between socioeconomic factors and co-morbidity were estimated by employing conditional logistic regression. A low level of education and income as well as psychiatric, substance abuse and somatic co-morbidity were all independent risk factors for trauma. Active substance abuse appeared to strongly influence the risk for trauma and demonstrated a time dependent pattern.

Ethnicity and race

Ethnicity and race are often ground for discrimination, marginalization and socio-economic vulnerability due to historical, political and environmental reasons. The results of a U.S. epidemiological survey conducted with structured diagnostic interviews with 34,653 adult respondents employed the 2004–2005 wave of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The analysis of the data (Roberts et al., 2011) focused of the race/ethnic differences in exposure to traumatic events, developing PTSD and treatment-seeking for PTSD.

It was found that the lifetime prevalence of PTSD was highest among blacks (8.7%), intermediate among Hispanics and whites (7.0% and 7.4%) and the lowest among Asians (4.0%). Interestingly, the risk of developing negative symptoms after traumas varied according to the type of event. Whites were more likely than the other groups to experience any trauma, to learn of a trauma to someone close, and to learn of an unexpected death, but blacks and Hispanics had higher risk of child maltreatment. This mainly included witnessing domestic violence. Moreover, Asians, black men, and Hispanic women had a higher risk of war-related events than whites. Among those exposed to trauma, PTSD risk was slightly higher among blacks and lower among Asians when compared to whites after the adjustment for characteristics of trauma exposure. All minority groups were less likely to seek treatment for PTSD than the whites, and fewer than half of the minority respondents with PTSD sought treatment.

1.2 Theoretical models of response to trauma

This thesis will consider, in line with Quosh and Gergen’s approach, that the concept of trauma and PTSD:

“represent[s] constructed categories and their meaning and application are contingent on the social, cultural, political, economic, and historical conditions of the time” (2010: 108).

Presuming that trauma and PTSD are timeless or universal phenomena could be deceiving, this dominant discourse can be contrasted by alternative theories on trauma. Consequently, different models of response could be introduced that offer the possibility to confront stressful conditions without traditional medical treatment or drugs. Significantly, the historical development of the concept of trauma and its realization as an illness category has been corroborated by the power of mental health professions and pharmaceutical research (Summerfield, 2001).

1.2.1 Trauma as an injury: focusing on negative outcomes and psychopathology

PTSD diagnosis differs from the other DSM categories because it specifies an etiologic event as a diagnostic criterion, while the descriptive approach of the DSM typically focuses on symptoms regardless of the context. In the 1990s, a prosperous trauma industry emerged and the field of “psycho-traumatology” was invented (Fassin and Rechtman, 2009). Prominent clinicians within the humanitarian and emergency sector (Bracken, Giller & Summerfield, 1995) have stressed how Western

psychiatry and psychology tend to conceptualise the effects of trauma in purely individual and medical terms.

The several examples of syndromes that were created *ad hoc* (i.e. PTSD or earlier concepts such as “post-torture syndrome”, “concentration camp syndrome” or “rape trauma syndrome”, or the “refugee trauma”) indicate that, the fundamental assumption that after any particular type of trauma a pathological response is developed, still guides clinical thinking and often also humanitarian interventions.

Radical critics have defined “therapeutic governance” (Pupavac, 2001) as the tendency to apply the biomedical psychiatric knowledge in Third World countries in the aftermath of war, conflicts or natural disasters. However, this does not always appear to be adequate to reach a full understanding of the specific context. It is crucial to take into consideration that the biomedical approach to illness and distress is deeply entangled with cultural assumptions (Gordon, 1988).

In fact, Western culture places the concept of the individual at the heart of the world to define political, cultural and medical discourses. The anthropologist Clifford Geertz asserts that:

“the western conception of the person as a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic centre of awareness, emotion, judgement, and action organised into a distinctive whole and set contrastively both against other such wholes and against a social and natural background is, however incorrigible it may seem to us, a rather peculiar idea within the context of the world's cultures” (1983: 59).

Another assumption in Western psychiatry is universalism, which assumes that

the forms of mental disorder found in the West are basically the same as those found elsewhere. This assumption appears to be egocentric and biased, and along with Hogginbotham and Marsella (1988) the risk of psychologizing and treating problems medically by relying on biomedical reasoning such as the origins of poverty, discrimination and conflict should be raised.

Since the inclusion of the category of PTSD in the DSM-III in the 1980s, both theory and research have studied the potentially traumatic event and the premorbid personality as two variables isolated from the context. On one hand, the self is taken as a 'given' as well as its relationship with others and with the outside world. On the other hand, traumatic events are seen as having an impact on this self and these relationships independently from the social, political and cultural context. Similarly, treatment approaches of trauma based on psychodynamic, behavioural and cognitive models share the idea that the response to trauma typically focuses on intra-psychic events and involves psychological or neurological processes that are understood to be disrupted by the traumatic experience.

The American Psychiatry Association (APA), which opened its Division 56 on Trauma Psychology in 2006, requested that most health care education curricula should be shaped around the western biomedical perspective opened only in 2006 Division 56 on Trauma Psychology. Western health care staffs have been deeply influenced by this approach, and several approaches for diagnosing and treating trauma related disorders have been developed by psychotherapy schools as a result. Trauma treatments are generally based on a pyramid model consisting of three sequential phases: stabilization, 'working through' and psychosocial reintegration (Van der Kolk, MacFarlane & Van der Hart, 1996; Van der Hart, Nijenhuis & Steele,

2006).

Overall, the elective therapy for traumatized people is a cognitive-behavioural therapy combined with pharmaceutical treatment (Olasov Rothbaum and Foa, 1996; Davidson Van der Kolk, 1996). Another specific and popular treatment is the Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro, 2001; Feske, 1998), often criticized for its lack of scientific foundation (Cahill, Carrigan & Frueh, 1999). Psychodynamic approaches appear less prominent primarily due to the scientific development of psychopharmacology (Lindy, 1996).

1.2.2 Trauma and resilience

A second theoretical approach towards the responses to traumatic experiences emphasizes the importance of resilience as both a coping process and a personality trait.

The *Oxford English Dictionary* defines resilience as “*the activity of rebounding or springing back; to rebound; to recoil.*” It further defines resilience as “*elasticity; the power of resuming the original shape or position after compression, bending*”. The linguistic use of the term resilience refers to the ability of an object to restore its original structural form despite being temporarily altered by external forces that would “bend” or “compress” its shape. The property of resilience is also generally viewed as a quality of character, personality, and coping ability.

Lazarus and Folkman (1984) define resiliency in cognitive psychology as strength, flexibility, a capacity for mastery. However, Richardson (2002) uses the term to indicate the resumption of normal functioning after excessive stress that

challenges individual coping skills. The concept of resilience has been applied to the field of traumatology and according to Bonanno (2004) refers to an ability to overcome high loads of stressful events (e.g., trauma, death, economic loss, disaster, political upheaval and cultural changes) and to maintain psychological vitality and mental health (Wilson & Drozdek, 2004; Yehuda, 1998).

The concept of resilience has been the object of several experimental studies, which have analysed its role as an independent and dependent variable. This was performed in order to observe resilience as a post-traumatic phenomenon along with the interaction between the characteristics of resilient persons from those who are less resilient (Aronoff & Wilson, 1985).

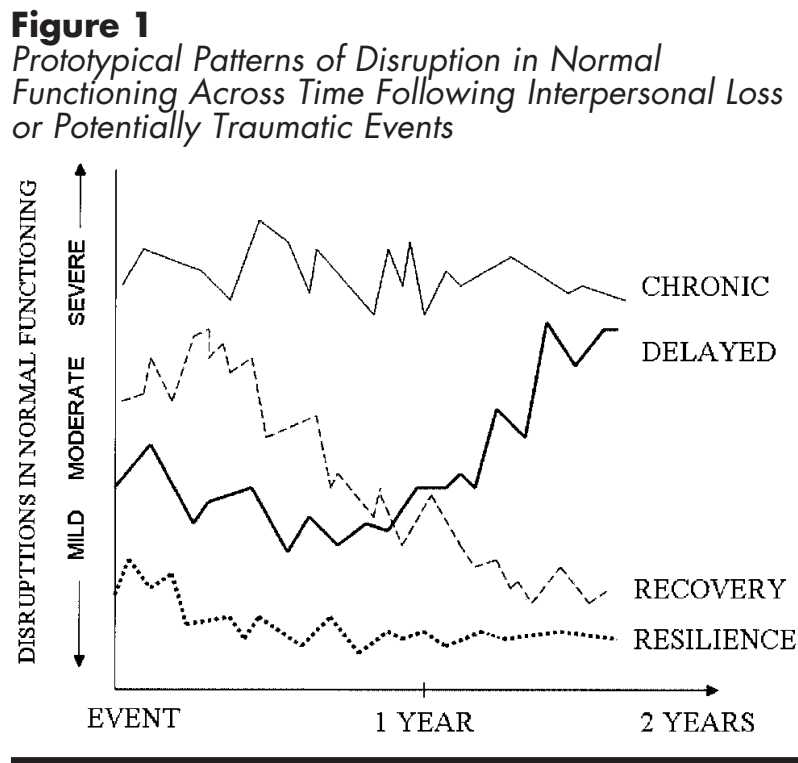
In general, research on the phenomenon of resilience has examined a substantial domain of critical factors thought to be associated with resilience. These factors include types of trauma or stressful life events, personality characteristics, cognitive style, prior history of exposure to stressful events, gender, age, capacity for affect regulation, social support, genetics, neurobiological factors, childhood development, and ego defences (Agaibi, 2003; Schore, 2003; Southwick, Morgan, Vythilingham, Krystal, & Charney, 2004).

Richardson (2002) has proposed that the history of research on resilience can be classified in three ways: (a) identifying the unique characteristics of individuals who cope well in the face of adversity, (b) identifying the processes by which resiliency is attained through developmental and life experiences, and (c) identifying the cognitive mechanisms that govern resilient adaptations.

Bonanno (2004) distinguishes resilience from the process of recovery (see Figure 1). According to him, the term *recovery* connotes “a trajectory in which

normal functioning temporarily gives way to threshold or sub-threshold psychopathology (e.g., symptoms of depression or posttraumatic stress disorder), usually for a period of at least several months, and then this gradually returns to pre-event levels”. By contrast, *resilience* reflects the ability to maintain a stable equilibrium. In fact, in the developmental literature, resilience is typically discussed in terms of protective factors that foster the development of positive outcomes and healthy personality characteristics among children exposed to unfavourable or adverse life circumstances (e.g., Rutter, 1999; Luthar, Cicchetti, & Becker, 2000; Masten, 2001). Furthermore, resilience as a personality trait conceptually overlaps with secure attachment especially in children (Shibue, 2014; Florian, Mikulincer & Hirschberger, 2002).

Figure 1. Different patterns of response to trauma (Bonanno, 2004)



A growing body of evidence suggests that resilience consists of different personality traits, such as hardiness (Kobasa, Maddi, & Kahn, 1982) and self-enhancement or coping strategies like repression and positive emotions. Bonanno (2004) explains that *hardiness* consists of three dimensions: the belief that one can learn and grow from both positive and negative life experiences; the belief that one can influence one's surroundings and the outcome of events; and finally being committed to finding a meaningful purpose in life.

A recent study of individual differences in self-enhancing biases was conducted among bereaved individuals in the United States and among Bosnian civilians living in Sarajevo in the immediate aftermath of the Balkan civil war. The study showed that in both samples the self-enhancers were rated by mental health professionals as better adjusted (Bonanno, Field, Kovacevic, & Kaltman, 2002). Furthermore, a considerable body of literature documents that the individuals that are identified by either a questionnaire or behavioural measures as *repressors*, tend to avoid unpleasant thoughts, emotions, and memories (Weinberger, 1990). Interestingly, one of the ways in which repressors and others showing resilience appear to cope well with adversity is through the use of positive emotion and laughter (Bonanno, Noll, et al., 2003; Keltner & Bonanno, 1997).

1.2.3 Trauma as an ‘opportunity’ for transformation: positive models of traumatic experiences

From a humanistic standpoint, different psychologists have proposed theories of human response to trauma as an experience of positive change that occurs as a result of the struggle with highly challenging life crises.

The legacy of Abraham Maslow (1954) and his theory on human needs and self-actualization, along with Erich Fromm’s (1956) and Carl Rogers’ (1959) inquiries on the human nature and the exploration on the origins of evil have offered the foundations for positive psychology (Seligman 1998). In addition, other similar approaches that were more focused on the potential transformation in the aftermath of sufferings, rather than on the pathological outcomes, were also developed.

Calhoun and Tedeschi (1999, 2001, 2004) have formulated the concept of “Posttraumatic Growth” (PTG) as a key for understanding how, after a traumatic experience, a process of progress instead of a mere return to the baseline, can manifest itself in a variety of ways. These could include “an increased appreciation of life, more meaningful interpersonal relationships, an increased sense of interpersonal strength, changed priorities and a richer existential and spiritual life”. Tedeschi and Calhoun consider the concept of PTG as related to other similar ideas: “*post-traumatic growth, perceived benefits, transformation of trauma, flourishing, stress-related growth, transformational coping, positive reinterpretation*” (2004: 3).

The authors, who were inspired by the original work of Maslow (1970) and positive psychology (Cowen and Kilmer, 2002; Seligman and Csikszentmihalyi, 2000), recognize that individuals can experience typical (but not universal) negative reactions to highly stressful events, including anxiety, fear, sadness, somatic

reactions, guilt, anger, numbness and depression. However, the focus of their reflection is on the positive aspects of the struggle with trauma.

Overall, the empirical studies on PTG have been focused on groups which experienced different types of traumatic stressors, such as bereavement, rheumatoid arthritis, HIV infection, cancer, heart attacks, transportation incidents, house fires, sexual assault, sexual abuse, combat, refugee experience and being taken hostage. The process of PTG comprehends the experience of the traumatic event that can represent a major challenge for the person's understanding of the world and rumble many of the schematic structures guiding their understanding and meaning making in their life like 'an earthquake'. It is important to understand that according to Davis and Nolen-Hoeksema:

“growth does not occur as a direct result of trauma, in fact the crucial factor in determining a positive transformation is the capacity of the individual to struggle in the aftermath of the event by re-establishing new useful basic cognitive guides for living” (2001: 726).

Cognitive processing and restructuring is an important sphere of PTG along with the (pre-trauma) personal experience and the capacity to manage emotional distress and skills to develop a life narrative, support and disclosure. The PTG has also been extended to social transformation (Bloom, 1998; Tedeschi, 1999).

From the angle of analytical psychology, Papadopoulos has proposed an alternative epistemological framework of the Adversity-Activated Development (AAD) to explore the experience of refugees and asylum seekers in depth (Papadopoulos, 2004, 2006, 2007, 2010). Focusing on aspects often neglected by the

mainstream which tend to medicalize and pathologize human suffering, he refers to the positive developments that are a direct result of being exposed to adversity and to the process of meaning-making of the negative experiences that allow individuals to find new strength and experience transformative renewal. Interestingly, this perspective on the one hand suggests an increasing level of differentiation in the non-pathological responses of the patients to adversity, but on the other hand it may imply the existence of a dilemma for therapists and clinicians:

“Once they realize that they have survived the initial and life-threatening adversity, refugees have the opportunity to begin to appreciate life in its own right; it is not uncommon that in the light of this new transformation, refugees perceive their previous lives as relatively meaningless. Nevertheless, this seemingly paradoxical outcome may create awkward moral dilemmas and complexities when mental health professionals work with such refugees, as one does not wish to focus on the positive outcomes of despicable acts of political violence” (2007: 307).

Remarkably, the AAD framework assumes that the main aspect that distinguishes individuals that are developing a non-pathological response to catastrophic life events from those who do not, is the ability of meaning-making of those overwhelming and unbearable experiences.

1.3 The social construction of trauma

In order to provide a comprehensive description of trauma, the idea of what a collective level of trauma is and its influence on an individual's ways to experience potentially traumatic events will be briefly discussed. The discussion will focus on social, cultural, and religious factors related to the construction of self-identity. The historical development of this notion shows how trauma has developed a pivotal meaning that includes our experience of time. In the words of the poet W. H. Auden, this can be defined as the "age of anxiety". As Fassin and Rechtman (2009) have observed, over the last three decades, trauma victims have become culturally and politically respectable and trauma has developed from a clinical syndrome to an "unassailable moral category".

Moreover, the clinical label of "trauma victim" and PTSD have started to fulfil important political and social functions, as they can be used in humanitarian psychiatry to determine which victims have a right to reparation and compensation for having experienced genocide, war and conflicts. Similarly, professionals in psycho-traumatology use the diagnosis as evidence for granting asylum and to support victims of torture, political persecutions, and to distinguish them from normal migrants.

This section has analysed the anthropological, social and cultural construction of trauma, and has considered the impact of cultural trauma on collective identity. Constructivist psychology and narrative theories can provide useful ideas to study how individuals and groups can change and how they can transform their traumatic experiences.

1.3.1 Cultural trauma and Collective identity

Potentially traumatic experiences, such as war and collective violence, occur at both an individual and collective level. These events are shared by groups and communities and can constitute the origin of cultural trauma that occurs:

“when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible mark upon their group consciousness, marring their memories forever and changing their future identity in fundamental and irrevocable ways” (Alexander et al., 2004: 1).

Cultural identity represents the result of articulated relations between interpersonal and sociocultural contexts influenced by the intra-psychic meanings attributed to them. Therefore, it could be concluded that the collective dimension of trauma has a distinctive role in shaping personal identity, as well as in shaping individual cultural identity. In particular, constructivist and social psychology offer an interesting perspective for observing the creation of a social narrative on trauma in post-war settings. This is also the case for the emergence of phenomena of victimization which might determine the incidence of developing mental disorders related to those potentially traumatic events.

In the present thesis, the notion of cultural trauma is employed as an empirical concept, which can entail an original significant and causal relationship between events, patterns of perceptions and actions that were previously extraneous. Alexander (2004: 10) emphasizes the fact that by recognizing cultural traumas social

groups, national societies, and even entire civilizations not only cognitively identify the existence and sources of human suffering but they can take responsibility for it.

The author conceives of the gap between event and representation as the “trauma process”. Drawing on the speech act theory, (Habermas, 1984; Austin, 1962; Searle, 1960), Alexander defines trauma as a speech act. The individuals who represent collectivity are also symbolic representations of ongoing social events as members of a social group, or of a carrier group (Alexander et al., 2004: 11)⁸.

The cultural construction of trauma begins with the claim that a fundamental injury and a narrative about a terrifying catastrophic social process exists, demanding emotional, institutional and symbolic reparation and reconstitution. Aiming to project trauma to the audience-public, homogeneous but yet fragmented, the carrier group creates a representation of the trauma as a new master narrative (Thompson, 1998).

This is achieved by stimulating the collectivity composed by individuals to answer questions related to the nature of the pain, of the victim, and to the attribution of responsibility. The narrative penetrates institutional areas, such as religious, legal, scientific or aesthetic, but it also enters mass media and state bureaucracy, mediated by social networks and access to material resources.

From this perspective, the experience of trauma can be understood as a sociological process that defines a painful injury to collectivity. The imagination and representation of the event can shape a collective identity that is continuously reconstructed, revised, remembered and this process of signification can be fluid, influenced by social reality and change from being tensed and polarized to calm and

⁸ According to Alexander, the carrier groups hold both “ideal and material interests, they are situated in particular places in the social structure, and they have particular discursive talents for articulating their claims in the public sphere (2004:11). Close the quotations

peaceful periods. In Western societies, the final stage of trauma creation is proceeding as a practical and moral action, for the recognition and reparation of the victims.

In the mainstream of analytical psychology, Kimbles and Singer (2004) recall the ground-breaking work of Joe Henderson (1962/1964; 1984; 1990), who first expanded the original Jungian notion of the “collective unconscious”, and who created the concept of the “cultural unconscious”. Later, these authors developed the idea of “cultural complexes” that often follow after traumatic collective events (Weisstub and Weisstub, 2004). Henderson has defined the cultural unconscious as:

“an area of historical memory that lies between the collective unconscious and the manifest pattern of the culture. It may include both these modalities, conscious and unconscious, but it has some kind of identity arising from the archetypes of the collective unconscious, which assists in the formation of myth and ritual and also promotes the process of development in individuals” (1990: 102-113)

Henderson (1990) has elaborated on the concept of the cultural level of the psyche and enabled Jungian psychologists to explore the outer world of group life and to uncover a home in the inner world of the individual. In this way, the deep impact of the psyche on the external reality was reconnected with the collective cultural experience. In Henderson’s (1990) definitions, personal and cultural complexes often appear to be mixed together and share similar characteristics, but are not the same. Both express themselves in powerful moods and repetitive behaviours, remaining for the most part unconscious and accumulating experiences that validate their point of view by functioning in an involuntary autonomous fashion and by having archetypal

cores. Singer and Kaplinsky (2010) have attempted to explain the structure, functioning and contents of the group psyche. This was done in order to elucidate the nature of the conflicts between personal and group identity on the one hand and the attitudes among groups towards one another on the other hand. Therefore, group complexes or “cultural complexes” can be defined as:

“emotionally charged aggregated ideas and images that tend to cluster around the archetypal core and are shared by individuals within an identified collective” (Singer and Kaplinsky, 2010: 5).

One example of a collective experience of trauma that was organized and represented by a specific form of cultural complex is the case of the Palestinian and Israeli children, as discussed by Weisstub and Weisstub (2004). Moreover, racism and gender discrimination might be interpreted as forms of cultural complex affecting the life of individuals. In particular, the framework offered by cultural complexes constitutes a valuable tool for the psychotherapeutic and clinical practice in order to analyse the personal, family and cultural history, dream and phantasies. The analysis is also achieved through transference and countertransference reactions. These topics are in fact related to the construction of personal and cultural identity that can be moderated by social processes on the one hand and by the singular process of individuation on the other hand.

1.3.2 When meaning becomes action: the narrative dimension of trauma

Narratives play a crucial role in the creation of identity and in the construction of subjective experience, to provide a sense of continuity of self while psyche is naturally dissociable. The process of personal and cultural identity development has been described by constructivist theories which stressed the importance of environmental, relational, contextual and narrative factors (Sugiman, Gergen, Wagner & Yamada, 2010).

These authors claim that psychological science is about understanding perception, thought, emotions, motivations and learning not only about the individuals' minds but also to extend their focus on the social world. Studying social processes requires relying on an *ad hoc* paradigm, which Sugiman and colleagues (2010) view as a convergence of four major streams: social constructivism, social representation theory, narrative psychology and cultural psychology.

Moreover, they have conducted a psychological inquiry into social meanings, by applying concepts derived from dialogic psychology (Hermans and Kempen, 1993), action research (Reason and Bradbury, 2001), relational psychoanalysis (Mitchell, 1993), feminist relational theory and practice as well as qualitative methods (Denzin and Lincoln, 2000). The constant interaction between the individual and the surrounding external reality shapes differences and similarities among groups and individuals.

These are embedded in a matrix of relationships and receive mutually projections and introjections of thoughts, feelings and meanings. Jessica Benjamin discussed (1995) how the mind is fundamentally double-sided, including the intra-

psychic and inter-subjective, where the subject has to occupy a different and contrasting position.

As was illustrated in paragraph 1 of this chapter, experiencing overwhelming life events can trigger severe dissociative defences which break the sense of normality and continuity of one's identity. As a consequence of this disruption in the psychic texture, the capacity to create coherent narratives which can contain pain, fear and horror tend to vanish. On one hand, a trauma can lead to radical violence and the violations might be inflicted on the most vulnerable and helpless. Along these lines, otherness and alienation can trigger violent outbreaks or a deadening sense of the self or dissociation. Van der Kolk has defined the "black hole" of trauma as the repeated re-enactment of traumatic conditions or experiences by the traumatized. This testifies to the tenacious and malignant potency of trauma, when narratives do not tame and integrate these experiences into personal experience.

At a social level, the victims of trauma can also be "signified upon" by social institutions, and consequently may remain trapped in a debilitating sense of helplessness. As feminist politics and activists have denounced (Gupta, 2014), women who have experienced gender based violence as well as marginalized minorities, and LGTB communities are often exposed to the rhetoric of hegemonic groups and the risk of internalizing insidious meanings, thus damaging their group and individual identity. The value of counter-narratives that contrast victimization is inestimable in restoring dignity and empowering them.

By pioneering the contemporary constructivist perspective in psychology, Jung has placed at the core of his theories the way in which personal meaning emerges in human activity through symbol formation (Jones, 2007). Analytical

psychology and the Jungian concepts of individuation and transcendent function offer a useful prism by which to understand the process of identity construction. They also reveal the similarity between Jung's and post-modern ideas (Hauke, 2000).

As psychoanalytic thinking shows, identity is created by memory and remembering represents a complex and fallible process influenced by circumstances that is co-constructed with others' worldviews. Relationships mediate the creation of meanings and the way in which personal experiences are remembered and narrated and intertwine with social and contextually embedded values (Coetzee and Rau, 2014). Personal trauma and more specifically its links to the social dimension are essentially open to different pathways. If the trauma remains defensively dissociated or repressed, the capacity to organize and store experiences at an explicit-reflective-symbolic level will be repressed. In this scenario, it is likely that the victims will be trapped into a type of "action schema" that constricts the capacity to recognize meanings cognitively and emotionally and consequently lead to repeating their traumatic past.

On the other hand, relationships and co-constructed narratives can introduce new meanings that can symbolize and transform the past in a new original way, as Jung meant when defining the "transcendent function". In the essay "Some Crucial Points in Psychoanalysis," Jung considers that the transcendent function is essentially an aspect of the self-regulation of the psyche (1914: 665). The transcendent function should not be extended to the level of collective psyche, to avoid psychologizing of political and socio cultural realms, as Samuels recommends (2005, 2010).

Nevertheless, at a personal level, the transcendent function can allow the development of positive coping strategies against the adversities experienced by the

individual and to strengthen resilience. By virtue of this process of psychic compensation, the traumatogenic memories of past events of war and collective violence deposited in the unconscious psyche could later be transformed in the light of new experiences and the interiorization of new languages, values, perspectives, relationships and affects into 'healing identities'.

These could therefore form hybrid identities resulting from the process of individuation. The personal and cultural aspects of the new identity overcome the previous personality and represent a third meaningful symbolic dimension that can also manifest themselves in transference and countertransference, where the therapist can even embody the social third (Benjamin, 2011; Dimen, 2012). This idea refers especially to Jung's definition of '*tertium non datur*', as the reconciling "third," that is not a logically foreseeable, characteristic of a resolution in a conflict situation when the tension between opposites has been held in consciousness:

"[This situation] requires a real solution and necessitates a third thing in which the opposites can unite. Here the logic of the intellect usually fails, for in a logical antithesis there is no third. The "solvent" can only be of an irrational nature (The "Conjunction," CW 14: 705).

On the ground of this analysis of the notion of trauma and for the purposes of the present thesis the term trauma will be defined as a fact that represents the outcome of the combination of different factors, mainly genetic, biological, psychological and social.

CHAPTER 2

APPROACHES AND METHODOLOGIES OF THE HUMANITARIAN INTERVENTION

This chapter will outline the three main approaches underlying humanitarian interventions in conflict and post-conflict settings. These approaches are conceptually linked (more or less) to the theories on trauma illustrated in section 1.2 in Chapter 1. In this section, the focus will be firstly on the trauma focused paradigm; secondly on the psychosocial framework and thirdly on a culturally sensitive approach towards humanitarian interventions.

By reviewing the findings of meta-analytical studies and the documents produced by international agencies and organizations, an examination of the conceptual underpinnings of these approaches will be provided, that are also linked to the expected efficacy and effectiveness of the interventions that were primarily conducted in humanitarian settings. As the purpose of this thesis is to elaborate on the idea of attachment as a factor that can moderate and/or mediate the impact of traumatic stress this section will fill the theoretical gaps dividing these two main categorical approaches.

At the end of the chapter I will specify the principles recommended by experts for adopting an integrated approach when delivering mental health and psychosocial support interventions.

2.1. The Trauma-based paradigm

Over the past 25 years, the interest in the psychological effects of organized violence has grown enormously. The special issue No. 70 of the *Social Science and Medicine* (2010) journal has collected different contributions related to experiences in humanitarian contexts. In particular, Miller and Rasmussen (2010:7-16) provided an analysis of approximately 80 studies and discussed the main difference between the trauma-focused approach from other conceptual perspectives. They pointed out that the supporters of the trauma-focused approach consider that direct exposure to the violence and destruction is a critical factor in determining the pathological response of individuals facing war and collective violence.

Trauma-focused advocates also present diverging opinions about the extent to which people are vulnerable or resilient when facing life-threatening and enduring stress (Bonanno, 2004; Kostelny & Wessells, 2004; Neuner & Elbert, 2007). The studies were conducted within this paradigm and tend to find evidence of lasting war-related trauma. They consider that ameliorating symptoms of war-related trauma will also enable people to cope more effectively with on-going environmental stressors. Consequently, the victims of trauma require specialized clinical treatment (Yule, 2002) to improve their psychophysical condition.

2.1.1 Research on PTSD

As discussed in Chapter 1, paragraph 1.1, the American Psychiatric Association introduced the new diagnosis of PTSD in 1980. The new nosologic category seemed ideally suited for classifying the subjective experience of anguish

described not only by military staff but also by civilian war victims asking for asylum in Western countries. Within a short time, the researchers of refugees and civilian victims of collective violence had become deeply interested in assessing the “*dose-effect*” relationship between direct war exposure and PTSD symptom levels (Mollica et al., 1998). They consequently emphasized the analysis of the extent to which the degree of war exposure predicted or accounted for the severity of PTSD symptoms or the likelihood of receiving a diagnosis of PTSD (Smith, Perrin, Yule, Hacam, & Stuvland, 2002). Reasonably, given the relevance of the atrocities reported in their biographical stories, clinicians expected that their high levels of distress were the result of their exposure to the frightening ferocity and devastation (Arroyo & Eth, 1986; Kinzie, Sack, Angell, Clarke, & Ben, 1989; Manson, & Rath, 1986).

Although the strength of the association between exposure and PTSD varied considerably across studies, consistent evidence of a dose-effect relationship emerged over time (Fox & Tang, 2000; Jaranson et al., 2004; Mollica et al., 1999; Tang & Fox, 2001). War exposure was clearly linked to the development of PTSD symptoms, and a higher exposure was predictive of greater PTSD symptomatology. Based at least partly on this body of research, clinical guidelines and recommendations regarding the treatment of traumatized refugees were developed and widely disseminated (Basoglu, 1998; van der Veer, 1999; Varvin & Hauff, 1998).

The PTSD diagnosis was originally developed to support Vietnam war veterans (and later those returning from Afghanistan and Iraq) and recommending their receiving reparation. Interestingly, clinicians and researchers found that greater direct exposure to war events was associated with higher levels of PTSD symptoms also among the refugees resettled in Western societies (see Barenbaum, Ruchkin, & Schwab-Stone, 2004; de Jong, 2002). Thus, this combination of PTSD-focused

research and clinical work with refugees determined a growing global interest in the field of traumatology, and still continues to play a pivotal role in providing the necessary resources not only for refugees but also for populations in disasters and other resettlement settings (Breslau, 2004; Rechtman and Fassin, 2009).

Of note, the advocates of the trauma-focused paradigm tend to apply the ethics and efficiency of individualized clinical interventions even in settings where distress is widespread and mental health resources are scarce (Inter-Agency Standing Committee, 2007; Miller & Rasco, 2004; Neuner, Karunakara, & Elbert, 2004).

2.1.2 A linear model

Researchers trained in Western psychiatry and in clinical psychology have increasingly adopted the trauma-focused framework developed in the West. They have shifted the focus of research from the non-Western societies affected by armed conflict, political violence and torture victims to the study of PTSD (and related psychopathology) and its relation to war exposure (Fox & Tang, 2000; Lopes Cardozo et al., 2004; Neuner, Schauer, et al., 2004; Thabet & Vostanis, 2000).

In general, from a quantitative point of view, the evaluation of the quantity of variance explained by the traumatic stressor in PTSD research, shows that the trauma-focused paradigm fails to capture the various pathways by which organized violence affects mental health. This is because measuring the amount of variance focuses on a simple direct effects model to explain psychological distress in settings of organized violence (See Figure 2).

**Figure 2. Direct effects model between war exposure and mental health
(Miller & Rasmussen, 2010: 8)**



Miller and Rasmussen (2010: 13) observed that only less than 25% of the variance in the PTSD symptoms' severity levels was related to the degree of exposure to armed conflict. For example, in their study of mental health among adults in the Afghan capital of Kabul, Miller et al. (2008) found a correlation of .39 between level of war exposure (as measured by total score on the Afghan War Experiences Scale) and the level of PTSD symptomatology (assessed by using the Impact of Events Scale-Revised; Weiss & Marmar, 1997). The correlation coefficient squared shows that war exposure in Kabul accounted for only about 15% of the variance in PTSD symptom levels. Fernando et al. (2010) had studied the factors influencing the mental health of youth in eastern Sri Lanka (a region badly affected by both civil war and

natural disaster), and discovered that war and disaster exposure accounted for a mere 8% of the variance in PTSD symptom levels.

In a study of Palestinian youth in the West Bank, al-Krenawi et al. (2007) assessed exposure to political violence as well as various forms of violence within the family. They found a correlation of .14 between exposure to political violence and scores on the Brief Symptom Inventory. This suggested that direct exposure to war events accounted for only about 2% of the variance in distress among the youth in their sample (as we note below, family violence was a considerably stronger predictor of distress in their sample). In another study adopting the linear model to study the predictors of distress among Darfurian refugees in the refugee camps in Chad, Rasmussen et al. (2010) found that only about 1% of variance existed in PTSD symptom levels which was attributable to the violence experienced in Sudan.

In a cross-cultural research targeting four post conflict settings, De Jong et al. (2001) examined whether contextual differences affect the rates of symptoms of PTSD as well as traumatic stress and human rights violations. In fact, the addition of daily stressors to the direct effects model explains a substantial additional proportion of variance in mental health outcomes. The direct war exposure usually leaves these outcomes unexplained when war exposure was used as the sole predictor of distress. This robust finding calls into question the common assumption that the degree of war exposure is the critical determinant of mental health severity in conflict and post-conflict societies.

2.2 The psychosocially- oriented perspective

2.2.1 Principles of the psychosocial approach

The term psychosocial in general indicates a state pertaining to or involving both psychic and social aspects. As Tol and others (2010) comment, in the field of humanitarian response this word:

“emphasises the close connection between psychological aspects of experience and wider social aspects of experience, inclusive of human capacity, social ecology, and culture and values”.

Three sets of research findings provide empirical support to the psychosocial perspective: (1) the consistently large amount of unexplained variance in mental health outcomes when war exposure is used as the sole predictor of psychological distress (i.e., concern over the limited explanatory power of the direct effects model); (2) research with refugees in developed nations showing that post-migration or exile-related stressors such as social isolation, unemployment and discrimination consistently predict the levels of psychiatric symptomatology as well as, or better than, pre-migration exposure to organized violence (Steel, Silove, Bird, McGorry, & Mohan, 1999; for a meta-analysis examining pre- and post-migration stressors see Porter & Haslam 2005); and (3) studies of non-war-affected populations in which the so-called “*daily hassles*” are often more highly associated with mental health symptom severity than with major life events (Kanner et al., 1981; Rowlison & Felner, 1988).

Psychosocial activists tend to focus primarily on stressful social and material conditions affecting families and groups. In particular, when these circumstances are produced or exacerbated by armed conflict, they cover poverty, malnutrition, displacement into overcrowded and impoverished refugee camps, strife and divisions within communities, destruction of social networks and the resulting loss of social and material support, the ostracism and struggle for survival of groups such as former child soldiers, widows and the sexual assault of survivors, orphans, and people with war-related disabilities (Boothby, Strang, & Wessells, 2006; Miller & Rasco, 2004; Wessells & Monteiro, 2004). The capacity of individuals and families to maintain mental health in these conditions is severely challenged, as individuals or a community can find it difficult to preserve a “state of well-being in which an individual realises his or her own abilities, and community ensure its effective functioning” (WHO, 2011).

According to psychosocial advocates, altering these adverse conditions is likely to improve mental health for a twofold reason. Providing adequate social support could shift these stressors and consequently, restore the individual inner capacity to recover. Secondly, the passing of time can prolong the effects of exposure to war-related violence and loss (Betancourt & Williams, 2008; Boothby et al., 2006).

2.2.2. Methods of the psychosocial intervention

Psychosocial interventions are designed to address the psychological effects of external stressors, or conflict-related stressors as Galapatti (2003) asserts. These interventions mainly address the effects of stressors on behaviour, emotion, thoughts, memory and functioning, and their social effects, including changes in relationships,

social support and economic status. Terres des Hommes distinguishes between a *psychosocial approach* and a *psychosocial intervention*, defined as:

“a way to engage with and analyse a situation, build and intervention, and provide a response, taking into account both psychological and social elements, as well as their interrelation”; and *psychosocial intervention “composed of one or several activities that aims to increase the coping capacity of children, families and communities, and to reinforce their integration within society”* (2010: 9).

The importance of mental wellbeing has been recognized in the humanitarian field only a few years ago, when the Inter-Agency Standing Committee (IASC) proposed to introduce the definition of the Mental Health and Psychosocial Support (MHPSS) to address:

“Any type of local or outside support that aims to protect or promote psychosocial wellbeing and prevent or treat mental disorder” (2007: 3).

The Inter-Agency Standing Committee⁹ (IASC) was established to efficiently tackle humanitarian emergencies and operations in conflict and post-conflict settings, operating under the United Nations and the most prominent non-governmental

⁹ The Inter-Agency Standing Committee (IASC) is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving the key UN and non-UN humanitarian partners. The IASC was established in June 1992 in response to United Nations General Assembly Resolution 46/182 on the strengthening of humanitarian assistance.

organizations¹⁰. The committee produced in 2007 a set of Guidelines¹¹ to facilitate interventions for protecting the mental health of affected populations, refugees, displaced persons and groups of concern (such as vulnerable people, children, women, elderly, and individuals with disabilities).

As Ager notes, the Guidelines represent an important step towards generating a consensus around the minimum standards of MHPSS in emergencies:

“reflecting a political achievement that enables greater coordination in a field of practice with considerable theoretical and political disagreements” (2008: 262).

The Guidelines are based on six key principles: human rights and equity, participation, doing no harm, building on available resources and capacities, integrated support systems and multi-layered supports. A matrix of interventions has also been developed under the following categories: common functions, core mental health and psychosocial supports, and social considerations in sectors. Each of the functions also contained three phases of response: emergency preparedness, minimum response, and comprehensive response.

¹⁰ Among the first, UNHCR, UNICEF, IOM, UNFPA, UNDP; the subsequent ones are Terres des Hommes, CARE, Save the Children.

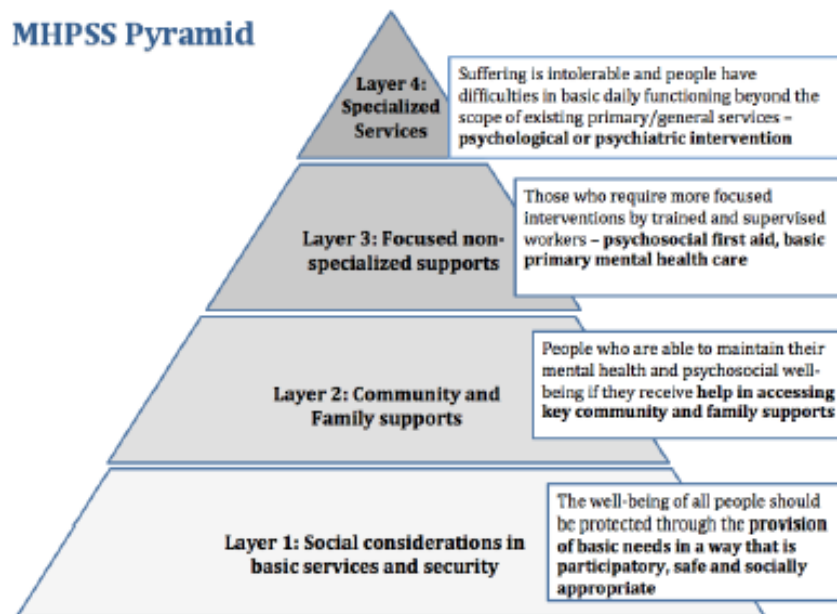
¹¹ The IASC Guidelines on Mental Health and Psychosocial support in Emergency settings; IASC Guidelines on Gender Mainstreaming; IASC Operational Guidelines on the protection of persons in situations of natural disasters (2011).

The key activities include the following minimum responses actions and they aim to:

1. Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors;
2. Facilitate community self-help and social support;
3. Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices;
4. Facilitate the support for young children (0–8 years) and their caregivers.

Importantly, the inclusion of community mobilisation and support, at the same level as activities such as health and education, emphasises the key principles of participation and ensures that the implementation of MHPSS activities is achieved in a way that builds on local resources and support networks (Wessells & van Ommeren, 2008). According to them, the single most influential component of the Guidelines has been the Intervention Pyramid (Figure 3), which reflects the principle that MHPSS actors should coordinate to provide multi-layered supports, encompassing different levels and kinds of need for support.

Figure 3. The Pyramid of Mental Health and Psychosocial (MHPSS) Interventions of the IASC Guidelines (2007)

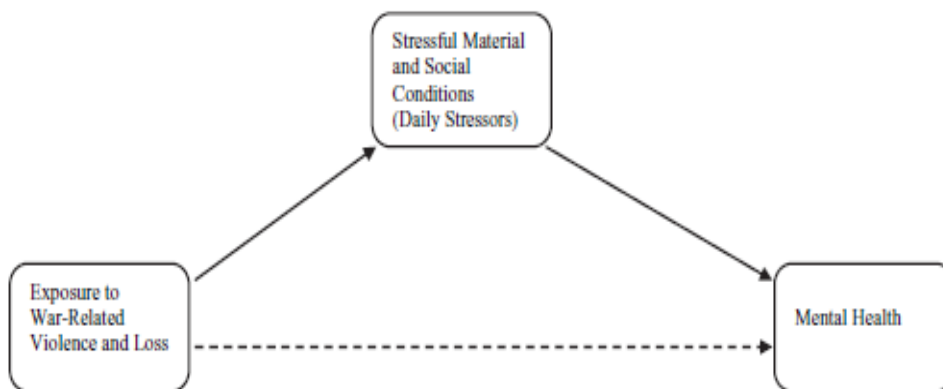


2.2.3 The mediation hypothesis

The explanatory hypothesis adopted by the psychosocial framework considers that the effects of war-exposure on mental health are fully mediated by stressful material and social conditions, or daily stressors (see Figure 4). This hypothesis was supported initially by the research and experience of clinicians and social workers dealing with resettlement process of refugees.

The researchers (Birman et al., 2005; Silove, 1999) observed that when adding to the linear model post-migration stressors and exile-related conditions (i.e. lack of culturally relevant competencies, inadequate housing, poverty, social isolation, and discrimination), the quantity of variance in symptomatology was equal or greater than that explained by pre-migration exposure. This was the same for undocumented individuals with a chronic fear of discovery and who had faced deportation.

Figure 4. Mediation by daily stressors (Miller & Rasmussen, 2010:9)



Several studies point out the consistency of a mediational model. For instance, McFarlane (1995) notes that that post-disaster stressors that ensued from an earthquake that hit the Yunnan province of China accounted for twice the variance in PTSD symptoms compared with the actual experiences of injury, loss, and threat resulting from direct exposure to the earthquake. Moreover, in the previously mentioned study by Fernando et al. (2010), the impact of the tsunami that hit Sri Lanka in 2004 was at least partly mediated by the stressful living conditions it created. This means that daily stressors resulting from the tsunami (e.g., displacement

to refugee camps, inability to get basic needs met) were at least as powerful as actual exposure to the tsunami in predicting symptoms of distress.

Furthermore, numerous studies (Johnson & Sherman, 1997; Rowlison & Felner, 1988; Ruffin, 1993) that were conducted on non-war affected populations facing major life events showed that the cumulative effect of daily hassles is more strongly predictive of distress than the exposure to acutely stressful experiences¹². In fact, there is a substantial and growing body of evidence which suggests that it may be the less dramatic but more persistent stressful conditions of everyday life that eventually take the greatest toll on people's psychological wellbeing.

In order to test the psychosocial mediation hypothesis several researchers have examined the relationship of war exposure and daily stressors to the levels of distress without specifically looking to what extent could daily stressors actually mediate or explain the relationship between war exposure and mental health. More specifically, in their study of Palestinian youth in the West Bank, al-Krenawi et al. (2007) found that family violence, including spousal violence, parental violence against children and violence between siblings, better predicted the children's mental health status (β .38) than their level of exposure to political violence in the community (β .08). Family violence, and specifically child physical abuse, was also found to strongly predict PTSD symptom levels among Tamil children in the northeast of Sri Lanka (Catani, Schauer, & Neuner 2008).

Overall, the studies focusing on the impact of psychosocial factors (Rasmussen et al. 2010; Farhood et al., 1993) unanimously point out that the best predictor of PTSD is not the high level of extreme violence to which the civilians or

¹² These experiences were measured using the Holmes and Rahe Scale (1967).

refugees had been exposed to, but the lack of physical and psychological security deriving from the breakdown in family networks and community services. To this, the difficulty in maintaining contact with family and friends as a result of the war but also due to lack of infrastructures to satisfy basic needs, should be added/mentioned.

2.3 Culturally sensitive approach

This section will consider the tensions and contradictions inherent to the conceptualization of the humanitarian interventions conceived with a Western imprinting and then implemented in non-Western cultural contexts. To this end, the definitions of emic and etic perspectives given by Kottakwill (2006:47) are referred to how local people think, perceive and categorize the world (emic approach); while the etic approach realizes that “*members of a culture often are too involved in what they are doing to interpret their cultures impartially*”.

Bearing in mind that the major debate initiated by several authors (Kleinman & Desjarlais, 1995; Marsella, 1996; Pupavac, 2001; Summerfield, 1999) discusses primarily the over-generalized assumptions about the ubiquity and uniformity of traumatic experience, I will briefly highlight the main problems of cultural relevance instead, the complications of structural vulnerability, as well as the question of what constitutes Mental Health and Psychosocial Support.

2.3.1 A dichotomic view: universality against cultural sensitivity

Traumatic events related to war, torture, collective violence, terrorism and disasters can violate basic human rights. Humanitarian interventions and support to developing post-conflict countries are conducted in compliance with the 1948 *Universal Declaration of Human Rights*, where the UN General Assembly affirmed that all human beings are born free and equal in dignity and rights. These human rights are conceived as universal and inalienable. However, the assumption of universality represents a pivot of debate especially in the psychosocial and mental health field of intervention. Although the right to wellbeing and mental health has not been declared, it represents a very important aspect of human dignity and freedom.

In March 1995, the World Summit for Social Development in its *Copenhagen Programme of Action* recognized the need to address these growing threats to mental health and physical wellbeing. The universality of human rights is highly debated in the field of political science (Franck, 2001) due to the difference of cultural contexts, values and principles. The criticism on the Western approach applied to other cultures, when implementing trauma programmes in war affected areas, has been prominently voiced by Summerfield (1999).

He first argued that for the vast majority of posttraumatic stress survivors is a pseudo-condition created ad hoc by Western agencies (UN, UNICEF, WHO, ECHO et alia) and their 'experts' to spread Western cultural assumptions related to the medicalization of distress and psychological therapies in war and in the disaster zones. He claims that no evidence demonstrates that war-affected populations are seeking the Western and imported approaches, which appear to ignore their own traditions, meaning systems, and active priorities. The value of this critique is mainly

to point out basic questions on the universality of principles underpinning humanitarian operations, especially in relation to the knowledge privileged to understand phenomena and to the power–relations between actors in order to define the problem.

2.3.2 Culturally sensitive approaches in humanitarian interventions

The importance of understanding and authentically recognizing cultural contexts and differences is placed at the hearth of the humanitarian engagement in mental health and collective healing. Abramoviz and Kleinman (2008) have criticized the IASC guidelines with regards to their practical application of mental health and psychosocial care in humanitarian interventions. On one hand, they recognize that the *“IASC taskforce has done important work by bringing to the fore the cultural and local experiences of suffering [...] and social repair as a holistic experience is a significant boon to applied understandings of populations in crisis”*. However, they consider that the IASC guidelines encompass cultural issues in addressing many of the moral, cultural, and medical issues in emergency mental health and psychosocial support, while *“some of the more practical aspects of the praxis of care are omitted”*.

In particular, the framing of culture in the guidelines and in humanitarian/MHPSS practice is vague and general, in their opinion.

Secondly, guidelines aim at addressing key issues which have compromised mental health and psychosocial support in the past but seem to ignore the impact of institutional cultures and the structural hierarchies of humanitarian intervention where international organizations and agencies involve local populations and civil society.

Abramoviz and Kleinman observe that in the guidelines the term ‘culture’ tend to indicate a static and fixed entity, rather than a dynamic and fluid social process, *“in which both patients and healers experience the grounds of transformation as shifting and emergent”*. By adopting an ethnographic lens, Kleinman (1999) describes the structural background out of which the dynamics of suffering and healing as a mode of inter-subjective experience emerge. Psychosocial interventions in emergency settings operate at two levels simultaneously: (1) the local engagement level between MHPSS practitioners and beneficiary populations, and (2) the global engagement level between humanitarian organizations and local employees and the beneficiaries involved in the provision of services.

Through the ‘local staff’, local cultures and contexts can be learned, integrated, and redeployed selectively in NGO projects and activities, but at the same time the outcomes of interventions in humanitarian emergencies might be constrained by the structured hierarchies of power, authority, and resources of international agencies and stakeholders. They believe that *“responsibility for cultural competence and cultural sensitivity is placed on local staff who routinely find themselves caught in the crosshairs of structural privilege and subjugation vis a’ vis their international employers”*.

The paradox in which both local staff and local authorities are caught, refers on the one hand to the fact that they are requested by international organizations to apply their local knowledge when it is suitable, advantageous, and not in contravention of international human rights principles or standards. However, their status is subjugated to the standards of the organization, rather than the community. These authors recommend conducting a broad ethnographic and comparative investigation of MHPSS interventions to assess the nature of the social and cultural

interaction between the intervention, the beneficiary population, and local staff. Complementarily, transcultural training modules for local staff involved in MHPSS interventions should be developed (Eisenbruch, de Jong, Van de Put, 2004).

2.3.3 Problems with the emic perspective in post-conflict contexts

Organizing an authentic culturally sensitive psychosocial program presents difficulties with conflicting implications because it requires a negotiation between a western, universal perspective and an emic approach, focused on the specificity of the culture taken into consideration. As Alastair (1997) observes, *“programs begin with an explicit emphasis on unique, indigenous understandings and community-based support, only moving towards more generalizable, technical understandings and targeted support as evidence suggests this appropriate”*.

One powerful example is provided by the female genital mutilation, which reflects indigenous understandings and thus represents a mechanism to reinforce cultural identity and meanings often destroyed by war. However, reintroducing this practice appears to be violating the principles of human rights as a form of ‘inhuman treatment’ and it can be judged as inappropriate. The hearth of the psychosocial discourse refers to those backing an ethic approach more focused on the extent of the generalizability, technicality and target of the interventions. However, those favouring unique, indigenous, community-based approaches towards psychosocial interventions consider the expressed needs of communities as “the priorities they nominate by themselves” and as the only justifiable basis for assistance (Summerfield, 1995).

On a similar note, Ager underlines three particular tensions that are underlying current psychosocial discourse. The first refers to the generalizability versus uniqueness of relevant knowledge. In more detail at one extreme, the circumstances of each population are considered quite unique, but at the other extreme, core psychological functioning is broadly invariant across cultures. Thus, programmes may be safely established on a basis of certain fundamental principles regarding psychosocial processes. The second issue relates to the emphasis given to technical as opposed to indigenous understandings of trauma and difficulty. Moreover, the third question focuses on the opportunity of planning in targeted versus community-based intervention.

Based on these observations, Ager (1997) proposed a model of phased responses to psychosocial needs consisting of four phases of potential responses. The first phase involves ensuring that humanitarian assistance efforts in any given setting are planned “*in a manner which involves minimal disruption of intact protective influences*”. This means that assistance policy must explicitly seek to preserve such resources for community rehabilitation where community structures and networks have survived conflict.

The second phase of response is the re-establishment of protective influences where surviving structures are considered insufficient to ameliorate experienced trauma. Family reunification programmes, community-development initiatives, vocational training schemes, and so on can potentially serve as a means to strengthen family structures, social networks of support, and shared ideologies and understandings.

As a third phase of response, the author considers the provision of compensatory support with activities replicating not the form of pre-existing

community patterns, but rather their function. For example, women's study groups may not be structures that were previously present but they may represent the most effective way of re-establishing women's networks and support that might be disrupted by the impact of warfare.

A fourth potential phase envisages targeted therapeutic interventions that should be undertaken only when all the previous phases have been implemented and unmet needs have been assessed. These interventions are in fact mostly culturally alien, costly and indeed unsustainable forms of response.

2.4 Meta-analytical studies on interventions' efficacy

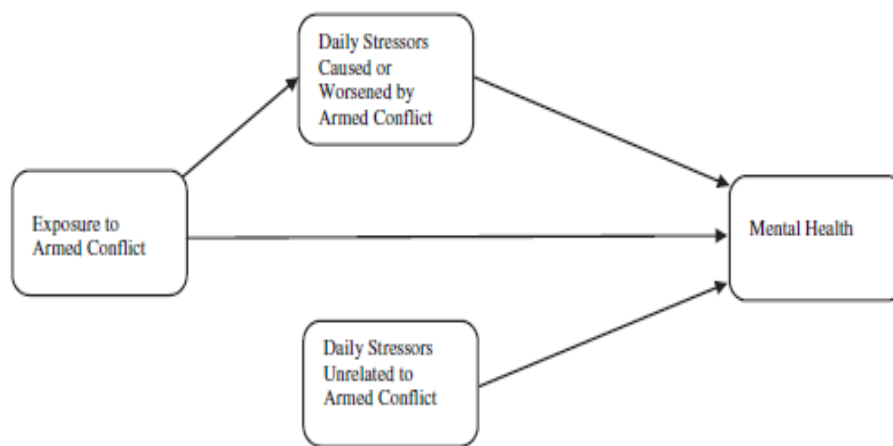
2.4.1 Understanding unexplained variance: a third model

Theorizing the relative importance of proximal versus distal stressors to mental health requests a deeper reflection on the real impact of chronic low level stressors compared to events that are potentially quite traumatic but occur with much less frequency. For instance, we could consider cases of comparing the effect of a prolonged overcrowded housing with episodes of sexual abuse perpetrated by a teacher on a child (Rowlison & Felner, 1988).

Following this, Figure 5 aims to illustrate an explanatory model which can account for a great part of the variance explaining the relation between war events and mental health outcomes, specifically in conflict and post-conflict settings. This model reflects a more articulated view of the environment of persons experiencing war, organized violence and displacement, taking into consideration the different

mediation effect that “daily stressors” might have by distinguishing conditions caused or worsened by armed conflict from daily stressors unrelated to armed conflict.

Figure 5. Partial mediation by daily stressors (Miller & Rasmussen, 2010: 9)



It is crucial to understand through a psychodynamic lens, why “daily stressors” are as harmful to the mental health of persons and families. In particular attention to more vulnerable individuals should be paid (i.e. elderly, children, and persons with disability, girls and women). Daily stressors represent part of the *Umwelt* or the proximal environment surrounding the individuals (Papadopoulos, 2011). Taking into account the original meaning of the word *Umwelt* (*um* – around, and *Welt* –world), and in order to provide a framework for humanitarian workers dealing with refugees in conflict and post conflict settings, Papadopoulos proposed the *Umwelt* as a heuristic concept that permits to grasp and formulate the

interrelationship between the ‘inner’ and ‘external’ worlds, between the personal and social, and among the intra-/inter-/trans-psychoic realms.

Contrary to the previous model, in the mediational model war exposure is often more of a distal experience, episodic rather than constant. Research on resilience with non-clinical populations has shown that with adequate support and the passing of time, the majority of trauma survivors are likely to regain their psychological equilibrium (Bonanno, 2004; Foa & Rothbaum, 2001).

In addition, the lack of possibility to control an environment that is unsafe and harmful may lead people to feel helpless, despaired and unable to protect their physical and emotional wellbeing (Sapolsky, 2004). An *Umwelt* is characterized by numerous challenges and hardships, such as poverty, lack of education, lack of access to employment, scarcity of food and water, overcrowded housing, but also by a wide range of stressful and interpersonal violent phenomena (e.g., child physical and sexual abuse, intimate partner violence). This appears to be usual within populations affected by warfare, whereas direct war exposure is highly variable in many conflict and post-conflict settings (Macksoud & Aber, 1996; Rasmussen et al., 2010).

2.4.2 Conceptual gaps

Several authors consider that the category of “daily stressors” or “daily hassles” is confusing. In fact, daily stressors do not necessarily occur on a daily basis, but they may occur only periodically. However, they still have a considerably adversative power on mental health in particular for vulnerable groups. For example, poisonous snakes or spiders may enter shelters only occasionally; however the

realistic fear of recurrence and the experience of helplessness and vulnerability that this intermittent event evokes can represent a chronic source of distress.

In a recent study of children's mental health in Afghanistan, Panter-Brick, Eggerman, Gonzalez, & Safdar (2009) underscored that exposure to violence was strongly predictive of both PTSD and depression symptom levels. However, much of the violence that children reported was not directly related to war exposure. The most harmful type of violence experienced included domestic and community violence, accidents, and medical treatment¹³.

The label "daily stressors" includes a broad range of stressors of highly varied intensity, and tend to inconsistently attribute an equal impact factor to events that can be quite traumatic in their intensity with lower level types of chronic stress (Rowlison & Felner, 1988). For example, the lower intensity stressors include such experiences as overcrowded housing, lack of access to education and employment, and social isolation resulting from the loss of social networks.

Potentially traumatic daily stressors, in contrast, would include experiences such as the physical and sexual abuse of children, spousal abuse, and criminal acts not directly related to armed conflict (sexual assault in or around refugee camps by other camp residents or local officials). The concept of potentially traumatic daily stressors is important because it underscores the reality that even in settings of armed conflict, there are sources of psychological trauma other than exposure to the conflict itself.

These conceptual gaps represent a critical point when planning interventions, and for this reason an inclusive conceptual framework is needed. A focus on healing the

¹³ The authors note that "some children identified severe beatings, a severe accident, or a frightening medical treatment as more traumatic than having witnessed parents or grandparents being killed in rocket attacks" (p. 8).

effects of previously experienced war trauma may seem profoundly out of sync to a boy who is currently being beaten by peers in the community or to a girl being sexually abused at home.

2.4.3 The role of attachment as moderator of traumatic experiences

Although a broad theoretical and empirical literature appears to be linking adult attachment dimensions to psychological and behavioural responses in stressful situations¹⁴ (Bowlby, 1969), the role of attachment dimensions in mediating the effects of war exposure has not been well investigated. However, prominent authors in the psychoanalytical literature have remarked the mitigating function of the relationship of stable and reliable mothers with children exposed to war events during World War II (Winnicott, 1948).

As a matter of fact, all family relationships function as attachment bonds when children and adolescents are exposed to war traumatic events and collective violence and this is also true for adults. As Jones (2013) recalls, parents who are present and emotionally available help children to cope with the traumatic experiences and avoid damaging consequences.

Smith, Perring, Yule & Rabe-Hesketh (2001) confirm this in their observations of children from Bosnia-Herzegovina. However, Qouta, Punamäki, El

¹⁴ Attachment theory proposes that early experiences with caregivers sculpt mental representations of the self and others (“working models”) influence cognitions, affective responses, and behaviour in later relationships. The attachment system is theorized to be activated during times of stress and to prompt proximity-seeking behaviours towards caregivers with whom an infant has formed a strong emotional bond. Although formed during infancy, attachment dynamics continue to evolve throughout the life span, as working models of relationships (i.e., expectancies, attitudes, and beliefs) are continuously shaped by cumulative experiences of relating to significant others (including, caregivers, romantic partners, and friends). These working models direct how people orient themselves to attachment figures and to interpersonal information when stressors are encountered (Simpson & Rholes, 2012).

Sarraj (2008) who conducted their research with families in Palestine assessing the level of psychological adjustment of children and the reactions of mothers to war events. The authors found that the role of effective parenting is crucial in enhancing resilience and a sense of self-efficacy, and in attenuating psychological problems in children exposed to political violence. On a similar note, Masten and Narayan (2012) have estimated that the role of family relationships in youth could lead to developing violent extremism and terroristic behaviours. Their research showed how domestic violence can be a powerful traumatic event and prepare the pathway for a new terrorist to arise.

The role of attachment relationships in responding to traumatic stress and potentially traumatic experiences related to war and collective violence will be further explored in Chapter 6. In this part, the results of studies conducted in emergency and conflict settings will be illustrated by focusing on the link between psychopathological consequences and the quality of attachment and family relationships (Catani et al., 2008).

In fact, several studies have shown that insecure attachment styles are consistently related to poorer post-trauma adjustment, although these relations have rarely been examined prospectively or across a wide range of potentially traumatic events.

For the purposes of the present study, the studies focusing on attachment style as a mediator of distress response after war-related events and in general after potentially traumatic events have been reviewed. Very few studies have taken into account the role of attachment in conflict settings. In particular, a study conducted by Haskuka, Sunar and Alp (2008) focused on the effects of the 1998-1999 war in Kosovo on moral reasoning. Three groups from two cultures with different levels of

exposure to war events were compared by using Rest's Defining Issues Test. The results showed that exposure to war had a very strong negative effect on moral reasoning. The authors observed also possible effects of attachment style alone and in interaction with war exposure but could not find evidence for moderation by attachment style. However, they suggested that war exposure may change the individual's attachment style from secure to insecure by inducing a more negative model of the other.

Overall, most previous studies have examined responses to one specific event or a small cluster of similar events (e.g., sexual assault, harassment) and they did not focus on the association of the dimensions of attachment responses to collective violence and war events and the attachment's impact on post-event adjustment.

As a matter of fact, studying attachment has several limitations, not only in post-conflict contexts. Firstly, as Shallcross and colleagues noted (2014: 354), the cross-sectional design appears to be the most common methodology used to test the relationship between attachment style and post-traumatic adjustment. This research design may confound the effects of the event and the assessment of attachment dimensions and thereby overestimate the relationship between them. Secondly, the overwhelming majority of studies on mediation involve data collected at only one point in time and have not included pre-event measures of attachment dimensions, due to the extreme difficulty of implementing such a design. Of course, measuring the variables at least two separate points in time increases the validity of mediation models because it provides greater evidence for establishing the mediator as a link of a causal change.

Bearing in mind these considerations, several empirical findings suggested a strong link between insecure adult attachment dimensions and poorer post-trauma

regulation. An interesting study conducted in 2014 by Shallcross, Frazier and Anders attempted to examine prospectively the factors mediating the relations between attachment and distress responses. The authors aimed at evaluating whether anxious and avoidant attachment dimensions assessed at a pre-event stage would predict changes in adjustment (e.g., distress) following a broad range of potentially traumatic events. The second aim was to determine whether post-event social resources mediated the relations between attachment dimensions and post-event adjustment.

The results indicated that the individuals with more attachment avoidance and anxiety had greater increases in posttraumatic stress disorder symptoms and general psychological distress. These relations were significantly mediated by social resources (i.e., positive and negative support, social withdrawal) such that anxious and avoidant attachment dimensions were associated with having fewer social resources following a potentially traumatic event, which in turn was associated with reporting more distress. Therefore, the authors concluded that the role of adult attachment dimensions for adjustment following potentially traumatic events can be direct or indirect.

More specifically, by drawing on a model elaborated by Mikulincer and Shaver (2007), insecure attachment results from perceptions or memories of experiences of inconsistent responsiveness, rejection, or neglect in prior relationships. It has also been repeatedly linked to poorer relationship functioning and less adaptive responses to psychological stress. They described a first dimension of insecure attachment, *attachment anxiety*, which is associated with a marked fear of abandonment in close relationships. Individuals higher in attachment anxiety tend to use “hyperactivating” strategies to cope with distress (Mikulincer, Shaver, & Horesh,

2006) and report heightened emotional distress when exposed to stressful situations (Feeney & Kirkpatrick, 1996).

A second dimension of insecurity is *attachment avoidance*, when individuals tend to avoid closeness and remain rigidly self-reliant, desiring control and autonomy in their close relationships. When stressed, they tend to engage in “deactivating” strategies (Mikulincer et al., 2006) that involve suppressing negative thoughts, negative affect, and impulses to seek support from their attachment figures. This results in lower self-reported reactivity to stressors by individuals higher in avoidance (Lopez & Brennan, 2000). However, greater avoidance is also associated with greater physiological arousal in stressful circumstances (Feeney & Kirkpatrick, 1996). By contrast, *attachment security*, is associated with viewing oneself as worthy of comforting and supportive responses received from others and perceiving others as sensitive and responsive to one’s needs. These beliefs and attitudes allow individuals higher in security to engage in more effective problem solving in stressful situations and to maintain more stable, well-functioning relationships. Mikulincer et al. (2006) have analysed how these attachment dimensions are associated with differential adjustments following exposure to potentially traumatic events.

In brief, attachment security is associated with reduced likelihood of PTSD, depression, anxiety, and somatization (Zakin, Solomon, & Neria, 2003), whereas attachment insecurity (i.e. averaging across the two types of insecure attachment dimensions) is associated with higher levels of PTSD symptoms (O’Connor & Elklit, 2008; Declercq & Willemsen, 2006; Dieperink, Leskela, Thuras, & Engdahl, 2001). However, the mechanisms through which individual differences in attachment are associated with post-trauma adjustment are not fully understood and further

understanding of these mediating factors, for instance social resources, is essential to developing etiological models of post-trauma reactions and effective interventions.

In fact, potential mediating factors include the perception and use of social resources, because evidence suggests both of these relate to distress and to attachment dimensions. With regard to distress, meta-analyses (Brewin, Andrews, & Valentine, 2000; Ozer et al., 2003) indicate that the perceived availability of social support is a robust predictor of PTSD following traumatic events. Positive social network interactions can help resolve PTSD or act as a protective factor with regard to its development, whereas negative interactions can serve as a risk factor (for instance, Koenen, Stellman, Stellman, & Sommer, 2003).

In contrast, withdrawing from others in times of stress is associated with higher distress levels according to a study conducted by Frazier, Mortensen, and Steward (2005). One recent study conducted by Besser and Neria (2012) has investigated the mediating role of social support in a sample of Israeli students who were evacuated from a college campus following missile attacks. Attachment anxiety, but not attachment avoidance, was associated with lower perceptions of social support and greater PTSD symptoms. Similar results were found in a non-trauma-focused study conducted with college students (Wei, Russell, & Zakalik, 2005).

In conclusion, evidence based on empirical studies confirms that deficits in various aspects of social resources may mediate the relations between adult attachment dimensions and adjustment. In fact, in times of stress, individuals who are higher in attachment security develop more support-seeking behaviours and perceive greater support (Mikulincer et al., 1993). In contrast, individuals higher in attachment insecurity have negatively biased perceptions of interpersonal situations. They either heighten (in the case of attachment anxiety) or suppress (in the case of attachment

avoidance) negative affect in response to stressful events and develop less effective behavioural strategies when trying to regulate their negative emotions.

2.5 Towards an integrated model

The analysis conducted by Miller and Rasmussen (2010) showed the need to create an integrated model for understanding the adverse effects of war related events and daily stressors on the mental health of individuals, children and families. These findings suggest implications for creating a cohesive approach to intervention that addresses in a sequential manner both daily stressors (low intensity and potentially traumatic) and war exposure. The findings propose guidelines to be observed before developing mental health and psychosocial interventions. The guidelines are consistent with other principles (Barenbaum et al. 2004; Betancourt and Williams 2008, and Bolton and Betancourt, 2004). All these principles can be observed through the lens of attachment relations along with their importance to enhance coping strategies in individuals and families and widen their capacity for understanding the recovery and further adaptation process.

The first guideline recommends undertaking a rapid and contextually grounded assessment¹⁵ of locally salient daily stressors, paying attention to age and gender. The second guideline recommends firstly addressing particularly salient daily stressors through target interventions before providing specialized clinical services. Advocates of psychosocial approaches have long maintained that reducing on-going

¹⁵ Numerous reports describe quick and efficient methods (focus groups, free-listing, key informant interviews) for identifying locally salient daily stressors, as well as resources available to help people cope with or modify those stressors (Bolton & Tang, 2002; de Jong & van Ommeren, 2002).

sources of stress that tax coping resources, and re-establishing social ties that foster emotional and material support, are likely to go a long way towards improving mental health in war-affected communities.

The data we have reviewed are consistent with this position, for several reasons. By altering the social and material environments in ways that improve mental health, the need for formal and resource-intensive mental health services may be reduced (Bolton & Betancourt, 2004). Strengthening social support networks is likely to exert significant beneficial effects on mental health, and may in fact buffer against the development of PTSD in the wake of exposure to potentially traumatic stress (Norris et al., 2002). This may in turn have the beneficial effect of reducing the need for specialized mental health care.

A third guideline suggests directing specialized mental health interventions, when they are indicated, beyond PTSD to address the diverse forms of distress that may result from exposure to war-related violence and loss¹⁶. A fourth guideline proposes to take into account that not all symptoms of trauma are necessarily related to conflict exposure. Very few studies of mental health in war-affected communities actually assessed exposure to forms of traumatic stress other than direct war exposure. Miller and Rasmussen conclude their analysis by mentioning that a programmatic focus on healing the effects of previously experienced war exposure is likely to have a limited impact on individuals who are facing on-going exposure to traumatic stress in their homes or communities. Given what is known about the increased risk for PTSD and more complex forms of trauma caused by experiences such as child abuse (Garbarino & Ganzel, 2000; Terr, 1990) and intimate partner

¹⁶ Studies show that war exposure is also related to a variety of other forms of distress, including depression, anxiety, and impaired social functioning.

violence (Stein & Kennedy, 2001), it seems imperative to us to consider the inclusion of potentially traumatic daily stressors such as these in any assessment of factors contributing to psychological distress in conflict and post-conflict settings.

The studies on the role of attachment dimensions in moderating post-trauma adjustment can also have potential implications for psychosocial interventions with individuals and groups. For example, by including social skills training to assist individuals in garnering social resources more effectively and by providing psycho-education about the implications of insecure attachment and its potential impact on the recovery process could also be beneficial for the development of social support networks or for using more efficiently the resources available. Assessing attachment styles might be even more useful for clinicians when implementing trauma treatments, which tend to support focus on exposure and/or cognitive restructuring regarding the memory of the event. However, considering that the therapeutic relationship itself may provide an important avenue for intervention to address attachment-related interpersonal challenges, the treatment could integrate at the same time the focus on PTSD symptoms and enhance the functionality of coping strategies.

CHAPTER 3

LONG-TERM CONSEQUENCES OF WAR AND COLLECTIVE VIOLENCE

This chapter focuses on literature that documents the negative impact of war-related and collective violence experiences on the mental health of the civilian population – one of the most significant consequences of war. Studies have shown a definite increase in the occurrence and prevalence of mental disorders, especially among women and other vulnerable groups, such as children, elderly and individuals with disabilities. Gosh and colleagues (2004) have analysed data on initiatives undertaken to promote mental health in post-conflict settings, and they have highlighted along with the World Health Organization that “*throughout the last 60 years, over 80% of the population living in the 22 countries of the Eastern Mediterranean region either was in a conflict situation or has experienced such a situation in the last quarter century*” (WHO, 2002). Following the structure of the previous chapters, medically oriented studies will be reviewed at first, aiming primarily at assessing PTSD and psychopathology in the aftermath of war and collective violence. Special attention will be given to studies conducted with civilians from the Balkans region. Secondly, the main results of longitudinal research on children and adolescents growing up in conflict and post-conflict settings will be presented. Thirdly, the main consequences of potentially traumatic experiences on people of concern, such as women and people with disabilities will be discussed.

3.1 Psychiatry-oriented approach and research on PTSD

The catastrophic effects of war and collective violence have primarily a strong impact on the health of individuals, families and communities, disrupting or destroying the development of the emotional, social and economic fabrics of a country. Literature, as cited by Murthy and Lakshminarayana (2006), focusing on the long-term consequences of war-torn societies has documented the physical and psychological harm to children and adults, the reduction in material and human capital that generate endemic poverty, malnutrition, disability, economic/social decline and psychosocial illness.

The World Health Organization has placed a high priority on addressing the psychological traumas of war, as highlighted by two resolutions. First, the resolution of the World Health Assembly in May 2005, urged member states "to strengthen action to protect children from and in armed conflict" and secondly, with the resolution of the WHO Executive Board in January 2005, they urged the "support for implementation of programs to repair the psychological damage of war, conflict and natural disasters." According to the data of WHO reported in the "Resolution on Health Action in Crises and Disasters," in the situations of armed conflicts throughout the world, "10% of the people who experience traumatic events will have serious mental health problems and another 10% will develop behaviour that will hinder their ability to function effectively. The most common conditions are depression, anxiety and psychosomatic problems such as insomnia, or back and stomach aches." (WHO, World Health Report, 2001: 146)

The epidemiological studies conducted with survivors of traumatic events have focused in general on the incidence of PTSD and other related disorders among

different groups, such as victims of natural disasters, war veterans and military staff, ex-prisoners and torture victims, refugees, victims of terroristic attacks and victims of rape and interpersonal violence. For the purposes of this study, the literature reviewed was generally, but not entirely, restricted to studies that were conducted with the Kosovo population after the 1998-1999 conflict, either in Kosovo or with refugees resettled in the United States and in other European countries. The main traumatic events reported by the groups of refugees and asylum seekers were related to the experience of dislocation, disorientation and confusion. They were also related to previous events of organized violence (i.e. physical injury, witnessing death or being threatened, sexual violence). In addition, empirical research in this field adopted virtually an individual rather than systemic approach (Catani, Schauer, Neuner, 2008).

The 1998-1999 conflict in Kosovo was severely traumatic and therefore a significant increase in the rate of psychiatric morbidity was expected. In order to explore the mental health consequences of the conflict and to establish the extent of the psychosocial damage, Cardozo, Vergara, Agani and Gotway (2000) conducted a mental health survey of the Kosovo Albanian population in August 1999.

The results from 1,358 respondents demonstrated that the prevalence of PTSD was 17.1%, and a follow-up survey in May 2000 indicated PTSD prevalence was 25%. There was a significant decrease in the mental health status and social functioning with an increasing number of traumatic events and populations being at an increased risk for suicide. The population included those aged 65 or older and those who had been internally displaced. Populations at risk of poorer social functioning were living in rural areas, were unemployed or had chronic illness (Cardozo et al., 2003).

Other studies have been conducted on adult Kosovar refugees in the United States and in the United Kingdom. Ai, Peterson & Ubelhor (2002) conducted a case worker-assisted survey with 129 Kosovan refugees (aged 18 to 79 years, 55% male). Of these individuals, 78 (60.5%) exhibited PTSD. The mean number of war related traumatic events reported was 15 and their higher PTSD scores were associated with more traumatic events and female gender. Turner, Bowie, Dunn, Shapo and Yule (2003), determined the prevalence of mental health problems on a sample of 842 Kosovan Albanian adult refugees in the UK. All the participants were asked to complete self-reporting questionnaires, a subset of 120 participants were later interviewed using the PTSD Scale, and then a depression interview was administered by clinicians. The study estimated that PTSD was prevalent in around 65% of the refugees, but the authors commented that self-report measures appear to overestimate the prevalence of these disorders (with the depression interviews yielding a PTSD rate of 39%).

Eytan et al. conducted a survey in 2004 of 340 randomly-selected Kosovar refugee households who had returned to Kosovo from Switzerland. All adults in each household were invited to participate (N = 996). The instruments used included the Albanian translations of the PTSD section of the Mini International Neuropsychiatric Interview and those of the Medical Outcomes Study with a 36-item short form, along with a list of traumatic events adapted from the Harvard Trauma Questionnaire. The overall prevalence of PTSD was 23.5%. A strong cumulative effect of trauma was observed, with odds for PTSD rising steeply along with the number of events to which people were exposed. After taking into account traumatic events, multivariable analysis indicated that the factors which were more significantly associated with higher frequency of PTSD were female gender, older age, and having left Kosovo

during the conflict. Significant heterogeneity among municipalities was observed. Stratified analysis for people who stayed and left the province during the war suggested that different patterns of trauma may be relevant in the two subsamples, with forced separation and isolation strongly associated with PTSD in people who stayed in Kosovo. PTSD diagnosis was also significantly associated with lower scores on all dimensions of the Medical Outcomes Study and with lower economic status.

In August 2006, the Danish Refugee Council (DRC) and Kosova Rehabilitation Centre for Torture Victims-KRCT published a survey on the long-term effects of war, social functioning and mental health in Kosovo (Wenzel, Agani & Rushiti.). The demographic and social characteristics of the participants (N=1161) were comparable to a previous 2000 study by Cardozo et al. in terms of ethnicity, geographical distribution, and gender, employment, education, marital status, and displacement situation. Authors reported that it was not possible to follow up directly with individuals from the Cardozo study, due to patient data privacy protection. The DRC study used data from the same four self-reporting questionnaires used in the Cardozo study: the General Health Questionnaire 28, (GHQ-28), the Harvard Trauma Questionnaire (HTQ), the Medical Outcome Study 20 (MOS-20) and the Hopkins Symptoms Checklist (HSCL-25).

According to the results, PTSD was prevalent in 22% of the population, a 3% lower rate than that found in 2000. The estimated prevalence for depression and emotional distress was 41.8% and 43.1% respectively, according to the HSCL-25. The same checklist found symptoms consistent with PTSD, such as major depression and nonspecific emotional distress, at a significantly higher rate among the rural

population, the unemployed, those previously diagnosed with psychiatric illness, and those who received professional help for their war-related psychological problems.

In a 2008 updated review of the literature about the prevalence and predictors of PTSD following civilian war trauma and torture, Johnson and Thompson selected 48 studies, which reported differences in sampling and assessment methods.

The extent of literature on the prevalence rates of PTSD in populations of civilians, who have suffered war trauma and torture, been refugees or displaced persons, is wide and controversial with Studies vary not only by sampling methods and research methodology but by the cultures and countries in which the research has been carried out. A first group of studies includes the tortured refugees or displaced populations. As shown in Table 1, the results obtained in these studies indicate that the prevalence rate of PTSD is expected to be the highest among the clinical populations and over an extended period of time.

In fact, the results obtained by Moisander & Edston (2003), Wenzel et al. (2000) and Mollica et al. (1998) reveal a rate that is oscillating between 69% and 92%. The reason these percentages are so high could be that the self-report methodology which was used for the assessment of PTSD could have introduced biases. On the contrary, other studies show a lower rate of PTSD in civilian adult survivors of war trauma and torture. Priebe and Esmaili (1997) found a rate of 53% of PTSD among tortured people in Iran, while Ramsay et al. (2003) conducted a survey on a clinical sample by using a clinical interview and found a rate of 31% of PTSD. Eisenman et al. (2003) found a PTSD rate of 20% among Latino primary care patients. Studies including tortured community samples indicated rates of PTSD between 18% and 33% (Basoglu, Paker, Paker et al., 1994; Basoglu, Paker, Ozmen et al., 1994; Basoglu & Paker, 1995).

Furthermore, research on refugees and displaced populations affected by war trauma have found very high rates of PTSD among participants. Three studies have considered Kosovar refugees (see Table 1 below). Turner et al. (2003) and Ai et al. (2002) used self-report measures and found 65% and 60.5% of their participants matched the requirements of a PTSD diagnosis, whereas Eytan et al., using psychiatric interviews (2004) found that only 23.5% in their sample met the criteria of PTSD.

Dahl et al. (1998) using a self-report measure found a PTSD's prevalence rate of 71% in their sample of displaced Bosnian women in a war zone. Michultka et al. (1998) using a diagnostic interview method to investigate civilian responses to war experiences found 68% of their sample had current PTSD.

A last group of studies is represented by community samples affected by war trauma, and their results indicate lower rates of PTSD. Cardozo et al. (2000) and Cardozo et al. (2003) investigated the mental health of Kosovo Albanians immediately following the war in Kosovo and one year after the conclusion war. They found prevalence rates of PTSD in this group at 17.1% and 25% respectively. Similarly, Gavrilovic et al. (2002) found a prevalence rate of 11% in Yugoslav students one year after air attacks. Scholte et al. (2004) found a prevalence rate of 20.4% for current PTSD following war and repression in Eastern Afghanistan. De Jong et al. (2001) measured life-time PTSD in four post-conflict settings and found 37.4% in Algeria, 28.4% in Cambodia, 15.8% in Ethiopia and 17.8% in Gaza. Rosner et al. (2003) investigated the prevalence of current PTSD three years after the siege of Sarajevo and they found 18% instances of PTSD in their group of residents, 32.7% in their group seeking medical treatment and 38.6% in their group of participants seeking psychological treatment.

Table 1. Summary of Research Conducted on Tortured, Displaced and Refugee Populations

Primary Author	Population	Sample Size and method	Country of Origin/Study	PTSD rate
Moisander & Edston (2003)	Tortured refugees or displaced populations		Clinical population from 6 nations	69-92%
Wenzel et al. (2000)	Exile survivors of torture-clinical interview	N=44	Vienna	91%
Mollica, Mcness, Pham et al. (1998)	Vietnamese ex-political detainees	N=51	Vietnam/USA	90%
Priebe & Esmaili (1997)	Torture victims in Iran (clinical interviews)	N=34	Iran/Germany	53%
Ramsay et al., (1993)	Clinical sample torture survivors (retrospective) Medical assessment	N=100	London	31%
Eisenman et al., (2003)	Tortured Latino primary care patients		Los Angeles	20%
Basoglu, Paker, Paker et al., (1994)	Effects of torture in Turkish political activists and non-activists	N=55 Clinical interviews	Turkey	33%
Basoglu, Paker, Ozmen et al., (1994)	Effects of torture in Turkish political activists and non-activists	N=55 Clinical interviews	Turkey	Predictors of PTSD
Basoglu & Paker, (1995)	Survivors of tortured political ex-prisoners	N=55 Severity of torture as predictor of long-lasting PTSD	Turkey	18%
Turner et al., (2003)	Kosovan Albanian Refugees	N=842 Self report and clinical interview	Kosovo/UK	65%
Ai, Peterson, Ubelhor (2002)	Kosovan war traumatized population	N=129 Self report	Kosovo/US	60.5%
Eytan et al., (2004)	Albanian Kosovars	N=996	Kosovo/Sweden	21%
Dahl et al., (1998)	Bosnian women	N=50 interview	Bosnia Herzegovina	17%
Michulka et al., (1998)	Civilian war trauma	N=50; Clinical interviews/self report/control group	El Salvador/refugees	68%
Hauff & Vaghum (1993, 1994)	Vietnamese boat refugees	self report and interview	Sweden	9%
Sondergaard et al., (2001)	Iraqi and Kurdish refugees in Sweden	N=86 self report+Interview	Iraq/Sweden	37%

An important topic of research on PTSD in civilian survivors of war trauma and torture refers to the risk factors for developing PTSD following torture. In brief, three main hypotheses have been formulated. The first is the “dose-effect relationship” hypothesis, which links the extent of the cumulative trauma exposure to the severity and duration of PTSD symptoms (Mollica et al., 1998; Mollica and McInnes, et al., 1998; El Sarraj et al., 1996).

Secondly, gender seems to be a predictive factor for PTSD, as females are more likely to develop it than males (Ai et al., 2002; Ekblad et al., 2004; Gavrilovic et al., 2002; Reppesgaard, 1997; Scholte et al., 2004). In the study of Eytan et al. (2004), it was found that among Kosovar Albanians (N= 996), female gender was significantly associated with a higher frequency of PTSD.

Thirdly, in some studies age seems to be a predictive factor for the development of PTSD symptoms (Cardozo et al., 2000; Eytan et al., 2004; Cheung, 1994; Dahl et al., 1998). On all of the literature on civilian survivors of war and torture with PTSD, it is difficult to formulate clear and uniform conclusions. The limited generalization of findings stems from three main reasons: differences in sampling, methodological difficulties (i.e., self-report versus clinical interviews), and cultural differences among populations from different countries. The use of self-report instead of clinical interviews creates reporting biases. Retrospective analyses, the absence of control group, language barriers, and no validation of the measurement instruments could also contribute to unreliability of results. According to their critical examination of the literature, Johnson and Thomson (2008) concluded that generally the rates of PTSD among survivors of war trauma and torture were quite low.

Based on these findings (see Table 2) the dose-effect relationship hypothesis appears to be the most likely, as rates of PTSD appear to increase in relation to the

extent of experiencing torture and other traumatic events. Female gender and higher age are also seen as evidence-based predictive factors for PTSD development.

Table 2. Risk and Predictive Factors in Developing of PTSD in Civilian Survivors

Primary Author	Population	Sample Size and method	Country of Origin/Study	Predictors
Mollica, McInnes, Pham et al., (1998)	Vietnamese ex-political detainees, no differentiation between quantitative and qualitative aspects of torture experience	N=51	Vietnam	Dose-response relationship
Mollica, McInnes, Poole et al., (1998)	Bhutanese refugees	Qualitative and quantitative methods		Cumulative war trauma and severity of PTSD positively correlated
Shrestha et al., (1998)	Tortured refugee		Butan/Nepal	
ElSarraj et al., (1996)	Torture survivors Palestinian political prisoners	N=550 male qualitative and quantitative measurements	Palestine/Israel	Dose effect relationships: increased exposure, increased intrusive re-experiencing, withdrawal, numbness and hyperarousal
Ai et al., 2002	Kosovars Albanian	N=996	Kosovo/USA	Gender: female are more likely to develop PTSD More subjected to rape and losses
Ekblad et al., 2002	Kosovo Albanian evacuated	Follow up	Sweden/Kosovo	Female gender
Eytan et al., 2004	Kosovo	Determinants of post conflict symptoms	Kosovo/Sweden	Female gender
Gavrilovic et al., 2002	Medical Students	N=139 Self report	Belgrade	Dose effect relationship
Mollica et al., 2006	Cambodian survivors of mass violence	Multi stage random sampling design	Thailandia	Dose effect relationships
Cardozo et a., 2000	Community sample after the Kosovo's war	N=1358	Kosovo	Age: over 65, ore likely to develop PTSD
Cheung 1994	Cambodian refugees	N=223; self report	Cambodia/New Zealand	Dose effect relationship
Dahl et al., 1998	Displaced Bosnian women in a war zone	N=209, self report	Bosnia	Dose effect relationship

Overall, studies have been less focused on protective factors, such as preparedness to experience torture (Meichenbaum, 1994), quality of family support, the importance of religious belief in the surrounding culture, and refugee camp quality. Debate remains over the validity of various measurement tools, the qualitative and narrative methods of research, and the role of interpreters in studies in the field.

However, during the last decade, researchers started to counterbalance studies of trauma with a new focus: positive changes following crisis. Aia et al. (2007) examined how specific psychological factors might influence post-war adaptive outcomes (the coexistence of posttraumatic growth (PTG) and posttraumatic stress disorder (PTSD symptoms) in a sample of 50 Kosovar war refugees.

Researchers explored individual differences in positive attitude and coping strategies, such as hope during resettlement, and cognitive coping strategies employed between resettlement and follow-up, which were associated with PTG. PTG and symptoms were unrelated. No predictors for present symptoms were identified.

Kashdane and Keane (2011) have explored in depth the link between PTG and meaning-making processes in survivors of trauma. They drew on the theoretical model of trauma recovery, which foresaw the awareness and openness about trauma as related cues and the emotions as necessary steps for survivors in order to heal, but also as a commitment toward valued life goals. They hypothesize that experiential avoidance and unwillingness to be in contact with distressing thoughts and feelings might operate together with posttraumatic distress to predict when people find benefits and meaning in the aftermath of trauma. According to the authors, people reporting posttraumatic distress and less reliance on experiential avoidance reported greater posttraumatic growth and more meaning in life compared with other trauma

survivors. The moderation model was supported by the results of a study conducted with 176 college students reporting at least one traumatic event, showing that a combination of excessive anxiety and a heavy reliance on experiential avoidance leads to diminished well-being. Nevertheless, this approach tends to not adequately consider how useful repression and distancing can be as healthy coping mechanisms.

Kaminer and Lavie (1993) have studied coping mechanisms in Holocaust survivors and found that individuals using repressive coping styles, including avoidance and distancing, were significantly better adjusted than those with frequent recall of traumatic memories, sensitivity to their environments, and sleep disturbance and nightmares. Moreover, several studies on debriefing have strongly criticized its effectiveness and have also suggested potential damaging effects (Kenardy, 2000; Small, Lumley, Donohue, Potter, & Waldenstrom, 2000).

Most of the trauma response frameworks take the cognitive view that “people who are exposed to uncontrollable and unpredictable events are strongly motivated to understand why the event occurred” (Joseph, 1999: 52) as a means of recreating a controllable and predictable world (Janoff-Bulman, 1985, 1992). Embracing this assumption, many therapeutic models focus on the principle that distressful and traumatic experiences should be explored and re-examined in order to be elaborated and integrated. However, the finding that some adolescents in certain contexts use disengagement as an effective method of coping challenges some of the assumptions of a cognitivist approach (Jones, 2003) and clearly demonstrates that this approach is not appropriate in all situations.

On a different note, studies conducted with populations living in post-war and developing countries have often highlighted the special role of religious and spiritual practices as coping strategies (Cardozo, Bilukha, Gotway Crawford, et al. 2004;

Scholte, Olf, Ventevogel, et al. 2004). De Vries (1996) considers that religion and spirituality can be described as part of the cultural systems playing a crucial role in the response to trauma at individual, community and societal levels (p. 398). Studies have shown that religion and/or spiritual beliefs may indeed have a positive effect on dealing with trauma (Bryant-Davis & Wong, 2013; Dueck & Byron, 2011; Brewer-Smyth & Koenig, 2014). The Oxford Dictionary defines religion as “*the belief in and worship of a superhuman controlling power, especially a personal God or gods*”. Religion is an institution with a given structure, law and rules that have to be obeyed by believers. For instance, a believer must pray and visit a place of worship to ask for help and protection to a higher being. Geertz listed the main features qualifying religion, as follows:

“(1) a system of symbols which acts to (2) establish powerful, pervasive, and long-lasting moods and motivations in men by (3) formulating conceptions of a general order of existence and (4) clothing these conceptions with such an aura of factuality that (5) the moods and motivations seem uniquely realistic” (1993: 5).

Spirituality is represented by intimate and private forms of belief in one such higher power, or the belief that there is something bigger. Spirituality can be expressed through personal or group experience and no single God or entity can be named as the higher power. Spirituality is indeed more abstract and vague than religion in terms of rules.

3.2 Longitudinal research on children and adolescents that grow up in conflict and post conflict settings

As Murthy and Lakshminarayana (2006) observed, the conflict in the Balkans is probably one of the most widely studied in recent years (Di Giovanni 2004; Rose, 1994; Beloff, 1997). The mental health outcomes of survivors belonging to all ethnic groups have also been taken into account (Westermeyer, 2000; Mollica, McInnes, Sarajlic, 1999; Mollica, Sarajlic, Chernoff, et al., 2001; Lopes Cardozo, Vergara, Agani et al., 2000).

The study conducted by Mollica, McInnes, and Sarajlic (1999) among Bosnian refugees demonstrated an association between psychiatric disorders (depression and PTSD) and disabilities. A three-year follow-up study on the same group concluded that former Bosnian refugees who remained in the region continued to exhibit psychiatric disorders and disability after initial assessment (Mollica, Sarajlic, Chernoff et al., 2001). Moreover, Lopes Cardozo, Vergara, Agani, et al. (2001) examined a cross-sectional cluster sample survey of Kosovar Albanians aged 15 years or older and found that 17.1% reported symptoms of PTSD. There was a significant linear decrease in mental health status and social functioning with an increasing amount of traumatic events in those aged 65 years or older, and with previous psychiatric illnesses or chronic health conditions. Internally displaced people were at increased risk of psychiatric morbidity. Men (89%) and women (90%) expressed strong feelings of hatred towards the Serbs, with 44% of men and 33% of the women stating that they would act on these feelings. In a study of the mental health and nutritional status among the Serbian ethnic minorities in Kosovo (Salama, Spiegel, Van Dyke, et al., 2001), the General Health Questionnaire (GHQ) found high

scores in the subcategories of social dysfunction. Moreover, severe depression was high, with women and those living alone or in small family units being more prone to psychiatric morbidity. In a community sample of 2,796 Bosnian children that were aged between 9 and 14 years, high levels of post-traumatic symptoms and grief symptoms were reported (Smith, Perrin, Yule et al., 2002). This was related to the amount and type of exposure to potentially traumatic experience. Girls reported more distress than boys.

Large-scale studies on the long-term impact of traumatic experiences are rare. One example is offered by the research of Priebe et al., (2013), which aimed to assess the long-term mental health consequences of war among people who stayed in the conflict area and refugees. On average, eight years after the war in former Yugoslavia, participants were recruited by probabilistic sampling in five Balkan countries and by registers and networking in three Western European countries. General psychological symptoms were assessed on the Brief Symptom Inventory and posttraumatic stress symptoms on the Impact of Event Scale-Revised. The authors assessed 3,313 interviewees in the Balkans and 854 refugees. Paranoid ideation and anxiety were the severest psychological symptoms in both samples. In multivariable regressions, older age, various specific war experiences, and more traumatic experiences after the war were all associated with higher levels of both general psychological and post-traumatic stress symptoms in both samples. Individuals with a greater number of migration stressors and who had only temporary legal status in the host country were associated with symptoms of greater severity in refugees. Psychological symptoms remained high in war-affected populations many years after the war, and this is particularly evident for refugees.

Traumatic war experiences still predict higher symptom levels even when the findings have been adjusted for the influence of other factors. The effects of war on children and adolescents has been explored in depth by Depuy and Peters in 2010 in “War and Children a Reference Handbook”. Relevant to the scope of the present study is the work of Jones (2002), which aimed to grasp the relationship between political violence and psychological well-being among adolescents that grew up during the Bosnian conflict (1992-1995). Jones conducted a year of participant observation in two cities of Bosnia (Foca and Gorazde). She administered in-depth interviews with a sub-sample of 40 adolescents to explore their understandings of war and their perceptions of their own psychological well-being. In the first phase of the research, the Harvard Trauma Questionnaire and Hopkins Symptoms Checklist (HSCL-25) were given to 337 teenagers between 13–15 years of age, who had lived through the recent war in Bosnia Herzegovina, on opposite sides of the conflict (the towns of Foca and Gorazde). On the basis of the results of the research, a gender-balanced subsample of 40 adolescents was selected based on their combined symptom scores, including equal numbers of high and low scorers from each side. Through the qualitative analysis of case studies, Jones showed that the degree to which an adolescent engaged in a search for meaning to the conflict is related to their psychological well-being. The process of searching for a meaning for an adolescent, who had little or no opportunity for active engagement living in the context of a prolonged and fierce conflict, was not protective. In brief, engagement appeared to bring adolescents face to face with unsolvable contradictions related to events and relationships with other ethnic groups. Disengagement allowed adolescents to avoid such contradictions and maintain a better individual psychological health.

Compared to the disengaged adolescents, adolescents who were engaged in the search for meaning recognised that their recovery was bound up with the recovery of their communities as a whole. All the less-well adolescents identified material, social, and political changes that would in different ways radically alter and improve the contexts in which they lived. These included improved living conditions in the form of stable housing or the possibility of returning home, having their parents less stressed by poverty, unemployment and grief, reconnecting with old friends, friendlier, more understanding and supportive teachers, ending corruption, reparations and the arrest of war criminals, and security. This research appears quite original, because it attempts to link the level of individual psychological well-being to the symbolical activity of interpreting political violence that is inherent to the collective community level. While this research is limited to the specificity of the cultural context, it does demonstrate a way to learn from models of relationships made on the basis of small clusters of case studies and located within specific cultures and historical moments.

3.3 Consequences of potentially traumatic experiences on individuals of concern

This section aims to highlight the specific impact that armed conflicts have on groups of individuals who are considered to be vulnerable due to a specific condition. These groups are protected under the international humanitarian law and other conventions. In the last two decades, conflicts have become increasingly internal, with fights between different ethnic or political groups within a country. Civilian populations involved in armed conflicts has been observed to have significantly

increased, and this has had a major impact on the most vulnerable communities of the society, such as women, children and people with physical and mental disabilities. While, other groups could be marginalized and discriminated on the grounds of their sexual orientation and gender, we will not address lesbian, gay, bisexual and transgender communities in this chapter.

3.3.1 Women

Kastrup (2006) has emphasized the impact of gender issues in the responses to war and collective violence and has documented how women have an increased vulnerability to the psychological consequences of war. In fact, women and men are exposed to different traumata in times of war. They may exhibit different psychological problems, cope in different ways, and have different thresholds to reach before entering treatment. Thus, the gender perspective in offering MHPSS services is both challenging and needed. As Kastrup and Arcel observe (2004), war creates acute and long-lasting health problems in men and women, but many aspects of war affect the health of women disproportionately, through societal changes that may subordinate them and not prioritize their life and health. Women may also experience various violent acts at home and within their community, as WHO has reported (2002). Women have been found to be especially vulnerable when displaced in refugee camps (UNHCR, 2002), where they may experience further harassment, sexual violence, and rape.

Lindsey (2000) explains that women in camps for displaced individuals are frequently vulnerable, “especially when they are the head of the household, widows, pregnant women, mothers with small children and elderly, for they have to shoulder

all the daily responsibilities for survival which consume enormous amounts of time and energy". Cultural issues may lean women to be even more vulnerable, since in many cultures they are not allowed to enter the public sphere and may lack identity documents. Biological and economic factors can also contribute to women's vulnerability, as pregnant women need more health care and larger food portions and clothes and books for their children.

In the face of these challenges, women may render sexual services as a way to support their families and become easy targets for sexual harassers as they lack the privacy to maintain their personal hygiene, security, and dignity. Kastrup and Arcel (2004) have studied how gender differences can affect access to health services. Adequate medical care is seldom available in war and post-war countries, and in some cases, like Afghanistan, women have been prevented from accessing medical care (Gardam and Jarvis, 2001). In these cases, women often express somatic symptoms and have little understanding of the psychological nature of such symptoms. Therefore, women may suffer for years from war-induced health problems without receiving appropriate medical care (Arcel, Popovic & Kucukalic, 2003).

Moreover, many refugee women and women living in war zones are influenced by cultural and traditional norms and are expected to be submissive and loyal to old customs although that may not coincide with their current needs and wishes. An example of this is the case of widows that are under social control, while widowers are granted greater freedom of movement. This diminished status can increase discrimination and further marginalize women. Women, who tend to perceive the atrocities of war as collective and socio-centric events (Landrine, 1995), consequently may experience a sense of failure for not having better performing one's

role as a wife, mother, or daughter, which may be interpreted as a personal failure rather than focusing on their private and inner world separate from the larger conflict.

A special status should be given to the experience of rape for women (and men), which is different from other forms of physical violence and trauma. Unlike other types of physical assault, or even traumatic accidents, rape not only refers to power and domination but it is also connected to sex: “an act intimately allied with pleasure, relationships, and, sometimes, procreation. This makes its propensity for long-term damage unique” (Vartan, 2014). Kuwer et al. (2014) have compared the long-term effects of conflict-related sexual violence experienced at the end of World War II (WWII) with non-sexual WWII trauma (e.g., being exposed to shell shock or physical violence). A total of 27 elderly wartime rape survivors were compared to age and gender-matched control subjects who were drawn from a larger sample of subjects over 70 years of age who had experienced WWII-related trauma. Kuwer et al. found that the women who were exposed to conflict-related sexual violence reported greater severity of PTSD-related avoidance and hyper arousal symptoms, as well as anxiety, when compared to female long-term survivors of non-sexual WWII trauma. The vast majority (80.9%) of these women also reported severe sexual problems during their lifetimes relative to 19.0% of the women who experienced non-sexual war trauma. Women exposed to conflict-related sexual violence also reported greater posttraumatic growth, but less social acknowledgement as trauma survivors, when compared to survivors of non-sexual war trauma. The results were consistent with emerging neurobiological research, which suggests that different traumas may be differentially associated with long-term posttraumatic *sequelae* in sexual assault survivors than in other survivor groups. This highlights the need to treat deleterious

effects of conflict-related sexual violence (and better prevent sexual violence) in current worldwide crisis zones.

Vartan (2014) also mentions studies that found similar results by looking at Croatian women who were raped in the 1991-1995 war, as well as at on-going studies which are tracking East Congolese women who have experienced rape in conflicts there. Besides the increased likelihood of PTSD, anxiety, and depression, women who are raped also suffer from much higher levels of sexual dysfunction. The most common symptom is dyspareunia, pain during intercourse. However, other issues, including menstrual issues, chronic pelvic pain, and inhibited arousal and desire can be lifelong issues. In fact, women may feel that requiring psychological services can aggravate their feeling of disempowerment, due to their focus on pathology and reduced functioning instead of promoting health and recovery. On the other hand, empowerment, self-management and autonomy in daily activities are essential elements of healing (Pearson et al., 1998).

3.3.2 Persons with disabilities

Persons with mental and/or physical disabilities represent another particularly vulnerable group. The UN Convention '*on the Rights of Persons with Disabilities*', which came into force in May 2008, and has been signed by 130 countries, safeguards the human rights of individuals with disabilities to life, liberty and security, and freedom from torture, violence, exploitation and abuse (Convention on the Rights of Persons with Disabilities, 2008).

The involvement of people with disabilities (PWDs) in armed conflict is a topic of scant academic researchers and is difficult to explore. Of note, the World Health Organization (WHO) points out that, in general, information and services for people with disabilities are “scarce” and “fragmented” and it appears even more “scarce” and “inaccurate” in middle- and low-income countries (WHO, 2007).

Similarly, a report from the Women’s Commission for Refugee Women and Children (WCRWC) that examined data regarding people with physical disabilities found that data on the number of displaced people with disabilities was not available from the governments. UNHCR (United Nations Refugee Agency) or its implementing partners stated:

“Where data did exist, it was often inconsistent or inaccurate...less information and fewer services were available for people with mental disabilities than those with physical and sensory disabilities. Refugees with mental disabilities tended to be more “invisible” and “hidden” from public view than those with physical disabilities” (WCRWC, 2008).

Consequently, the available information and data regarding the involvement of PWDs in collective violence is poor and mainly concerns disabilities which are caused by war, rather than the effects of war on people with pre-existing disabilities. Grove, Grove and Myerscough (2009) presented the specific ways in which people with intellectual disability (IDs) may be vulnerable during war, as well as the ways in which they have been actively involved in war. During armed conflicts, PWDs can be perceived as a burden that has to be eliminated, or as a scapegoat which can be the target of horrific violence. For example, in 1939 the Nazi leadership took a decision

to kill all mentally and physically-disabled people (Neugebauer, 1998), claiming that it was necessary to free space, food and hospital staff for wounded soldiers. On the other hand, Amnesty International has reported murders of people with IDs in Nepal and Sudan (Amnesty International, 2002; 2004). In the Democratic Republic of Congo “mentally disabled” women have been victims of rape and sexual violence by armed forces (Amnesty International, 2004). Another reason why PWDs can be disproportionately at risk is due to the nature of their impairments. Lassiter (2004) explains how people who are less aware of the rules of governorship, who have more difficulty understanding orders put to them, or who are susceptible to suggestive questioning might unwittingly put themselves in danger when facing brutal occupying forces that employ methods of enforcement designed to impose total obedience.

In general, PWDs also tend to be neglected in the aftermath of war, because the ravaged population may pay less attention to providing specialist services. Jones et al. (2003) reported “significant difficulties” in implementing a “comprehensive service including a specialised capacity for learning disability” in the wake of the civil war. In Kenya, it was reported that disabled children were unable to attend school after schools were destroyed and teachers fled during post-election violence (Richler, 2008). In one population of traumatized refugee children, 20% were found to have learning or cognitive disabilities (Kinzi et al., 2006).

For all these circumstances, PWDs are not necessarily directly victimized, abused and exploited because of the war; however social conflict can impact on the way in which disability is conceptualised and placed in the social order. Nagata (2008) has observed how negative perceptions towards physical disability in Lebanon were changed during the civil war and the continuing national resistance against the

foreign occupation. Nagata concludes that since the conflicts increased the number of people with permanent physical disabilities, the disability that traditionally was a mere stigma became heroic as a symbol of active resistance.

Following from the previous, this chapter has focused on the main studies considering the long-term consequences of armed conflicts and organized violence on the mental health of the civilian population, in particular those of people presenting a greater degree of vulnerability, such as children, adolescents, women, and people with disabilities. Although very few studies have examined the long-term psychosocial changes of individuals and families who experienced organized violence beyond the focus on PTSD and psychopathology; several studies indicate that the incidence and prevalence of mental disorders is particularly higher among women.

PART TWO

The theoretical framework

CHAPTER 4

ARCHETYPAL STATES OF ATTACHMENT: A HEURISTIC FRAMEWORK TO UNDERSTANDING HUMAN RESPONSES TO COLLECTIVE VIOLENCE

This chapter will present and discuss a range of concepts derived from different mainstreams such as Attachment Theory, British Object Relation and Relational Theory, and Analytical Psychology, in order to provide the conceptual underpinnings to what is here termed as “*archetype and archetypal states of attachment*”. This original idea is conceived as a reformulation of the classical Jungian concept of archetype.

My reflections start from the observation that several authors in the last two decades have elaborated on the idea of the archetype by adopting an interpersonal psychological dimension, which linked both the intrapsychic and interpersonal life. This dimension also simultaneously captures the mutual influence that the outer reality has on the inner life of an individual and groups, and the continuous process of their mutual co-construction and transformation.

This observation fits with the conceptualization of the relational and inter-subjective nature of self, which develops within the matrix of family relationships with primary caregivers, and communities immersed within a specific cultural environment. The idea of a universal dimension of attachment necessary for human development prompted the operational hypothesis of ‘*archetype and archetypal states of attachment*’. This hypothesis is organised through a bipolar structure where on one pole there is the experience of maximum intrapsychic disorganised and relational disruption, and on the other, there is an extreme way of functioning within a deep

sense of security, empathy, relatedness, self-reflection and agency. I suppose that in order to be resilient and to successfully overcome adversities and potentially traumatic events, (especially those related to conflict and interpersonal violence), the polarity of security and relatedness should be activated both at an individual and family level.

On a macro level, collective violence and human rights violations may appear to be societal organisations reflecting the negative polarity of the archetype. This could be due to hostility, destructiveness and helplessness, which disrupt interpersonal symbolical bonds and one's capacity for empathy. Archetypal states of attachment can greatly mediate the impact of potentially traumatic experiences. In fact, by developing a sense of psychological security individuals are freer to explore, to feel as agents and be more in control of their existence. Consequently, they can be more resilient and successfully overcome traumatic experiences by working on improving their existential meaning and on transforming their identity.

Attachment represents a motivational system, which ensures the survival of the infant. When the child develops securely with sensitive and responsive caregiving, attachment facilitates the expression of agency and the capacity of self-reflection, communication and meaning-making skills. On the other hand, attachment disorganisation is primarily caused by the abuse, neglect and maltreatment generated by the caregivers or it may also be triggered by the loss of caregivers. Separations abruptly interrupt the sense of self for a child, and generate defensive processes that activate anxiety, fear, antagonism, and dissociation.

To model this idea, I propose to extend the concept of the archetype and refer to its heuristic capacity of understanding the intertwined role of attachment in human relationships by connecting the individual to its family and community levels. I

assume here that the archetypal states of attachment fluctuate dynamically between two poles. On the one hand, mental states of psychic disorganisation and relational disruption can be observed, while on the other hand the mental states of connectedness, empathy and reflection can emerge.

Due to their archetypal relational nature, attachment relationships link the child to its caregivers and to the networks of extended family, and thus to the community and the societal collective dimensions. This process starts in infancy and continues throughout the rest of one's life cycle, taking place within a specific social, economic and cultural context.

Attachment relationships can directly or indirectly also shape cultural identity, which is rooted in the sense of belonging to an ethnic group, religious community, political party or sexual orientation. Phenomena like discrimination, marginalisation and violence often emerge as a reaction to perceived attacks to identity and attachment bonds at a societal level.

However, domestic violence, in all its forms, and gender-based violence reflect the perversion of the human qualities of empathy and secure attachment at a family level. Attachment and its related archetypal states can mediate or moderate the effects of traumas and collective violence on individuals and families by increasing their resilience and capacity of coping from both a physical, psychological, social, spiritual and moral perspective.

4.1 A theoretical introduction

The combination of ideas used in this chapter derive from the Attachment Theory, British Object Relation and Relational Theory, and Analytical Psychology. This is quite unusual, but it has some legitimacy, as briefly outlined in this section. In chapter 5, I will discuss how concepts of the Family Systems Theory can be integrated further in the theoretical framework and their applicability in post-conflict settings.

An integration of ideas from the Attachment Theory and the British Object Relation Theory has been conducted in the past. Although, these theoretical traditions reflect different perspectives (i.e. Analytical Psychology is originally Jung's theory on mono-personal psychology and Attachment Theory and British Object Relation Theory are independent developments derived from the Freudian psychoanalytic tradition), there seem to be various theoretical similarities that different authors have explored and recognised¹⁷.

Efforts at comprehending the universality of the archetype through the reconciliation of ethology, neuroscience, evolutionary theory, emergence theory, dynamic systems theory and analytical psychology are not new, and this research may be considered part of those actions. In fact, during the last two decades, within the mainstream of analytical psychology, a few authors have endeavoured to extend C.G. Jung's "*archetypes of the collective unconscious*" and integrate it with other disciplines. Thus, their purpose was to provide empirical evidence to support of

¹⁷ Michael Fordham (1995: 44) has traced the similarities underpinning the theoretical thoughts of Jung and Melanie Klein, emphasising on the correspondences between archetypes and unconscious phantasies.

Jung's archetypal hypothesis, which traditionally, remained the property of analytical psychology and commonly dismissed as 'mystical' by scientists.

Using insights from contemporary neuroscience Margaret Wilkinson (2004) has explored the mind-brain relationship and investigated how subjective experience arises. She attempted to map the mind-brain-self relationship from a Jungian perspective by reviewing the current neuropsychological and neurobiological understanding of early brain development. Moreover, memory, emotion and consciousness are explored (Cozolino, 2003; Solms and Turnbull, 2002; Schore, 2001, Le Doux, 2002; Panksepp, 1998). The main objective of her work is to show the relevance of these insights to psychotherapeutic work, by arguing that the value of the affect-regulating, relational aspects of the analytic dyad that forge new neural pathways through emotional connection are necessary for the emergence of reflective function. However, apart from this, Wilkinson has been criticised for her reductionist approach which mainly focuses on the neurobiological aspects of the psychic processes (Hogenson, 2010).

Different Jungian authors applied the emergence theory to the archetypes which were then redefined as emergent systems and "*do not exist in the sense that there is no place that the archetypes can be said to be.*" (Hogenson 2001: 606). In particular, Hogenson (2001), Cambray (2002) and Knox (2003) have applied the emergence theory to the original concept of archetype in different ways, considering it an emergent property of the dynamic developmental system composed by brain, environment and narrative. The authors appear divided between those embracing a radical stand towards the emergent qualities of the archetypes, considering them as symbols of an expression of timeless archetypes, and others consider them as being

symbols themselves of the emergent forms from which the notion of archetypes are abstracted (Hogenson, 2001; Sounders and Scar, 2001).

On the other hand, Stevens (2003) and Knox (2003) hold a less radical position more inclined to preserve the original Jungian concept of *archetype in itself* and aim to reflect on the developmental aspects of the archetype by integrating this concept with ideas stemming from the Object Relations Theory and Attachment theory. The difference can be seen as merely semantic (Stevens, 2003: 284), however it has given rise to a major theoretical confrontation in the post-Jungian mainstream.

4.2. The archetype of attachment as an emergent system

4.2.1 The theoretical thinking of Carl Gustav Jung

One of the main questions that arise when approaching the idea of archetypes has to do with their innateness. The dilemma “nature” versus “nurture” has hounded Jungian psychology since Jung originally postulated the archetype as an *a priori* structure within the psyche. During his life and after his death he was continually accused of Lamarckism and was criticised for his theory that the archetypes existed as prior structures that are organising the collective human psyche. More recently, with the advent of genetic research, the idea that psychological structures can be innate was harshly criticised even within Jungian thought.

The empirical findings of the neuroscientific research show that the process of psychobiological development is complex and intertwined. Consequently, the categorical view of the mind as *tabula rasa* becomes obsolete and does not reflect the reality and different authors claim that ‘emergent’ theories of the psyche should

replace the model of the archetype-as-such (Goodwyn, 2010).

Drawing on the critical analysis conducted on the vast Jungian literature which focused on the concept of the archetype, she noted that several different models of archetype can be extracted (Knox, 2003; Sounders and Skar, 2001).

At first, Jung defined the idea of the archetype as referring to “primordial images” or universal dominants, as he described in 1912 and then in 1917 he used the term “dominants of collective unconscious”. According to this first version of archetype adopted in 1919 in his essays “*Instinct and unconscious*”, the “primordial images” are stored in a phylogenetic memory, and consist of a biological structure that is inheritable and transmitted from one generation to another.

The idea that archetypal experiences were engraved upon the psyche by repetition through the millennia of human existence has resulted in Jung being criticised for Lamarckism¹⁸. In order to clarify and correct his first version, Jung later clarified that the archetypes could be transmitted, not as images filled with content, but only as forms without contents (Jung, 1936: 99). This change indicates that the second model of archetype was imagined as an abstract psychical structure, which organises the experiences, without symbolic and representational contents and are impossible to experience directly. This version has been criticised for the similarity between the definition of *archetype-as-such* and the Kantian concept of *noumenon* or “*das Ding- an- sich*”. Therefore, Jung clarified the two dimensions of the archetype, on one side the biological inherited predisposition to have certain experiences, and on the other hand the archetypal experiences, such as imagines, symbols, behaviours and especially feelings, that are elicited by and connected with the archetype.

¹⁸ Jean-Baptiste Lamarck (1744-1829) published in 1809 the *Philosophie zoologique*, where he exposed his evolutionary theory, where an organism can pass on characteristics that it acquired during its lifetime to its offspring. This theory was later discredited.

In a second phase, Jung linked the archetypes with the instincts: “*for the archetypes are simply the forms which the instincts assume*” (1927/1931a: 339), and clearly defined them as “*patterns of instinctual behaviour*” (1936: 91). In addition, another definition which enriched and strengthened the model of the archetype as organisational structure, relates to the previous connection of the archetypes directly with the brain, imagining them as structures:

“every man is born with a brain that is profoundly differentiated, and this makes him capable of many various mental functions, which are neither ontologically developed or acquired...This particular circumstance explains, for example, the remarkable analogies presented by the unconscious in the most remotely separated races and peoples”
(Jung 1916: 452-453).

Jacoby defined the archetype as an organisational principle hidden in the psychic representations as an axial potential system (1959:56). She did this by quoting the crystallographic analogy when Jung compared the archetype to the axial system of a crystal:

“The archetype in itself is empty and purely formal, nothing but a ‘facultas praeformandi’, a possibility of representation, which is given a priori. The representation themselves are not inherited, only the forms, and in that respect they correspond in every way to the instincts, which are also determined in form only. (...) With regard to the definiteness of the form, our comparison with the crystal is illuminating in as much as

the axial system determines only the stereo metric structure but not the concrete form of the individual crystal” (Jung 1938/1954: 155).

A third model of archetype refers to symbolic meanings with representational content, which can confer meaning to experiences. As proof of the existence of the archetypes, Jung brings forward several interpretations of myths and fairy tales from all literature around the world where certain motives constantly emerge and are similarly reproduced in phantasies, dreams and in hallucinations. He defines these imaginings and associations as archetypal representations (Jung, 1958). In this version the term archetype can be a source of confusion in respect to other definitions illustrated before: here it can mean *symbol* (mandala, fish, and water), *image* (mother, father), *event* (death, birth) or *figure* (God, hero, wise old man). In this third version, the archetype is the manifestation of the platonic eidos or it appears as:

“active living dispositions, ideas in the Platonic sense that pre-form and continually influence our thoughts and feelings and actions” (Jung, 1938/1954: 154).

A fourth model describes the archetype as a metaphysical eternal entity, which is independent of the body:

“the archetypes are as it were the hidden foundations of the conscious mind or, to use another comparison, the roots which the psyche has sunk not only in the earth in the narrower sense but in the world in general: (Jung, 1927/1931: 53).

According to this formulation, an archetype is not representable (1947/1954: 417), non-empirically demonstrable and non-psychic. These definitions are related to the idea that the archetype possesses a fundamental duality: it is both psychic and non-psychic, both ‘spirit’ and ‘body’. Jung gave the term “psychoid” archetype to this non-psychic aspect. The most important analogy that Jung developed in order to clarify this aspect of the archetypal theory is represented by the electromagnetic spectrum:

“The part of the spectrum, which is visible to us (i.e. the ultraviolet end), represents those psychic processes of which we are conscious. The invisible ultra-red end of the spectrum corresponds to the unconscious biological aspect of the archetype, which is identical with the physiology of the organism and thus merges with its chemical and physical conditions” (1947/1954: 420).

In agreement with Knox’s conclusion (2003), the statement that the archetype is *“the bridge to matter in general”* (1947/1954: 420) does not appear empirically demonstrable, and the idea that archetypes are continuous with structures controlling the behaviour of inorganic matter cannot be scientifically proven. Nevertheless, the principle that the archetypes are the mediators of the *unus mundus*, responsible for organising ideas and images in the psyche and for governing the fundamental principles of matter and energy in the physical world, has a huge scientific potential that has inspired many theorists in different disciplines.

On the basis of this short review of Knox’s analysis of the different definitions of the archetype, it is possible to affirm that only the second and third models can be

suitably integrated with data and empirical findings derived from scientific observations and research. Jung described the archetype by drawing on the analogy of the electromagnetic spectrum. Finding the red polarity of the archetype in the body was seen as an instinctual source or a pattern of behaviour, and the ultraviolet side was seen as the archetype's psychical, symbolic, and narrative manifestation. These two aspects of the archetype can fit theoretically with the attachment motivational system that is described according to its biological foundation, as well as according to the representational level of internal working models. This will be shown in the next section.

4.2.2 Post-Jungian revisions of the archetype

4.2.2.1 Developmental interpretation of the archetype: Jean Knox and Anthony Stevens

A groundbreaking review of the classical concept of the archetype has been conducted by Jean Knox, a Jungian author with a strong affiliation to the relational psychoanalytic mainstream. In her work (1999, 2001, 2003, 2004, 2009) she attempts to compose a developmental model, where mental contents rather than being innate, emerge from the interaction of genes, brain and environment. In particular, she traces similarities between the archetype and the formation of image schemas. She also describes the processes by which mental contents are evaluated and organised, notably those of perceptual analysis, representational re-description and appraisal.

In the essay published in 2003 "*Archetype, Attachment, Analysis: Jungian Psychology and the emergent mind*", Knox offers a reinterpretation of Jung's archetypal hypothesis by expanding knowledge from cognitive science,

developmental psychology and attachment theory. The Jungian concept of archetype, which presented different philosophical and scientific influences, is described by stressing the similarity with ethological thinking and evolutionary psychology and by comparing the archetype to a “pattern of behaviour and representations” referring to the process of meanings construction and internal working models (Bowlby, 1969, 1971, 1980). A substantial part of her essay concerns the relational roots of trauma and defensive mechanisms in psychodynamic psychology. It also confronts the Freudian and psychoanalytical models of intra-psychic defences with the process of interpersonal traumatisation and relational defence that was outlined by John Bowlby in the attachment theory.

Moving on from this, she offers an interpretation of the development of archetypal defensive mechanisms of the child by integrating the empirical findings of the observational studies on children and caregivers. Finally, she introduces the concept of “*reflective function*” (Fonagy and Target, 1997, 1998, 2002) as a clear overarching concept embracing other theoretical notions, which includes the transcendent function and the capacity of symbolisation, meaning-making and narrative competence.

Knox concludes her work by explaining the process of change in analysis and the role of the analyst within the framework of the attachment theory. She provides a developmental model of psychotherapy where therapist and patients represent a couple similar to the dyad composed of a mother and child, where the child needs to first develop an attachment relationship, which will then allow the development of a genuine capacity of reflection, meaning construction and narrative competence.

Lately, Knox (2009) further elaborated on the theoretical integration of analytical psychology with neuroscience and developmental studies, by embracing an

emergent view of archetypes, seen as key components in the development trajectory of self-agency, from its foundation in bodily action to its mature expression in mentalisation and as a conscious awareness of intentionality. Focusing on the neuroscientific research on mirror neurons and motor intentionality in the development of self-agency, she speculates on the clinical relevance of Gallese and Lakoff's hypothesis (2005)¹⁹ according to which abstract thought and imagination are forms of simulated action.

Anthony Stevens is a second author who explores the connections between Jung's archetypes and evolutionary disciplines such as ethology and sociobiology. He firstly observed (Stevens, 2006: 74) that Jung rejected the *tabula rasa* theory of human psychological development, by embracing the notion that evolutionary pressures had determined the basic structures and functions of the human psyche:

“(It is) a mistake to suppose that the psyche of the new-born child is a tabula rasa in the sense that there is absolutely nothing in it. Insofar as the child is born with a differentiated brain that is predetermined by heredity and therefore individualized, it meets sensory stimuli coming from outside not with any aptitudes, but with specific ones” (Jung 1936/1954: 136).

In his essay entitled “*Archetype: A Natural History of the Self*” published in 1982 and republished in 2002 as “*Archetype revisited: An Updated Natural History of the Self*”, Stevens conveys ethological concepts into mainstream analytical

¹⁹ According to this hypothesis the same sensory-motor circuits that control action also control imagination, concept formation and understanding, but with a crucial development, that of an inhibition of the connections between secondary premotor cortical areas and the primary motor cortex.

psychology aimed at contributing to a revolutionary change of paradigm (Kuhn, 1962). By integrating evolutionary theory with psychiatry and psychology, he attempts to grasp a deeper, more insightful understanding of psychotherapy by integrating the insights of evolutionary psychiatry and evolutionary psychology (following the work of John Price (1996) “*Evolutionary Psychiatry. A new beginning*”). Stevens (1982, 2002) argues the possible location of the archetype in the cerebral structures in the light of the most recent scientific research in neuroimaging and neuroscience.

However, this attempt to find a correspondence between neuroanatomical structures and psychic functions to explore further the nature of the archetype is misleading and speculative. Stevens claims that Jung could not possess the contemporary knowledge on the nature of the brain’s development, which relies on the principles of neural plasticity and flexibility, which permit unique adaptive paths of growth. He takes into account the theory of MacLean on the *triune brain* (See Chapter 1) and locates, in the reptilian complex, the reticular activation system and nuclei, which control vital processes (i.e. the cardiovascular and respiratory systems).

In Jungian terms, Stevens considers the reptilian complex as comprising of certain neurophysiological components of the Shadow archetype. The paleomammalian brain includes various subcortical structures such as, the septum, amygdalae, hypothalamus and pituitary gland, hippocampal complex, and cingulate cortex. Noteworthy, MacLean's recognition of the limbic system as a major functional system in the brain won wide acceptance among neuroscientists and is generally regarded as his most important contribution to the field. MacLean maintained that the structures of the limbic system arose early in mammalian evolution (hence

paleomammalian) and were responsible for the motivation and emotion involved in feeding, maternal care, nursing, reproductive behaviour, and parental behaviour.

Stevens considers that this part of the brain contains the neurophysiological centres that are central to the mother-child archetypal system, as well as that of bonding and attachments that are localised in this area. The neomammalian brain consists of the cerebral neocortex, a structure found uniquely in mammals and in human beings. MacLean regarded its addition as the most recent step in the evolution of the mammalian brain, conferring the ability for language, abstraction, planning, and perception.

Stevens located the following functions in the neocortex - rationality, intentionality, consciousness and ego. He explored extensively the relationship between the neurophysiological brain's structures and the neuroanatomical areas, in order to give an account of the Jungian architecture of the human psyche, similarly to different authors and researchers who described the "dynamic unconscious" (Turnbull and Solms, 2007, Le Doux, 1998, Schore, 2004, Panksepp, 2003). He concluded that the archetypes are contained in distinct areas of the brain and hardwired into DNA embedded in genes, to provide a set of instructions to the mind as well as to the body.

Importantly, Steven's efforts went under harsh criticism for indulging in speculative thinking in the absence of hard empirical data and scientific findings. Several colleagues of the psychiatric establishment pointed to the need for more specific research programmes. Knox (2003) rejects this position and argues that the genes are inadequate to transmit information and archetypes are about organising mental frameworks of an abstract nature, a set of rules of instructions but not with symbolic or representational content so that they are never directly experienced. More specifically, Knox criticises the reductive interpretation of the archetype according to

the perspective of the evolutionary theory, instead of recognizing the risk of reducing the archetype to a biological structure. The latter is in contrast with the scientific evidence that behavioural schemes or patterns of behaviour are codified by sequences of “algorithms,” automatically activated by specific environmental stimuli.

4.2.2.2 A radical view of the emergence theory and archetypes: Joseph Cambray, George Hogenson and Warren Colman

Other authors have decided to take a more radical stand regarding the concept of archetype, by applying the theory of emergence to analytical psychology and endeavouring to revise Jung’s ideas on the archetypes. They rejected the reductive innatist view of the archetype as a neurobiological structure.

Joseph Cambray (2002, 2006, 2009) reconsiders the idea of synchronicity that Jung represented as a causal connecting principle, under the light of the theory of complex adaptive systems (CAS) and the emergence theory. This was done to better understand holistic phenomena supervening from interactions among component agents, specifically those occurring in the clinical setting. According to him:

“Jung’s own use of early systems approaches was a part of his formulations of a ‘third’ position associated with the transcendent function” (Cambray, 2006).

He ponders that empathy is a process permitting to link *“Self and Other in a unifying field”* and to lead to the full emergence of empathic understanding within the

therapeutic couple. It also leads to the construction of a synchronistic field dimension activating unconscious empathic systems with a psychoid quality. In this frame, Cambray describes the archetypal transpersonal Self as a “*collective patterning operating at multiple tiers of order-engendering groups*” (2002: 417). He sustains that:

“In the contemporary view, emergent phenomena, especially in the human realm, can appear to ordinary, individual consciousness as meaningful, if inexplicable, coincidences. Aspects of the assembled higher-order or superordinate structures appear in the mind as images, such as those Jung identified as being symbols of the Self.” (Cambray, 2002: 417).

In the essay “*Synchronicity: Nature and Psyche in an interconnected universe*” (2009), Cambray stresses one of the most distinctive aspects of C. G. Jung’s model of the psyche, which is the collective unconscious that is operating underneath the personal conscious and unconscious aspects of the mind:

“This deeper layer is comprised of the network of all archetypes, where archetypes are the formal patterns, without content, the universal propensities of psychological life capable of expressing themselves across the spectrum of human experience from the instinctual to the sublime” (2009: 80).

He considers that this network model and the interwovenness of the archetypes in the psyche form the core of a holistic, emergentist viewpoint in the analytic world. He describes the psyche as an open system connecting individuals and acquiring autonomous functions:

"(...), in the language of Jungian psychology, the energizing or activation of an archetypal node is frequently referred to as a particular pattern having "constellated," for example, the propensity to face adversity with determination to vanquish it may reflect the constellation of a heroic archetype in a person's life. (...) At deeper levels the psyche is not a closed system but opens into a field of interactions among individuals, a network with strong and weak links that can become self-organizing" (2009: 81-82).

Another prominent voice in the debate concerning the nature of innate versus emergent theories of archetypes is George Hogenson (2001, 2004, 2005, 2010). In his paper entitled "*The Baldwin Effect: a neglected influence on C.G. Jung's evolutionary thinking*" (2001) he pays significant attention to the work of the anthropologist and neuroscientist, Terrence Deacon, whose book, *The Symbolic Species*, dealt in great detail with the evolution of language and the neurological structures underlying the learning and production of language (Deacon, 1997). Excluding a possible biological basis for the archetypes, in contrast with Stevens (Stevens, Hogenson & Ramos, 2003), he proposes to see the symbol as the phenomenological manifestation of an emergent system linked to the archetype (2004, 2005 Maloney & Hogenson 2003a, 2003b).

Hogenson takes into consideration the cognitive and developmental models and their useful heuristic application to analytical psychology and psychoanalysis, despite their critical evolutionary and cognitive arguments. Drawing on dynamic systems theory, in which no pre-existing template or structure for either mind or behaviour is assumed, he integrates the idea that within the dynamic systems model, the Self is viewed as an emergent phenomenon deriving from the dynamic patterns existing in a complex system that includes the physiological characteristics of the infant, the intentional attributions of the caregiver and the cultural or symbolic resources that constitute the environment. The symbol can then be seen as a discrete, and an autonomous, element in the dynamic system.

Hogenson (in Cambray J. and Carter L. 2004: 31-55) reviewed at length the historical writings of Jung to understand the foundations of his thinking on the archetype. He criticised the selective approach that other authors adopted towards Jung's opus. In Hogenson's view, Stevens and Price narrowly encompass the idea of the archetype as a genetic and biological system when conceiving archetypes:

“as neuropsychic units which evolved through natural selection and which are responsible for determining the behavioural characteristics as well as the affective and cognitive experiences typical of human beings”
(1996: 6).

On the other hand, Hillman, who has elaborated an archetypal psychology and *“the poetic basis of mind”*, founded his theory entirely on the image identified with the psyche according to Jung (1966: 75). The crucial point of divergence for these authors who were trying to work out the meaning of the notion of archetypes as

“emergent systems” appears to be Jung’s distinction between the archetype-as-such and the archetypal image. Hogenson adopts the idea of Tresan, that emergence is:

“based on the notion that within certain kinds of system, phenomena can come into being without any precursor state predicting the appearance of those phenomena” (Hogenson, 2004: 45 paraphrasing Tresan D., 1996).

A similar position is shared by Saunders and Scar (2003) who define archetypes as “emergent properties” of the brain functioning and they also describe the actualized manifestation of the archetype rather than the archetypes-as-such. They trace the link between archetype and complexes and assume that:

“the archetype is simply a property of the dynamic, and when there are sufficiently strong influences from outside, a different complex can form, [...] and by our definition of the archetype as an emergent property of the complex, we cannot rule out the formation of new archetypes” (2003: 11).

Colman (2015), replying to the first article published by Hogenson in 2001²⁰ applies the emergence theory not only to archetypes but to the mind itself. He argues that the mind does not exist in the head *“but that a radically extended mind is inseparable from the humanly shaped environmental context that, broadly speaking, we call ‘culture’.*” He places the mind in the context of environmental action:

²⁰ In this article, “The Baldwin effect: A neglected influence on C. G. Jung's evolutionary thinking” (in JAP 46, pp.591- 611), Hogenson aims at challenging the claim that C. G. Jung used a Lamarckian model of evolution to underwrite his theory of archetypes, primarily on the basis of Jung's familiarity with and use of the writings of James Mark Baldwin and Conway Lloyd Morgan, both of whom were noted and forceful opponents of neo-Lamarckian theory from within a neo-Darwinian framework.

“mind in action in the world”. The mind is a dynamic system, emergent from the cultural environment of symbolic meanings to which humans are evolutionarily adapted” (Colman, 2015: 520).

Colman challenges “*behindology*” which is the idea that in order to explain phenomena we need to describe the programmed structures “behind” them rather than seeing phenomena as emerging through the inter-relationship of environment and subject. Drawing on the work of philosopher John Searle, Colman argues that symbols constitute the realities that they bring forward, including the imaginal realities of the psyche. The implications for clinical work include a rejection of structural models of the psyche, in favour of the emergence of symbolic realities in the context of psychoanalysis as a distributed system of cognition.

4.2.2.3 The archetype as key for understanding collective and social realms

As Jung’s original thinking originated from the rupture of the relationships and theoretical collaboration with Freud, he essentially introduced the idea of a ‘collective’ level of the psyche as central for the understanding of human subjective experience. Importantly, Jung omitted to offer a clear and unique definition, by allowing a raise in criticism around the obscurity and ambiguity of his writings. In particular, in his cathartic work on Jung and the allegations of anti-Semitism against him, Samuels (1993) considered that Jung did not take advantage of his original theory of complexes and collective psychology. In fact, the formulation of national

personality characteristics by comparing the Jewish and the German characters (Jung opus 10 1963, pf. 246) in his famous essay “Wotan” (1936), led him to deep misunderstanding and misinterpretation and to accusations of anti-Semitism. Thus, Jung inhibited his curiosity towards groups of people and their varying cultures and sacred traditions, to turn into his natural introversive attitude and interest for the individual development.

As Papadopoulos argued (2011), a central paradox of the Jungian work is related to an extensive theorisation on wider societal, cultural, spiritual and political issues. On the other hand, his practice was limited to his clinical/analytical practice with individuals. Moreover, the same paradox seems to characterise the Jungian field at large, where only recently, a group of Jungian analysts started becoming engaged in actual humanitarian work and social action.

Interestingly, Jung developed his insights on the psychological dimension of social and political events occurring during the 1930s and expressed his original hypotheses mainly in three essays: *Wotan* (1936, 1946), *Psychology of the Nations* (1936) and *After the Catastrophe* (1945). In *Wotan*, written in 1936 and republished ten years later after the *Aufsätze zur Zeitgeschichte*, Jung explains the rising power of Hitler’s leadership and the emergence of Nazism as a collective state of mind connecting people within a common background of rituals, beliefs, behaviours, values and feelings as a regression of civil nations to a primitive state, which “*would have been inconceivable before the war*” (1936: 279). This collective activation according to Jung was due to the archetypal image of Wotan:

“Perhaps we may sum up this general phenomenon as Ergriffenheit -- a state of being seized or possessed. The term postulates not only an

Ergriffener (one who is seized) but, also, an Ergreifer (one who seizes). Wotan is an Ergreifer of men, and, unless one wishes to deify Hitler -- which has indeed, actually happened -- he is really the only explanation" (Jung 1936: 284).

The archetype of Wotan has the power to possess the collective psyche of each individual inducing a common state of mind and reactivate "psychic forces" of the unconscious. To explain this phenomenon, Jung remarks the importance of the twofold character of Wotan's *Ergriffenheit*, which is both active and passive and doesn't coincide with the figure of the leader, (in this case Hitler), but reveals a deep unconscious aspect of the German mind also called "*furor teutonicus*", in his words:

"Germany is a land of spiritual catastrophes, where nature never makes more than pretence of peace with the world-ruling reason. The disturber of the peace is a wind that blows into Europe from Asia's vastness, sweeping in on a wide front from Thrace to the Baltic, scattering the nations before it like dry leaves or inspiring thoughts that shake the world to its foundations. It is an elemental Dionysus breaking into the Apollonian order. The rouser of this tempest is named Wotan, and we can learn a good deal about him from the political confusion and spiritual upheaval he has caused throughout history." (ibidem: 286).

The prominence of the psychological sphere of the unconscious, powerful irrationality of the political events occurred in Europe between the two world conflicts, and it is, according to Jung, tangible. The mechanism responsible for re-

activating Wotan's archetype after thousands of years (or more precisely, after a long period of "*continuous silent and anonymous activity*") and the ability of this collective archetype to catch individuals in a mass movement, are well represented by the metaphor of the riverbeds. The riverbeds, even if they are dry, can always be flooded again by the water of the river. The same applies for the metaphorical state-canal, when the river-life of the nation/political events of violence becomes a rushing natural power destroying all the margins of human control:

“Archetypes are like riverbeds which dry up when the water deserts them, but which it can find again at any time. An archetype is like an old watercourse along which the water of life has flowed for centuries, digging a deep channel for itself. The longer it has flowed in this channel the more likely it is that sooner or later the water will return to its old bed. The life of the individual as a member of society and particularly as a part of the State may be regulated like a canal, but the life of nations is a great rushing river which is utterly beyond human control, in the hands of One who has always been stronger than men” (ibidem: 289).

Different authors attempted to explore in depth the archetypal cultural, social and historical collective dimensions (Henderson, 1962, 1984; Singer and Kimbles, 2004). The pioneering contribution of Joseph Henderson's (1984) work offered a lot to analytical psychology along with a precious outline of the space in the psyche between the personal and the archetypal levels of psychological experience. He has termed this as the "cultural level" of the psyche and has elaborated a typology for that level of reality: social, aesthetic, philosophic and spiritual. Henderson's elaboration of

the cultural level of the psyche finally gave space to the collective aspects of group life, which have been neglected or ignored by analytical psychologists. He also showed greater interest towards the individuation processes and Self-realization in the individual sphere. By extending Henderson's notion of the "cultural level" of the psyche, Sam Kimbles had begun to speak of "cultural complexes" or "group complexes" in his essay, "*The Cultural Complex and The Myth of Invisibility in The Vision Thing*" (2000: 157-169). These complexes function in that intermediate realm between the personal and archetypal level of the psyche, partaking of both but also being absolutely unique in that their content and activity is the bridge and link between the individual, society, and the archetypal realms.

According to this author, "cultural complexes" are internalised in the psyche of individuals and when they are triggered, then the emotions of the personal and archetypal realm are channelled through the group. Consequently, cultural complexes can trigger conflicts between many groups and are expressed in group life all the time: politically, economically, sociologically, geographically, and religiously.

Moreover, in the essay "*The cultural complex. Contemporary Jungian perspectives on Psyche and Society*" Singer and Kimbles (2004), further expanded Jung's notion of complexes to provide a theoretical framework for understanding the nature of intra-psyche and interpersonal conflict. Complexes express themselves in powerful moods and repetitive behaviours, they confirm pre-formed points of view about others or the world, and they operate beneath the level of consciousness. They carry out autonomous processes of structuring and filtering the experience of the self and others. In particular, the complexes' main function is to ensure a simplistic certainty of a worldview, *in the face of the otherwise very difficult task of holding the tension of conflicting and not easily reconcilable opposites*. John Perry elaborated as

an additional characteristic of complexes, the ‘bipolarity’. Once activated, one part of the bipolar complex attaches itself to the ego while the other part gets projected onto a suitable other leading to an endless round of repetitive skirmishes.

Similarly to personal complexes, the cultural complexes also tend to be bipolar, so that when they are activated the group ego becomes identified with one part of the unconscious complex, while the other part is projected out onto the suitable hook of another group. In both cases, the certainty settled by the complex results far more easily than when wrestling with the emotional ambiguity of the inner and outer reality that is constantly challenging the ego.

Through the lens of cultural complexes, different authors explored phenomena related to collective traumas (Weisstub and Weisstub, 2004; Zoja, 2004), politics (Stein, 2004) and religion (Roy, 2004). This approach proves to be very useful to study the cultural differences and identity between groups and various forms of conflict such as racism and discrimination.

Papadopoulos (2009) has reformulated Jung’s ideas about the collective archetypes, in order to give an accurate account of the psychological dimension of political upheavals that give rise to conflict. This includes phenomena that are highly polarised because they are activated by collective archetypal dynamics. In fact, under normal conditions archetypal collective structures tend to oscillate dynamically in the middle between two extreme polarities, such as identity and difference. The phenomenon of polarisation, according to Papadopoulos, includes three dimensions.

Firstly, a cognitive dimension, which Papadopoulos defines as “epistemology” that refers to the “clusters of perceiving, knowing and believing” that characterise one group. If polarised, the group’s epistemology tends to develop a

rationalised logic that is distorted to interpret each external event according to its own categories and beliefs.

Secondly, there is a *narrative dimension*, or “positioning” (Sugiman, Gergen, Wagner, Yamada, 2010), strictly influenced by the cognitive epistemological dimension and related to the construction of discourses and narratives representing both groups. The third dimension refers to *behaviours* or “action” which derives from the orientation of positioning.

Papadopoulos extends Jung’s ideas about the bipolar nature of archetypes by referring to phenomena of overwhelming polarisation, to describe extreme events such as collectively organised violence in war and/or ethnic conflicts (1998a, 1998b, 2000, 2002c, 2005a, 2005b, 2006), and devastations due to natural disasters: “*in these states only one pole of the archetype reigns supreme on the other pole*” (Papadopoulos, 2009: 3). The polarisation creates the *unipolar archetype* for its particular nature, which tends to nullify differences and logical contrasts both at an interpersonal and at an intra-psychic level. This has been explained by Jung in relation to the fascination exercised by the *numinosity* of archetype and its spectrum (Jung, 1928). The consequence on the collective psyche of individuals is irreversible: individuals and groups remain gripped by the power of the unipolar pure archetypal image:

“The purity of a unipolar archetypal image, uncontaminated by any personal dimensions has irresistible powers” (Papadopoulos, 1997: 24)²¹.

²¹ In other works the phenomenon of polarization is described otherwise as “archetypal dazzle”, “archetypal radiation” and “archetypal whirlpool” (Papadopoulos, 1998a, 1998b, 2000, 2002c, 2005a, 2005b, 2006).

The polarisation affects deeply each dimension: *epistemology* loses its complexity and the capacity to discriminate and distinguish differences, becoming one-dimensional, so that the tendency for over-simplification spreads to most areas of disabling individuals to articulate causes, effects and scopes. In war and in ethnic conflicts the violent impact of opposite groups for ethnic, politic, and religious reasons create destruction and feelings of hatred and revenge. The path to re-establish a peaceful coexistence and cooperation between communities can be long and undermined by many obstacles. In particular, as Papadopoulos sustains, the process of depolarisation seems to be necessary to re-establish the capacity to understand and accept the differences and similarities between the groups. Individuality can re-emerge from the collective social construction and monolithic narratives by reintroducing complexity, reducing the polarisation between “the good” and “the bad” or “to be right” versus “to be wrong” in *positioning* and *action*, fostering the capacity to perceive diversity and the real object as good and bad or, to use Kleinian terms, moving from a schizo-paranoid to the depressive position (Papadopoulos, 1997: 24).

4.2.3. Towards an inclusive view of the archetype

This review started from reading Jung’s original writings to quickly looking at the main contemporary literature on Jung’s idea of the archetypes. I intended to outline the three main perspectives that have been developed in order to show their

complementarity and coexistence within an overarching theoretical framework based on the multifaceted notion of archetype.

The first viewpoint supports Jung's idea that archetypes are innate organising structures in the collecting human psyche, based on the assumption that the human psyche inherits a blueprint containing the potential for specific types of imagery, such as the archetypes of the collective unconscious. The current neuroscientific research accounts for the complexity and interdependence of biological and developmental processes, as for example, the discovery of the "mirror neurons" by Gallese. Moreover, Lakoff brings evidence to support the view that the human mind's understanding and use of concepts, symbols and metaphor derive from our experience of bodily action. As Knox observes (2010), they suggest that "the same circuitry that can move the body and structure perceptions, also structures abstract thought" (Gallese & Lakoff 2005: 17). The heart of their argument is that rational thought and imagination are simulated actions:

"Typical human cognitive activities such as visual and motor imagery, far from being of a disembodied, modality-free, and symbolic nature, make use of the activation of sensory-motor brain regions" (Gallese & Lakoff 2005: 10).

Drawing on the studies conducted within the mainstream of the Infant Research (Tronick, 1975; Beebe and Lachmann 2002), Schore (2003) focused on face-to-face transactions of affect synchrony between caregiver and infant to test how it directly influenced the circuit wiring of the orbitofrontal cortex. This field of investigation referring to the interaction between child and caregivers revealed that this is an

important area to understand the links between the body, emotional and mind processes (Damasio, 1999).

In the first perspective, focusing on the neurobiological and developmental level, the archetype is considered primarily a “pattern of behaviour and representations”. Knox (2003) makes explicit reference to the notion of internal working models and the creation of narratives related to attachment relationships (Bowlby, 1969; 1971; 1980). Moreover, she compares and attempts to integrate analytical models on relational trauma and defensive mechanisms (Kalshed, 1996) with the processes of interpersonal traumatisation and relational defence as outlined by John Bowlby in the attachment theory. She assumes that the emergence of the capacity to understand self-owned and others’ mental states or “reflective function” (Fonagy and Target, 1997, 1998, 2002) represents a quality of a full development of the archetype.

The second view of the archetype focuses on its “emergent qualities” of the archetype referred to as empathy, reflectiveness and symbolisation, narrative competence, and meaning-making. According to George Hogenson (2001), Cambray (2002) and Knox (2003) archetypes are emergent properties of the dynamic developmental system of brain, environment and narrative (Hogenson, 2010: 607). Although these authors share a similar theoretical position, later few authors applied radically the emergence theory to archetypes by deleting their biological and genetic dimension as they ‘*do not exist in the sense that there is no place that the archetypes can be said to be*’ (Hogenson 2001: 606).

This viewpoint is mainly based on the emergence theory, a development from complexity theory, which explores the ways in which order can emerge at the edge of chaos:

“The doctrine of emergence, in brief, is the claim that when basic physicochemical processes achieve a certain level of complexity of an appropriate kind, genuine novel characteristics, such as mentality, appear as 'emergent' qualities” (Kim 1990, quoted in Colman, 2015: 4).

Emergence theory explores the self-organising capacities of systems, in particular those systems where agents operating at a certain degree of sophistication start producing behaviour associated with systems with a higher degree of sophistication. Of note, this can also be applied to socio-political events, economic trends, the weather or any spontaneous self-organising system, which arises out of chaotic conditions. This view became even more radical as Colman (2015) applied emergence theory not only to archetypes but to the mind itself, arguing that the mind is a dynamic system, emergent from the cultural environment of symbolic meanings to which humans are evolutionarily adapted.

The third perspective relates to the archetypal phenomenology at collective level grasping communal, cultural and social realms. Although not shaped as a coherently articulated system of ideas, the whole Jungian opus intertwines individual and collective dimensions, starting with the theory of archetypes and the concept of collective unconscious, and considering the complex theory, the theory of psychological types, and ultimately the theory of the Self. Jung's understanding of the inner and outer experience of individuals includes the social, cultural and historical level of the life of the groups in which individuals are embedded. A few authors, such as those mentioned above, decided to expand this original relationship between the archetypes and the collective unconscious at a social and political level (Jung, 1936, 1945, 1946). However, their reflection more often corresponds to the growing interest

within analytical psychology to become more engaged in politics, social action as well as in humanitarian activities.

The main purpose of this thesis is to formulate an original conceptual framework related to the original idea of the archetype. I consider that these three views on the archetypes do not necessarily exclude or contrast each other. In fact, they seem to reflect and amplify different aspects of the original theory formulated by Jung in a dissimilar and heterogeneous way.

The idea of attachment represents a concept that matches with all the three viewpoints, as it is conceived firstly as a bio-behavioural, biological system that is coherent with the neurobiological and developmental view of the archetype. Secondly, the representational, narrative and reflective level of the attachment formulated in theory and well-studied in research on both normal and clinical populations, seems to meet the description of the radical authors considering the archetype as an emergent system. Thirdly, attachment relationships have been studied in depth in different relational, socio-economic and cultural contexts.

Namely, attachment has been explored with regards to couples and families (Grossmann, Grossman, Kindler and Zimmermann, 2008), in studies that revealed the differential impact of mothers' and fathers' caregiving on the affective and socio-cognitive development of children. Cross-cultural research (Van Ijzendoorn, Sagi-Schwartz, 2008) highlighted universal and specific traits of attachment relationships, for instance contributing to deconstruct myths on the uniqueness of the mother as the "only caregiver".

In the next chapter, a variety of theoretical models from the mainstream of Object Relations Theory, Relational Psychoanalysis, Infant Research and American Inter-subjective psychoanalysis will be presented that coherently complement in a

psychodynamic perspective the notion of attachment, as well as the idea of the archetype. In the end, the framework of the archetype of attachment will be outlined concerning the individual and personal sphere.

CHAPTER 5

THEORETICAL CONNECTIONS: PSYCHOANALYSIS, ATTACHMENT THEORY, AND ANALYTICAL PSYCHOLOGY

In this chapter, I intend to show that different models of the psyche can describe the development of affect regulation capacities of the infant as if they emerge from an inter-subjective matrix of relations including caregivers, family and their surrounding environment. These ideas will be integrated within the conceptual architecture that is constructed around the concept of the archetype and attachment. They encompass the neurobiological, intrapsychic, relational and family dimensions of the attachment motivational system. The archetype of attachment herein will refer to a continuous dimension that comprises two main poles: one positive pole where there is psychological security, agency, connectedness and self-reflection and a negative pole where there is dysregulation, emotional and behavioural disorganisation, helplessness and hostility.

Attachment theory and Infant Research have shown evidence of how the relationship between baby and its caregivers is crucial for a child's emotional growth and communicative and symbolical competence. Secure relations foster inner capacities of self-regulating, that is, abilities to connect empathetically with others, by representing intentions and subjective mental states. These aspects constitute the positive polarity of the archetype of attachment and can mediate and moderate the response of the individuals and families towards traumatic experiences related to organised violence and war. On the other hand, as supported by the Object Relation Theory, Relational Psychoanalysis and Attachment Theory, the attachment can

become disorganised and activate rigid defensive mechanisms if overwhelmed by experiences of abuse, maltreatment or loss meaning and increased vulnerability for the individual. The negative polarity of the archetype of attachment reflects precisely the chronic and/or transitional disorganisation, disruption of affect regulation and reflective capacities that can be triggered by war-related experiences and exacerbate their impact.

5.1 Object Relations theory and relational psychoanalysis

5.1.1. Melanie Klein

The first sketch of the mother-infant dyad as an active system which strongly connects internal and external realms was outlined by Melanie Klein. She noted that "*gratification is as much related to the object which gives the food as to the food itself*" (1946: 239). She believed that the infant has an inborn striving for the breast, as the first object encountered in the external reality: "*the new-born infant unconsciously feels that an object of unique goodness exists, from which a maximal gratification could be obtained and that this object is the mother's breast*" (1946: 265). In later writing she considered that the object exists:

“a priori as well as the knowledge and images of objects to whole objects [...] the infant has an innate unconscious awareness of the existence of the mother...this instinctual knowledge is the basis for the infant’s primal relation to his mother” (1957: 248).

In her early papers (Klein, 1932; 1935), she had described complex phantasies in young children concerning their mothers' insides. Klein suggested that the child experiences these phantasies of internal presences starting from the first months of life. In fact, Klein rejected the notion of "primary narcissism" and conceived the drives as more tightly bound to objects, both internal and external. According to Klein, the earliest object relations of the child are relations with images of body parts, which operate, Klein suggests, as "*universal mechanisms*" (1932: 195) without the child necessarily having experienced the actual organs in reality. It is later that the child's images of objects take on aspects of the real objects they represent in the world. It is towards these a priori images that the child's drives are directed, both lovingly and hatefully. Klein argues, following Freud's theory, that immediately after birth the infant is threatened by destruction from within or by a death instinct.

Freud had suggested that Eros, or the life instinct, moderate death by either turning destructiveness outwards into aggression towards others, or inwards by converting aggression into primary erotogenic masochism. Melanie Klein suggests a third mechanisms aiming to avoid the painful experience of a world inhabited merely by bad objects. In her view, a portion of the life instincts and love is projected into the outer reality, creating a good object:

"By projection, by turning around libido and aggression and imbuing these objects with them, the infant's object relations come about. This is the process which underlies the cathexis of objects" (1952: 58).

In "*Notes on Some Schizoid Mechanisms*" (1946), the cognitive-emotional process of creating of this bipolar state of mind, so called schizo-paranoid position, is illustrated by Klein by introducing the term '*projective identification*'. Klein

imagined this function as a defence, which contributes to the normal development of the infant, including the ego structure and the development of object relations²².

The normal development of the psyche in Klein's theory (1946) foresees the gradual change of the relationships between the Ego and its internal and external object through the reorganisation of its structural organisations and defensive mechanisms. During the paranoid-schizoid phase, which is characterised by part-object relationships, the child experiences persecutory anxieties as at this developmental stage, experiences can only be perceived as all good or all bad in function of the defensive mechanisms of splitting, projection, introjection, and omnipotence, which includes idealization and denial (Klein, 1946).

Klein notes that in splitting the object, the Ego is also split and the child experiences fear of the ego's annihilation. During the second quarter of the first year, the infant starts to develop the capacity to perceive that the other who frustrates is also the one who gratifies, and tolerates simultaneously the bad and the good in the same person. Following from this, the capacity for remorse and reparation can emerge because the infant now realises the capacity to harm or drive away a person who one ambivalently loves, in fact or in phantasies. In one's depressive position, schizoid defences are still in evidence along more predominant manic defences, such as repression and reparation, and feelings of guilt, grief and the desire for reparation which gain dominance in the developing mind.

As the depressive position brings about an increasing integration of the Ego, earlier defences change in character, becoming less intense and allow for an

²² "[Projection] helps the ego to overcome anxiety by ridding it of danger and badness. Introjection of the good object is also used by the ego as a defence against anxiety. The processes of splitting off parts of the self and projecting them into objects are thus of vital importance for normal development as well as for abnormal object-relation ... I suggest for these processes the term 'projective identification'" (Klein, Notes on some schizoid mechanism, 1946).

increasing awareness of psychic reality, Moreover, symbolic thoughts may arise, because the mother's temporary absences allow for continuous restoration of her "*as an image of representation*" in the infant's mind. In fact, with the awareness of the primal split, a space is created in which the symbol, the symbolised, and the experiencing subject coexist so that the sense of history, subjectivity, interiority, and empathy become possible.

5.1.2 The independent British group

Generated as one of the three branches of the British Psychoanalytical Society, the Independent or Middle Group of British analysts offered an original perspective as an alternative to Melanie Klein's and Anna Freud's theoretical models. They argued that the child is driven by the need of seeking out an object rather than the gratification of the principle of pleasure. This conceptual move represented a fundamental leap from a mono-personal psychology to a bi-personal psychoanalytic understanding. Among the most prominent members were Donald W. Winnicott, Michael Balint, Ronald Fairbairn, John Bowlby and others²³. Extending and progressively detaching from the original work of Melanie Klein, these authors shifted the focus of theory from the pivotal role of sexual libido attributed by Freud to the psychic life by conceiving the development of the Self as a process wholly rooted in a matrix of relationships with real and internal 'objects'.

Michael and Alice Balint also held that a primitive object relationship is present from the beginning of the infant's life and they rejected Freud's idea of primary narcissism. Michael Balint (1949) introduced rich and clinically useful object-relation concepts, such as the "*primary love*" and the "*basic fault*". His theoretical insights, partially drawn from Ferenczi's concepts (1933), were mainly derived from his attempt to account for transference/countertransference impasses of the analytical process with certain kinds of difficult patients. Balint's theory (1968) describes the developing process of the child's psyche as emerging from a matrix of

²³ Among other authors known as "Independents" there are Ella Freeman Sharpe, Nina Coltart, Paula Heimann, Sylvia Payne, Michael Foulked, and lately Christopher Bollas, Marion Miller and Charles Rycroft.

relationships with the parents. This means from two-person relationships, where the dyad is composed of the mother and child and it is closely connected in a “harmonious interpenetrating mix-up” (1959), to a three-person relationship where the father can be recognised as a third by the child. The two-person relationship is described as a pre-genital relationship and it is pre-verbal. As cognitive and emotional development continues, objects become more precisely outlined and perceived as a whole, and the child has to negotiate the mother’s love. The entrance of the father in their relationship activates an Oedipal conflict dominated by the dynamics of power.

According to Balint, if the child experiences positive and gratifying primary love relationships and copes with Oedipal conflicts successfully he can develop the capacity of adult love, as well as a sense of autonomy and the ability to explore reality freely which constitutes a third area of the mind, the area of creativity. In this area, the subject is all alone and can access art, theories and insights as creations of the mind. On the contrary, if the relationships with the primary love objects have been negative, the subject won’t be able to enter the area of creativity and will struggle with conflicts related either to the pre-genital area of basic fault or to conflicts generated within the area of Oedipal three-person relationships.

Winnicott (1948, 1953, 1960) was not explicit about the origins of the infant-mother tie, but placed the real mother at the core of his theory, distancing himself from the Freudian drive theory. More specifically, he described the quality of mothering with the term “*good enough mother*”. He grounded his ideas on the pivotal role of the mother as a primary caregiver and “an ordinary mother who is fond of her baby” (Winnicott, 1952) in relation to his empirical observations as a paediatrician. Moreover, the concept of the “*good enough mother*” refers to psychobiological processes starting in the pregnancy period when a mother develops “*a state of*

heightened sensitivity” which continues to be maintained for some weeks after the baby’s birth. When this heightened state passes, the mother has what Winnicott calls a “*flight into sanity*” and she begins to be aware of the world, which exists outside of her state of “*primary maternal preoccupation*” with her infant (Winnicott, 1975). Nevertheless, the good enough mother continues to provide an environment, which facilitates healthy the maturational processes in her baby. She achieves this by being the person who wards off the unpredictable and who actively provides care in the physical holding, handling and object-presenting (1965) supporting the child’s sense of omnipotence. This will be mitigated later on during the transitional phase towards independence.

Of note, according to Winnicott a “*good enough mother*” has the ability to protect her baby against the murderous part of her, activated by the screams, yells and continuous cries of her baby. It is the containment of the mother’s hateful feelings and her ability to use them to intuit the baby’s terror and hate, that support the baby to express his feelings of omnipotence. If a mother can adapt to the baby’s needs until a time where he can gradually begin to feel safe enough to relinquish these feelings, the process of integration can start and the baby begins to develop a sense of “*me*” and “*not me*” (Winnicott, 1975).

Good mothering experiences rooted in early infancy can provide the basis for the development of an authentic sense of being alive defined as True Self, where the child can experience a sense of reality spontaneously. It constitutes the basis for a lasting development of the True Self. The mother facilitates the progressive move from the baby’s total dependence to relative dependence by gradually failing to adapt

to her baby's needs. Thus the baby begins to learn how to tolerate the frustrations of the world outside of himself and his mother (Winnicott, 1965).

On the other hand, Winnicott describes the outcome of infant's experiences related to the failure of good enough parenting. In this case, he illustrates the case when the parents' wishes and expectations interfere with their capacity to mirror an infant's spontaneous instinctual expressions, in particular with aggressive manifestations. The child creates a False Self where, "*other people's expectations can become of overriding importance, overlaying or contradicting the original sense of self, the one connected to the very roots of one's being*" (1965: 145). The False Self represents a defensive organisation formed as a result of what Winnicott defines as maternal "*impingement*". This indicates inadequate mothering or failures in empathy. As a consequence, the infant has to deny his own needs to accommodate the conscious and unconscious needs of the caregivers upon whom he is dependent. Winnicott (1960) states that the infant's compliance "*is the earliest stage of the False Self and belongs to the mother's inability to sense her infant's needs*" (1960: 145). Thus, the False Self develops as the infant is repeatedly subjected to maternal care that intrudes upon, rejects, or abandons his experience. As a result, the growing child increasingly loses his sense of initiative and spontaneity.

Ronald Fairbairn represents one of the most significant theorists of the Object Relation Theory, who further remarked the relevance of real persons for the healthy psychological development. Fairbairn argued, in contrast with the drive theory, that the libido is not aimed at pleasure-seeking but at object-seeking. Retaining the concept of object and internal object from Klein's theory, according to Fairbairn (1941; 1943; 1944) the idea of the psychological object corresponds mainly to other significant

individuals. In agreement with the interpersonal theory of Sullivan (1947), he insisted that there is a natural need of relatedness towards others which naturally unfolds through different stages from infant dependence to adult mature intimacy and love. In fact, in later works (1956) Fairbairn protested against the "*assumption that man is not by nature a social animal*" and explicitly pointed to ethology as demonstrating that even the newborn manifests object-seeking behaviour. In Fairbairn's view, internal objects are not primary but are compensatory substitutes for unsatisfactory and frustrating relations with real, external objects and the "natural" primary objects of the libido.

Consequently, the relations with these internal objects are inherently masochistic (1946) since they are:

"bad internal objects are persistent tempters and persecutors, while good internal objects do not offer real gratification, but merely a refuge from relations with bad objects" (quoting Mitchell, 1981: 395).

In particular, he elaborates on the Kleinian idea of schizo-paranoid position by describing the process of internalisation of the object based on the necessity for preserving the illusion of the goodness of the parents as real figures in the outside world. He stresses the painful dilemma of the child, who depends on the parents as primary constituents of his interpersonal world and being exposed to the parents' emotional absence, intrusive or chaotic and inconsistent behaviours. The child separates and internalises the bad aspects of the parents, and through this internalisation, he becomes bad since the Ego identifies with the undesirable qualities of the parents through primary identification.

The child thinks that if he was good the parents' love would be forthcoming. He takes upon himself the "*burden of the badness*" (1943: 65) because he needs to feel that his parents are fair and reliable. Through the process of internalisation of the object, according to Fairbairn (1952), the child hopes to maintain omnipotent control over real negative experiences with parents that otherwise would be unbearably painful. But doing so the child sacrifices his psychological security and establishes the basis of emotional and personality disorders.

Bowlby (1958, 1969), a psychoanalyst in the tradition of object relations theory, not only opposed the view of interpersonal ties as secondary acquisitions, which have developed on the basis of gratification of primary drives, but urged an updating of the psychoanalytic instinct theory to a view congruent with the present-day biology. His theoretical formulation, however, will be considered in another section of this chapter (5.2.1).

5.1.3 Infant Research

The Infant Research represents an important expansion of the psychoanalytical relational theories by introducing the "dyadic systems view" that offers an original model of interaction to observe and explain the processes of interactive regulation between the mother/caregiver and the child. Moreover, dyadic systems can effectively explore the process of relational co-construction and the clinical and therapeutic mechanisms of regulation of the therapist-patient dyad (Beebe and Lachmann, 1998, 2002, 2003).

The empirical findings and the systematic work of the researchers dedicated to the Infant Observation (for instance, Jaffe, Beebe, Feldstein, Crown, & Jasnow, 2001; Emde & Spicer, 2000; Gergely, 2000; Tyson & Tyson, 1990) have offered a more accurate portrait of the emotional interaction and behaviours of the infant-caretaker. Moreover, the long-lasting dispute on the hypothetical “psychoanalytic infant” and the speculations on the child’s development are overcome by drawing on adult narratives. Infant Research not only provides proof for the thesis formulated by the attachment theory, but it also permits a reconciliation of the British Object Relations theory and Jungian analysis. This is achieved by providing common ground for the role of the unconscious phantasy, inner world and real mother and infant, and by offering a common notion of a relational Self with agency capacity which can be observed as affect regulation, sensitivity, and bonding.

According to the Relational theory, the infant is innately oriented towards the external world, while the baby’s mind is pre-programmed to grow and become increasingly complex and integrated as it encounters a fully sympathetic caregiving environment and interacts in supportive dyadic structures, such as the infant–parent relationship. More importantly, attachment theory describes alternative forms of adaptation that develop in the context of non-ideal relational processes. When a caregiver uses defensive processes, he/she has a reduced sensitivity while interacting with the infant’s distress (Lyons-Ruth, 1999; 2003). Infant researchers such as Emde and Trevarthen (Emde, Kubicek, & Oppenheim, 1997; Trevarthen & Aitken, 2001) have been deeply influenced by Bowlby’s work in the 1980s as well as by the intersubjectivist philosophy embraced by psychoanalysis (Stolorow, 1997).

They argued that infants are innately predisposed to social relationships and that primary inter-subjectivity characterises the mental experience of infants during

infant–caregiver interactions (Trevarthen, 1993; Trevarthen, Aitken, Vandekerckhove, Delafield-Butt, & Nagy, 2006).

Intersubjective interactions present a tri-dimensional structure, which is internal or intrapsychic, external or interpersonal or there is a third space “in between” the two subjects. Tronick (1989, 2007) proposes the mutual regulation model of infant–adult interaction, and Beebe’s (Beebe, Lachmann, & Jaffe, 1997) interactive regulation model, focuses on the subtle, nonverbal, micro-regulatory, and socio-emotional processes that unfold in mother-infant interactions. The work of these studies enables psychoanalysts to put into operation concepts such as the “holding environment” (Winnicott, 1965) and facilitates the development of a relational model of change in psychoanalytic treatment. At the same time, it provides observations that gives account of the development of psychopathological structures such as the “schizo-paranoid position” (Klein, 1946).

For example, the work conducted in 1975 by Edward Tronick and his colleagues developed the “*still face experiment*”, one of the most tested and replicated findings in developmental psychology. He described a phenomenon in which an infant, after three minutes of “interaction” with a non-responsive expressionless mother:

“rapidly sobers and grows wary. He makes repeated attempts to get the interaction into its usual reciprocal pattern. When these attempts fail, the infant withdraws [and] orients his face and body away from his mother with a withdrawn, hopeless facial expression” (1975).

According to the “still face” paradigm, the still-faced mother, by violating the

infant's expectation for a normal interaction (Tronick et al., 1978), withdraws from all forms of interaction with the infant and no longer provides the infant with the regulatory scaffolding often needed for the infant to maintain an organised social and affective state (Beeghly & Tronick, 1994; Weinberg & Tronick, 1996). Furthermore, the mother stops being responsive and disrupts the infant's goal for social engagement and connectedness with her (Tronick et al., 1978).

Tronick (2004; 2007) has developed further his theory by integrating Bruner's psychological model (Bruner, 1990) on meaning-making. He argued that humans make meaning to gain a sense of the self in relation to itself and to the world of things and other people, and to develop the meaning-making capacities they need in order to experience the "dyadic expansion of psychobiological states of consciousness". Considering meanings and meaning-making systems as polymorphic and including physiologic, behavioural, emotional, verbal, representational, and cognitive components, Tronick (2007) speculates that meanings are both self-organised (regulated internally and privately) as well as dyadically organised (regulated with others and shared). In particular, when meanings are co-created with others, a dyadic state of consciousness emerges between the individuals, something akin to Vygotsky's zone of proximal development (Vygotsky, 1967), which contains new co-created meanings that can be appropriated by each individual into his own inner state of consciousness. In successful dyadic interactions, new co-created meanings can support the expansion of the complexity and coherence of the individual's state of consciousness.

However, in the "still face" situation, the meaning-making capacities, as well as expectations and implicit knowing of the child are challenged. However, one of the main limitations of the "still-face" paradigm is the lack of speech of the children

observed, so that their intentionality has to be inferred by their gestures, facial expressions, vocalisations, and posture (Fogel, Nelson-Goens, Hsu, & Shapiro, 2000; Hsu & Fogel, 2003; Meltzoff & Gopnik, 1993). Although authors such as Spitz (1965) and Bruner (1990) have argued about actions, such as reaching for an object, or changing their actions when they succeed in fulfilling their intentions, inferences of intentionality and meaning-making must be cautiously asserted, given their lack of verbal expression.

In general, Infant Research studies highlight factors predictive of secure attachment relationships (Jaffe et al., 2001), such as the contingency between the mother's and infant's vocalisations. These studies help to explain how infant development is moulded by its dependence on the caregiver and by the latter's special sensitivity, and how self-with-other schemas represent organising structures of the mental world. Similarly, the therapeutic process is thought to be shaped by the therapist's sensitivity in a clinical context. An individual can develop a self-awareness and self-understanding only if he or she has been reflected and understood by another mind (Stern et al., 1998)²⁴.

5.1.4 Relational and intersubjective psychoanalysis

The model of mind underlying the Object Relations theory is relevant to the creation of the theoretical framework of the 'archetype of attachment' because it describes the process of psychic development as fundamentally relational to the

²⁴ Relational analysts have adapted infant research to apply the principle of on-going dyadic regulation to the therapeutic situation where the therapist and the patient supposedly create a dyadic state of consciousness through mutual affect regulation. Therapy happens when existing states of consciousness are reintegrated and reconfigured for the patient through moments of "meeting" (Stern, 2006).

family in which a child grows up as well as to a wider psychosocial environment. Stephen Mitchell (1984) re-elaborated this theory, by revising a wide range of very different kind of ideas. Relational psychoanalysis represents an original formulation parallel with the turn of psychoanalysis towards the developmental framework established within the attachment theory, Infant Research and other dynamic psychological approaches rooted in early development observation. Importantly, the relational approach argued *against* the “developmental tilt” of psychoanalytic writings, criticising the tendency of many psychoanalysts to exclude the participation of the real adults in the therapeutic relationship and giving priority to early development and other traditional concerns regarding drive-related and Oedipal issues.

Mitchell (1984) openly disagreed with the main concept of the child’s mind as being organised by endogenous infantile givens that are preserved directly into adulthood. The developmental approach to the relational theory draws on the “transactional systems perspective” (Sameroff & Chandler, 1975) that is based on the assumption that subjectivity is interpersonal and that the intersubjective replaces the intrapsychic (Mitchell, 1988). Mitchell (2000) maintains that the human mind is fraught with potential tensions and contradictions as subjectivity is invariably rooted in an intersubjective matrix of relational bonds within which personal meanings are embedded, rather than in biological drives.

Unlike most other psychoanalytic theories, the relational model can be helpful in better understanding maternal behaviour and the subjective experiences of mothering placed by attachment theory at centre stage (George & Solomon, 1999; 2008). In addition to some theorists analysing the impact of the mother’s conscious

and unconscious beliefs and fantasies on parenting (Lieberman, 1999), and Main's work on the Adult Attachment Interview (AAI) (Hesse & Main, 2006; Main, 2000), together with Slade's (2005) mapping of the parent's conception of the child's mind with the Parent Development Interview (PDI), a new ground was opened up by feminist influence within relational theory. It focused on maternal experience and subjectivity and gave considerable interest in the intergenerational transmission of the mothering role (Chodorow, 1994). The developmental process underpinning this role and the fundamental dynamics of submission and dominance entails how mothers help their babies to establish their subjectivity (Benjamin, 1998).

Starting with her groundbreaking essay "*Objects of Love*", the work of Jessica Benjamin is particularly important for the purpose of this study as it takes into account the dynamics of power between different genders in a specific cultural context. She conceived her thesis on the recognition of subjectivity, rather than considering the Other as an object of one's mind, and as a process of tolerating differences and similarities of the Other in terms of value and rights. In her later writings, Benjamin (2009) introduced a new perspective on ruptures that amplifies her original articulation of the process of mutual recognition as one of breakdown and restoration of intersubjective space (Benjamin, 1988). In this expanded relational perspective, intersubjectivity emphasised the consciousness of not only mutual influence but also of

"a bi-directional dance between patient and analyst that each person registers differently – a co-created dance governed by what we call the third" (Benjamin, 2009: 441 quoting Ogden, 1994).

She put forward a new definition, the intersubjective third and at times, this was described in earlier essays (2004) as an ‘a primordial third’ by referring to the rhythmic exchange of gestures between caretaker and child, as well as the procedural principles of “lawful relating that underlie it”. In other cases, it was described as a “symbolic third”, which made use of more developed narrative elements and involved procedural rules based on consensus, negotiation and recognition, especially recognition of the other’s separate subjectivity. The “moral third” designates the essential component principles of the lawfulness involved in reparation. Where lawfulness begins “primordially” with the sense that the world offers recognition, accommodation and predictable expectations, and develops into truthfulness, respect for the other, and faith in the process of recognition (Benjamin, 2004; 2006). Stephen Frosh (2011) considers that the *moral third* “refers to those values, rules, and principles of interaction that we rely upon in our efforts to create and restore the space for each partner in the dyad to engage in thinking, feeling, acting or responding rather than merely reacting” . This definition represents a crucial feature of the archetypal states of attachment at family, community and societal level.

5.1.5 Peter Fonagy

A very important contribution to understanding the crucial role of secure attachment on the emotional and psychic development of the infant is offered by the work of Peter Fonagy and his research team. Psychoanalyst, Fonagy oriented his studies to attachment theory and child development and coined a concept of *mentalization* or *reflective function* (Fonagy, 1999, 2001; Fonagy & Target, 1996a;

1996b; 1997; 1998; 1999; 2002, Fonagy et al., 1998). In his view (1999), *mentalization* is:

"the capacity to understand and interpret human behaviour in terms of the putative mental states underpinning it as it arises through the experiences of having been so understood in the context of an attachment relationship" (1999: 13).

He describes the "reflective function" as the capacity to reflect on the content of one's own mind as well as on the minds of others. It is also the ability:

"to conceive of others' beliefs, feelings, attitudes, desires, hopes, knowledge, imagination, pretense, plans, and so on" (Fonagy, 2001: 165).

The development of an integrated and whole sense of Self and psychological agency is the final result of regular interactions between a child's mind and its caregivers who are able to reflect accurately on the links between fantasy and reality. This facilitates the development of the cognitive and affective capacities to create representations of different states of mind and it involves both a self-reflective and an interpersonal component which is related to the development of both the agentive and the representational aspect of the self (Fonagy et al., 2002).

In continuity with the thinking of M. Klein and Winnicott, Fonagy assumes that the psychological self develops through the experience of containment involving the presence of another human being, reflecting the infant's mental states and representing them in a bearable form. In line with Winnicott's idea of maternal holding, Fonagy further specifies that the quality of mirroring by the caregiver constitutes the key factor in promoting a baby's mental functioning and the capacity

of the symbolisation of internal states. One example is given by a mother who, in order to contain the infant's distress, mirrors his anxiety by communicating a combination of affects, a mix of anxiety and irony. In this way, she can communicate that there is no danger to be afraid of and introduces a second-order representation of distress in virtue of the paradox of two unfitting affects. Interestingly, Fonagy defines this specific type of relational communication as the capacity to "play with reality" (Fonagy, 2001) underpinning the capacity to use symbols. Through this way, the child is able to clearly distinguish between inner and outer reality, to manipulate mental representations, to understand the meaning in others' actions and to establish a good level of intersubjective contact with people. The latter is because mentalization allows the child to be in touch with both his own and others' feelings, beliefs and desires (Target & Fonagy, 1996).

Target and Fonagy (1995; 1997; 1998) also describe the case of a caregiver who is incapable of mirroring the baby's distress or is even being abusive and maltreating. If the child cannot receive adequate holding and containment, he or she will tend to interiorise the defensive mechanisms of the caregiver, by generating painful breaches in the experience of self. As a consequence, the capacity of symbolisation will fail as the baby's internal experiences will be poorly represented and unbearable affects will be avoided.

When a mistreating caregiver cannot respond with sensitive mirroring, the child, in order to discharge the negative feelings and thoughts of the parents' influence, will abort his mentalization capacity and more likely it will try to contain this distressful internal experience. The child will not be capable of attributing meaning to its own and others' actions and intentions, and alternative channels of containment will be needed which could increase the anxiety of separation,

dependence, as well as the use of violence and impulsiveness. Individual states of disintegration are well documented in Fonagy's works on borderline personality and trauma (Fonagy, et al., 2003; Bateman & Fonagy, 2004).

5.2 Attachment theory

5.2.1 John Bowlby

The contribution of the attachment theory is crucial to define the framework of the archetype of attachment because it provides a comprehensive framework to include and integrate the main ideas of the Object Relation Theories and of the relational and intersubjective psychoanalysis in the direction of the observation of systems. These consist not only of dyads but of triangular systems (child and primary caregivers, most likely mother and father)²⁵ and families.

John Bowlby's work on attachment theory can be viewed firstly with the observations he made when he worked in a home for maladjusted boys. A more systematic retrospective examination was published over a decade later as "*Forty-Four Juvenile Thieves: Their Characters and Home Life*" (Bowlby, 1944). He was convinced that major disruptions in the mother–child relationship are precursors of later psychopathology and that the child's relationship with the mother is important, not only in the immediate need but for later functioning. When Bowlby first developed the attachment theory, he became aware of evidence from animal studies that seriously called this perspective into question. Lorenz (1935) noted that infant geese became attached to parents, even to objects that did not feed them. Harlow

²⁵ As Bretherton and Munholland observed (2008), being a member of the British Psycho- Analytic Society Bowlby was familiar with Freud's (1963) definition of the inner world, and emphasized the function of representation in the conduct of interpersonal relationships. In 'An Outline of Psychoanalysis', which uncannily prefigured his own notion about the simulation and guidance function of "internal working models" Bowlby wrote: *The yield brought to light by scientific work from our primary sense perceptions will consist of an insight into connections and dependent relations which are present in the external world, which can somehow be reliably reproduced or reflected in the internal world of our thought and a knowledge of which enables us to 'understand' something in the external world, to foresee it and possibly to alter it.* (2008: 85).

(1958) observed that infant rhesus monkeys, in times of stress, preferred not the wire mesh the “mother” that provided food, but the cloth which covered the “mother” and that afforded contact comfort.

Soon systematic observations of human infants were made, and it became evident that babies too became attached to people who did not feed them (Ainsworth, 1967). Bowlby sought a new explanation to the secondary drive theory through discussion with colleagues from such fields as evolutionary biology, ethology, developmental psychology, cognitive science, and control systems theory (Bowlby, 1969/1982). He drew upon all of these fields to formulate the innovative proposition that the mechanisms underlying the infant’s tie to the mother originally emerged as a result of evolutionary pressures. For Bowlby, this strikingly strong tie, evident particularly when disrupted, results not from an associational learning process (a secondary drive), but rather from a biologically based desire for proximity that arose through the process of natural selection. Bowlby (1958; 1960a; 1960b) introduced his attachment theory in a series of papers, the first of which was “The Nature of the Child’s Tie to His Mother.” These ideas were later elaborated in Bowlby’s trilogy, “Attachment and Loss” (1969/1982, 1973, 1980a).

In particular, in the volume titled “Separation: Anxiety and Anger” Bowlby (1973) faced the challenge of demonstrating the continuing importance of attachment bonds “*from the cradle to the grave*”, and introduced two theoretical ideas that laid the foundation for understanding attachment relationships across the lifespan. First, he emphasises that humans’ capacity to forecast the future makes their expectations of caregiver availability, or “working models,” increasingly important in understanding individual differences in security and anxiety.

Bowlby's second important notion states that an individual's sense of safety and security is derived from maintaining a bond with an accessible and responsive caregiver. Bowlby's notions about internal working models represent a very important part of his original theory, but has caused misunderstandings in the literature which might be seen as fanciful to researchers as being "steeped in extreme behaviourism". Bowlby (1969/1982) contended:

"The notion that brains do in fact provide more or less elaborate models that 'can be made to conduct, as it were, small scale experiments in the head,' is one that appeals to anyone concerned to understand the complexity of behaviour, and especially human behaviour" (1969/1982: 80–81).

Bowlby rejected related terms such as "cognitive map," because "the word conjures up merely a static representation of topography" (1969/1982: 80). The term "internal working model," according to Bowlby²⁶, implies a representational system that allows us, for example, to imagine interactions and conversations with others, based on our previous experiences with them:

"Every situation we meet with in life is construed in terms of the representational models we have of the world about us and of ourselves. Information reaching us through our sense organs is selected and interpreted in terms of those models; its significance for us and those we care for is evaluated in terms of them, and plans of action executed with

²⁶ Bowlby's (1969/1982) conception of representation as a mental model building was inspired by the writings of an eminent biologist (Young, 1964) who had borrowed the idea from a slim volume on *The Nature of Understanding* written by Kenneth Craik (1943).

those models in mind. On how we interpret and evaluate each situation, moreover, turns also how we feel." (Bowlby, 1980: 229).

This quotation shows that Bowlby regarded internal working model as a general construct, and not one limited to attachment. However, it was with respect to relationship representations (of self and other in attachment relationships), that he most extensively discussed mental model building, model use, and model revision. Starting towards the end of his first year, and probably especially actively during his second and third, the child acquires the powerful and extraordinary gift of language, and is busy constructing working models of how the physical world may be expected to behave, how his mother and other significant persons may be expected to behave, how he himself may be expected to behave, and how each interacts with the other. Within the framework of these working models, the child evaluates his situation and makes his plans.

Moreover, within the framework of the working models of his mother and himself he evaluates special aspects of his situation and makes his attachment plans (1969/1982: 354). In the volume "*Loss: Sadness and Depression*" (1980) Bowlby presents his ideas about grief. Although his view of mourning and grief changed over the course of his career, he continued to view the loss of an attachment figure as an important influence on personality development. He considered suppressed and unresolved grief to be pathogenic forces, and portrayed grief itself as a natural feature of what he called the "attachment behavioural system".

In addition to offering an explanation of normative reactions to the loss of an attachment figure, Bowlby proposed a framework for conceptualising atypical forms of mourning. His analysis of these disordered forms suggested that they can be

arrayed along a single conceptual dimension running from “chronic mourning” to “prolonged absence of conscious grieving” (Bowlby, 1980: 138). Chronic mourning is characterised by protracted grief and prolonged difficulty in normal functioning. Individuals who suffer from chronic mourning may find themselves overly preoccupied with thoughts of their missing partners and unable to return to normal functioning for months or even years after the loss.

In contrast, an absence of grief is characterised by a conspicuous lack of conscious sorrow, anger, or distress. According to Bowlby (1980), individuals exhibiting an absence of grief may express relatively little distress following the loss, continue in their jobs or activities without any noticeable disruption, and seek little support or solace from friends and family. It was Bowlby’s belief that this manner of reacting to loss can lead to difficulties in long-term adjustment if a person has lost someone to whom he or she is deeply attached.

The study of attachment theory occurred after Bowlby focused on three main areas. At first, he focused on the neurobiological basis of the attachment motivational system, secondly on the behavioural and relational component, and third on the internal working models, relationship- specific representations. The latter included the stability and change of working models as well as other processes in the intergenerational transmission of attachment working models through communication and narratives.

5.2.2 Attachment as a bio-behavioural motivational system

In principle, attachment has been considered by Bowlby, (1969/1982, 1973) as a biological system activated as a primary response to fear, in particular to the loss of the attachment figure. It is perhaps worth noting that a relationship with an unpredictable and insecure caregiver is likely to elicit separation anxiety and result in more frequent activation of the attachment system, accompanied therefore by diminished functioning of neural structures underpinning aspects of social cognition and of brain regions normally used to down-regulate negative emotions. These hypotheses are supported by empirical evidence (Gillath, Bunge, Shaver, Wendelken, & Mikulincer, 2005) showing that the level of attachment anxiety is positively correlated with activation in emotion-related areas of the brain (e.g., the anterior temporal pole, which is activated when an individual is sad) and inversely correlated with activation in a region associated with emotion regulation (orbitofrontal cortex).

On the other hand, a stable relationship with a secure and responsive parent should facilitate the development of understanding the states of mind, since it is likely to be associated with limited inhibitory interference with the brain mechanisms which are subservient to mentalization. The neuroimaging research shows that the vasopressin and oxytocin systems play a crucial role in regulating emotional behaviour and establishing social bonds (Fries, Ziegler, Kurian, Jacoris, & Pollak, 2005).

In brief summary of the main findings, studies seem to indicate three major types of associations between aspects of social cognition and attachment. The first type is represented by attachment relationships based on intense romantic and

maternal love, which activated the dopaminergic structures of the reward system in the presence of oxytocin and vasopressin.

This effect can inhibit the neural systems that underpin the creation of negative affect. A second type refers to the attachment relationships based on threat/fear that evokes intense arousal, overwhelming negative affect, and active posterior cortical and subcortical areas by switching off the frontal cortical activity that is underpinning mentalization (Mayes, 2000). The third type is represented by a secure and predictable attachment relationship that reduces the need for frequent activation of the attachment system, thus enhancing mentalization (Coan, Schaefer, & Davidson, 2006).

Many studies support the idea that secure children display a better capacity of understanding mental states than insecure children, as measured by the Test of Mentalization (de Rosnay & Harris, 2002; Meins et al., 2002), and the Separation Anxiety Test (Fonagy, Redfern, & Charman, 1997). For instance, one of the findings in this direction was reported from the London Parent–Child Project (Fonagy, Steele, Steele, & Holder, 1997), where the researchers found that 82% of the children who were secure with their mothers in the “Strange Situation” passed Harris’s Belief–Desire–Reasoning Task at 5 1/2 years, compared to 50% of those who were avoidant and 33% of the small number who were ambivalent/ resistant.

It is very important to stress that contemporary academics as well as developmental psychopathologists (Belsky, 2005) adopted a transactional perspective to ecological systems theory (Bronfenbrenner, 1978). This was in order to study the attachment as a biological motivational system emerging in a specific affective and,

in a social and cultural environment. For the purpose of this thesis, constructing an ad hoc theoretical framework inspired by the original concept of the archetype, a systemic approach is essential to allow the extension of the model to the family level and indirectly to the community and society level. Interestingly, researchers focused on the link between temperament and attachment in primates (Suomi, 2000, 2008; Vaughn, Bost, & van IJzendoorn, 2008) by aiming their exploration of the transactional interaction between genetics and environment. In fact, from the transactional systems perspective, factors such as temperament transform the impact of other factors, such as parental sensitivity. Moreover, these factors interact over time, creating new patterns. In this regard, development involves factors whose effects are measured only through their interaction with other factors, which is exactly the kind of interpersonal dynamic that relational psychoanalytic theorists wanted to capture in their writings.

An important study conducted by Hughes and colleagues (2005) in a longitudinal sample of 1,116 twin pairs (aged 60 months), showed that mentalization is not predominantly genetically determined and the factors influencing it are instead largely environmentally determined. Attachment appeared to be associated with the quality of the infant–caregiver relationship, which is consistent with an environmental focus.

Besides its biological basis, when Bowlby formulated the attachment theory he defined a number of behavioural systems that are species-universal. Each behavioural system consists of a set of interchangeable, functionally equivalent behaviours that have the same predictable effect or outcome (Bowlby, 1969/1982). At the same time, any behaviour serves for more than one behavioural system: for

example, locomotion serves, among others, the attachment, exploration, and wariness behavioural systems. Attachment theory proposes that in normal development, four behavioural systems (attachment, caring, fear/wariness, and exploration) interact with specific environmental and organismic events. They exhibit a complex dynamic balance among themselves (Ainsworth, 1967), which has the predictable outcome of ensuring that the youngster develops more articulated coping skills, but does so within the protective bond to the attachment figure(s). Sroufe and Waters (1977) consider that the infant's attachment behaviour can be fully understood only from an organisational perspective.

For instance, when a child's attachment and/or wariness behaviour systems are minimally activated, its exploration and/or sociability behaviour systems can be easily activated. Similarly, the activation of the wariness system serves as a terminating condition for the exploration and/or sociability systems, and simultaneously as an activating condition for the attachment behaviour system. Once the child is close to the attachment figure the activation of the attachment and wariness behavioural systems diminishes, which in turn can reactivate the exploration and/or sociability systems. This phenomenon represents what Ainsworth described as "*using the mother as a secure base for exploration*" (1967: 345–346).

As much as the cognitive and emotional development evolves, attachment behaviours transform into a more complicated pattern defined as "goal-corrected", according to Bowlby in the first volume of his trilogy on attachment in 1969. The process is one of choosing, from a repertoire of behaviours, specific ones that progressively bring the individual closer to achieving the goal or "set goal." Like the simpler forms of behaviour, goal-corrected behaviours have activating and

terminating conditions, as well as predictable outcomes, but they achieve the outcome through a more sophisticated process.

In order to engage in goal-corrected behaviour, Bowlby assumed that an organism must have an especially complex, dynamic, internal representation of relevant aspects of self, of his or her behaviour, of the environment, and of the object or person towards whom the behaviour is directed. Thus, he introduced the term “*internal working model*” (IWM) for these representations, also referring to them as “representational models,” which is an idea similar to Piagetian “schemes.” He defined IWMs as flexible models that are used to understand and predict one’s relations with the environment, and to construct complex sequences of behaviour based on plans that can achieve specific, internally represented outcomes from various starting points.

5.3 Archetype of attachment and archetypal states of attachment

As stated in the introduction of this chapter, the theories presented above describe, each one to a different extent and on its own terms, specific levels of relational experiences between child and caregivers. Through a complex process of affective communication, involving both external and internal images, feelings and intentions, the psychological development of self and the capacity of symbolisation can emerge. This can occur with narrative competence and self-reflection that are essential psychic abilities to establish intersubjective relationships in adult life.

The idea of internalised relationships, generated from the experiences of care and love with primary caregivers are deeply connected with the capacity of meaning-making, symbolisation and creativity, is presented by different authors.

Starting with the work of Melanie Klein on projective identification and the shift from the schizo-paranoid to the depressive position (1946), one can also mention Winnicott's notions of 'true self', holding and transitional space (1965), along with Benjamin's intersubjective concepts of recognition and of the shared third (1998, 2004). Moreover, Jung's concepts of symbol as a result of *coniunctio oppositorum* and transcendent function (1912, 1916, 1921, 1939), all elaborate on the possibility of the mind to 'bridge' both the cognitive and affective direction, psychic and relational polarities, especially in the context of the caregiving relationship that permits the emergence of the capacity to mentalize internal states and attribute meanings by using symbols.

Furthermore, Jung did not express a coherent theory on early development, and only later other authors felt the need to develop a Jungian approach in child psychology (Fordham, 1978, 1980; Neumann, 1959, 1973). Nevertheless, as Samuels

notes (1985), Jung introduced several ideas referring to the role of parents and of symbolical parental figures and described the interaction between the archetype and the experience. He stressed the importance of the real mother and her relationship with the infant as “an absolute experience of our species, an organic truth” that cannot outgrow its archetypal basis (Jung 1927, CW 8: 723).

Of special interest for the purpose of this thesis, is the emphasis that Jung poses on the importance of feeding in the early years and made an important point when he states that “obtaining pleasure is by no means identical with sexuality” (Jung, 1913 CW 4: 241), opposing Freud’s equation between sucking and sexuality. Moreover, Jung drew few ideas also on developmental psychopathology. These were described as the results of failure in meeting archetypal expectations by personal experience with the real caregivers and when the experience confirms only the negative aspect of the archetype. In particular, Jung talks of the splitting of the mother image called “dual mother”, in 1912 (CW 5: 111 and 252-3). He indicated that there is a double duality, between personal and archetypal mother on one side and between the bad and good mother on the other hand. It is possible to observe that *in nuce* Jung’s thinking on child development and psychopathology was not so dissimilar to the notions exposed in the Object Relations Theory.

These psychological models can fit with a reformulation of the archetype as an emergent system bridging the affective and relational intrapsychic centre with the interpersonal and even more collective social and cultural environment. Stevens and Knox have conducted a critical review of the Jungian literature on archetypes and then compared it with the contemporary attachment theory (Stevens, 1982, 2002; Knox, 1999; 2003; 2004).

In particular, Stevens re-discovered initially the description of the archetype

formulated by Jung and for the first time, the archetypes have been revisited in the light of a long-ignored scientific approach. Stevens started with establishing a confrontation with the work of Lorenz and Bowlby, as well as with the recent studies on bi-lateral brain and research findings and developments in the thinking of neo-Darwinian and attachment theories into psychology and psychiatry. He applied these ideas to the archetype of Mother, Father and Family. Both Stevens and Knox considered that there is no fundamental incompatibility between Jung's maternal archetype and Bowlby's "goal-corrected behavioural system", but that the theory of archetypes can augment what Bowlby achieved with his attachment theory.

On a similar note, Knox focuses more closely on the scientific research and empirical results of the attachment studies on children and compares the dyad composed by the child and caregiver to the couple formed by therapist and patient. She pointed out the relevance of the attachment theory to a contemporary Jungian view of the internal world, by describing how Bowlby's ideas of "*internal working models*" and implicit memory were overlapping with the psychoanalytical definition of "internal objects" and with the "archetype"²⁷. The archetype links the intrapsychic and the interpersonal-relational domain through the concept of a complex (Jung, 1934), defined "*as emotional representation of the relationships with mother and father during the infancy and childhood*".

This thesis aims at extending the conceptual framework that has been developed by Knox in particular, by integrating one of the major cornerstones of analytical psychology with the attachment theory and with ideas extracted from the

²⁷ Knox (1999) writes: "I suggest that the idea in attachment theory of 'internal working models' emphasizes the internal world as one consisting of unconscious internalized patterns of emotional relationship. The term 'internal object' lacks this clarity and the different meanings it carries within differing theoretical frameworks are a source of confusion".

family systems theory. The focus is on the fact that humans need to be connected to others because they can provide a source of comfort and internal security in order to achieve the optimal expression of all the psychic capacities throughout all the life cycle. This intrinsic and innate motivation represents the core idea of the archetype and appears to be integrating subjective and external experiences with different figures, mother and father, brothers and sisters, and at the same time implicates the notion of family as a whole.

As each theory is taken into account only superficially and partially, this attempt might be seen for adjusting heterogeneous theoretical models so raising conceptual incoherencies and gaps that need to be explained. However, it is also important to move beyond the limits of specific theories to highlight common dimensions and the heuristic power of each model and concept. In fact, by linking the concept of the archetype to a systemic view of attachment and families, as discussed in the next chapter, I will be better able to explore the interconnection between the individual development within the relational dimension of the family and the wider collective social and cultural context.

One of the most relevant credits of Jung's work can be undoubtedly considered to have offered a theoretical model, which can significantly frame into a context both the individual and the collective level. Through the introduction of the notion of *archetype* Jung created a conceptual bridge connecting the intrapsychic individual's internal and psychological dimensions to the interpersonal, relational, familial and cultural dimensions. In this direction, Jung's analytic psychology started to constitute a useful tool for the exploration of the psychological study of social and political aspects of reality (Samuels, 1985; 1993; Papadopoulos, 2006).

In Figure 6 the main ideas extracted from each theoretical framework

(namely, Objects Relation Theory, Relational Psychoanalysis, Infant Research and Attachment Theory) are graphically represented, reflecting the bipolar structure of the archetype of attachment.

Figure 6. Theoretical contributions of the archetype of attachment

<i>Negative polarity:</i>	<i>Positive polarity:</i>
Schizoparanoïd position/ paranoïd anxiety / Splitting (Klein)	Depressive position, symbolisation (Klein)
Internal Objects (Fairbairn)	Primary love (Balint)
Impingement/False Self (Winnicott)	Good enough mother/True Self (Winnicott)
Bad internal objects: persecutory and exciting (Fairbairn)	Relational minds (Mitchell)
Still mother (Infant Observation)	Dyadic systems (Infant Observation)
Objectification (Benjamin)	Intersubjectivity and Third (Benjamin)
Attachment Disorganisation/segregated systems (Bowlby)	Attachment relationships and security (Bowlby)
Failure of mentalization (Fonagy)	Reflective function (Fonagy)

The operationalisation of the concept of the archetype of attachment in this work comprehends the description of two dynamic and opposite polarities that can emerge in response to potentially traumatic experiences and mediate and/or moderate their impact on individuals and families. To represent the archetype of attachment I find it convenient to imagine two perpendicular axes: the vertical axis joining the individual and collective level encompassing family, community and societal level, and the horizontal axis indicating the positive and negative polarities, which includes a central area related to resilience (Figure 7).

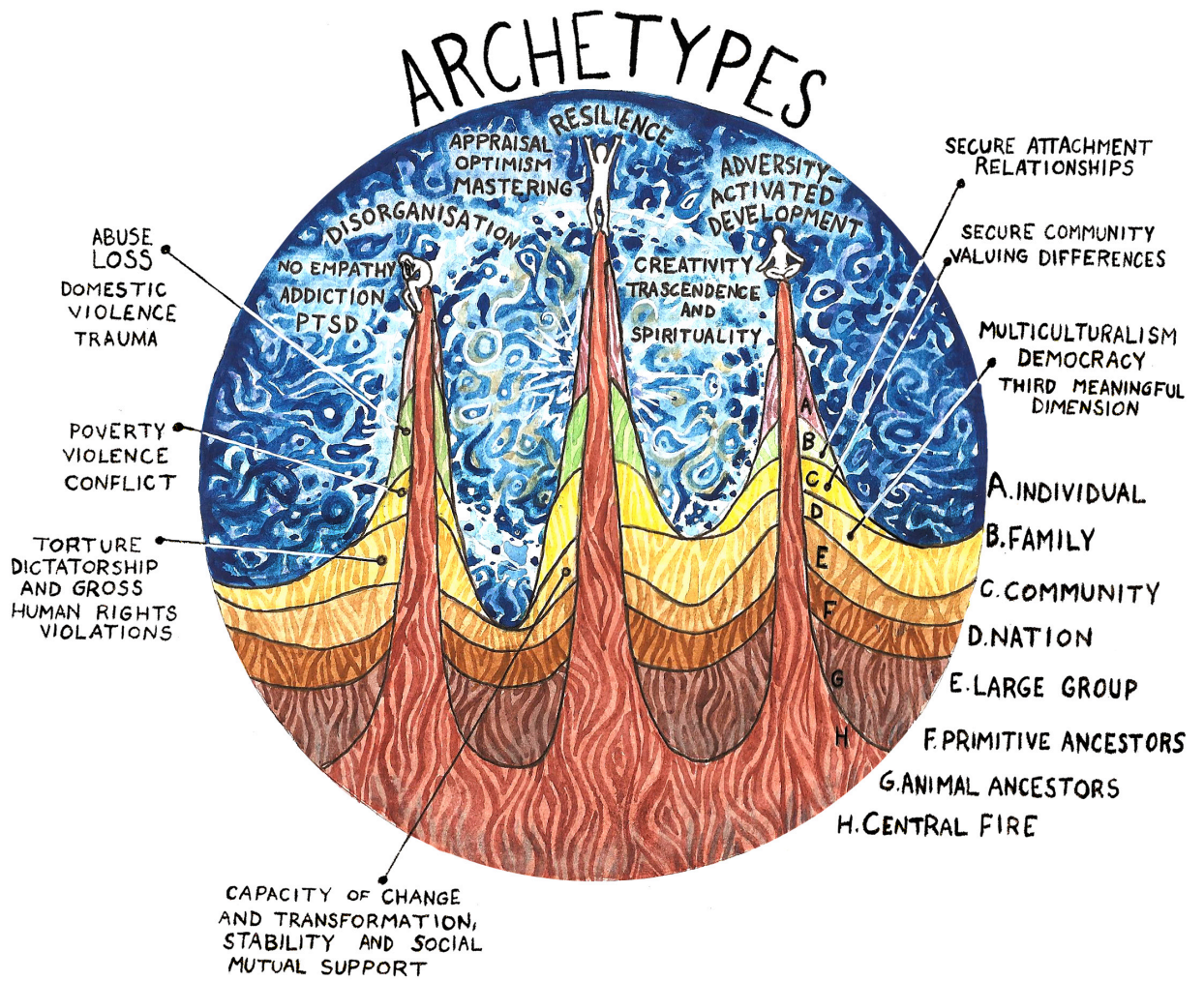
On one hand, there is the pole of *security and adaptation* and on the other hand the pole of *disorganisation* and relational disruption. Importantly, the archetype of attachment can also have a deeper structure that is organised more intensively around one pole. At an individual level, studies on the neurobiology and neuroscience of attachment have progressively demonstrated that the attachment motivational system consists of biological, genetic, intrapsychic, parental and relational as well as social and economic components, whose impact are not fully distinguishable. In this direction, the archetypal structure, conceived as having “emergent qualities”, refers intrinsically to the interaction between biological temperamental basis and the experiences within a specific family and cultural environment, and it consents to a meaningful exploration of the different influence of each dynamic element.

At a personal level, including both the intrapsychic and relational aspects, the archetype of attachment can be reflected by *disorganised archetypal mental states* that manifest in a cognitive, emotional and behavioural form. The main characteristics are: dissociation and depersonalisation, incapacity to focus attention and concentration, emotional dysregulation, feelings of helplessness and/or hostility,

withdrawal and isolation, relational disconnection, lack of empathy, abuse of substances, psychopathological symptoms (i.e. depression, anxiety, and psychotic breakdown), and poor capacity of creating narratives and meaning-making. Along the continuous dimension of the archetype of attachment, there is a middle area that describes resilience and coping mechanisms and is marked by the capacity of learning from experiences, self-confidence and agency, courage and mastering, the capacity of acceptance, problem-solving and positive outlook. *Archetypal states of security* consist of genuine emotional and affective regulation, self-reflection, capacity for communication and symbolisation, narrative, irony and humour, a sense of belonging to a family/group, pro-social and moral attitudes, ethical awareness, transcendence and spirituality, creativity, cooperation.

In the next chapter, the framework of the archetype of attachment will be extended to the family level, by integrating key concepts extracted from the contemporary attachment theory and Family Systems Theory. An interpretation of archetypal states of attachment will be applied to post-conflict society in Kosovo, with specific focus on the psychosocial changes in families that are presenting different ethnic, cultural, economic background and specific experiences related to the conflict in 1998-1999.

Figure 7. The archetype of attachment



CHAPTER 6

ARCHETYPAL STATES OF ATTACHMENT: A BRIDGE BETWEEN THE INDIVIDUAL, FAMILY AND COLLECTIVE REALMS

6.1 A move at the family and collective level

In Chapter 5, the archetype of attachment was presented as developing throughout two perpendicular axes: the vertical axis which joins the individual and collective level, encompassing the family, community and society, and the horizontal axis which indicates the positive and negative polarities, encompassing a central area of resilience. Jung linked the personal and the collective levels of the archetype by introducing the notion of the complex. All the experiences from childhood throughout the life cycle are organized around an archetypal core that manifests itself as a pattern of feelings, affects and thoughts, or, as Jung calls it: “feeling-toned groups of representations” influencing memory and orienting behaviours, attitudes and relationships (CW2: 329 and 352). As Samuels (1985) observes, Jung (1939) dedicated extensive space to the ‘mother complex’ encompassing the emotions derived from the interaction of the ego with the real mother, the father, and siblings as well as with the relations between mother and father, mother and siblings, and father and siblings. He supported with empirical findings his intuitions on familiar archetypal constellations, drawing on his Word Association Test (1904, 1911). Jung took note of the individual responses to standardized stimulus words evaluating the speed of response, absence of response, resistance, anxiety, tensions and later psychophysiological alterations.

In brief, Jung appears to have adopted a systemic perspective in the study of

complexes in relation to the archetypes referring to family members. In this regard, the attempt to integrate the latest ideas developed in attachment theory and in family systems theory aims at extending the framework of the archetype in an original direction for observing complex phenomena by connecting the individual to the family level and also to the larger society.

In this direction, the ideas of the archetype and complex appear to be similar to the concept of ‘internal working models’ (IWM) as introduced originally by Bowlby and later developed by theorists of attachment, such as Bretherton (2008), who discussed this in an extensive review of the IWMs.

Attachment theory highlighted the importance of the communication between the caregivers and the child from early childhood. Empirical research showed that through processes of internalization the capacity of mentalization is achieved often (but not necessarily) in correlation with positive experiences of loving caregiving and attachment. In these situations, caregivers pay attention to sharing coherent, fluent and emotionally vivid narratives, which stimulate the development of the child’s self-reflection and his or her use of symbols. On the negative side, traumatic experiences in early childhood, as well as insensitive and unpredictable caregiving might have a disorganizing effect and contribute to the failure of the child to develop meaning-making and reflective function.

Attachment relationships define the networks within the family, by connecting children to their mothers, fathers, siblings, grandparents and to other caregivers who belong to the extended families. Although summarizing their results would exceed the space of this chapter, several cross-cultural studies on attachment relationships have demonstrated its universality and revealed contextual dimensions (Van Ijzendoorn, Sagi-Schwartz, 2008). In particular, what seems to be universal, according to the

authors (2008) is the general cultural pressure towards the selection of the secure attachment pattern in the majority of children, and the preference for the secure child by parents across cultures. Even in the extremely deviating context of the communal sleeping arrangement, the majority of the children develop secure attachments to their parents. The most dramatic demonstration of the adaptive value of attachment security is its role as a protective factor against malnutrition (True, 1994; True et al., 2001). Dixon, LeVine, and Brazelton (1982) even identified malnutrition as a symptom of a “disorder of attachment.”

At a family level, the archetypal states of security have been defined as the situation when the couple and its parental capacity of providing sensitive and responsive caregiving facilitate trustful bonds with children. In virtue of the intergenerational transmission of attachment (for example, Solomon and George, 2006; Belsky, Jaffe, Sligo, Woodward, and Silva, 2005), secure attachment relationships tend to be transmitted from one generation to another, so that security can be constantly enhanced in terms of internal coherence, reflection, empathy and relatedness.

As these intrapsychic and relational qualities are inherent to effective coping mechanisms, they can also promote a global orientation to life as comprehensible, manageable, and meaningful. Secure attachments can stimulate a strong sense of consistency and confidence in the ability to clarify the nature of problems so that they seem ordered, predictable, and justifiable. Consequently, demands are believed to be manageable by mobilizing useful resources, and by including relational resources. Stressors are viewed as challenges that we are motivated to deal with successfully. Furthermore, the concept of a sense of coherence cuts across such influences as culture, class, and gender, by emphasizing flexibility in selecting varied strategies,

which are useful and preferred to deal with diverse challenges. On the other hand, families with disorganized attachment relationships draw more on disrupted and dysfunctional belief systems, which more often expose the members to inconsistent reactions when confronting challenges and adversities. The lack of a strong system of values and beliefs, or adequate rituals that more deeply connect family members, can increase people's sense of helplessness and anxiety and diminish their sense of initiative and determination. Often, the disorganized family does not rely on religious or spiritual values, which could replace an internal and shared set of personal values.

This chapter will extend the framework of the archetype of attachment to the family level and will reflect on the influence that community support and wider social and cultural contexts can have on the quality of attachment relationships.

First, I will present the main characteristics of attachment as a bio-behavioural system, in light of the empirical findings offered by contemporary research. In particular, I will explain the neurobiological mechanisms linking attachment relationships to social bonding and mentalization. Thus the focus will be on the behavioural aspects of attachment and its move to the representational level accompanying the cognitive and affective developmental changes that lead the individual from childhood to adolescence and adulthood. While exposing these concepts, I will frame them in a transactional and ecological systems perspective encompassing the influence of the wider community, social and cultural environments.

Furthermore, I will briefly present the methodology of research on representations and narratives of attachment in adults underpinning the four main categories of attachment in adults. These ideas will be integrated with concepts derived from family systems theory and more precisely they will be linked to the

work of John Byng Hall and Froma Walsh.

In the end, the Jungian notions of archetype, complex, conjunction and transcendent function, which are complementary, will be discussed and will be coherently integrated with other theoretical models.

6.1.1 Representational and narrative level of attachment

This section aims to illustrate the main contribution of attachment research in studying the representational level of the attachment state of mind through the analysis of narratives, and the capacity of cooperative communication, which is evaluated with the standardized administration of a semi-structured interview (see table 3). The codifying system of adult attachment is particularly relevant to the methodology applied in the present empirical research, where an ad hoc interview has been constructed for family members focusing on attachment relationships and experiences that adopt some of the indicators applied in the system described below.

In 1985, in an article entitled “*Security in Infancy, Childhood, and Adulthood: A Move to the Level of Representation,*” Main, Kaplan, and Cassidy reported on the results of their sixth-year follow-up study of 40 Bay Area children, who had been observed with each parent in the Ainsworth Strange Situation (Ainsworth, Blehar, Waters, & Wall, 1978) at 12 or 18 months of age. Within that presentation, special emphasis was given to verbatim texts taken from a newly developed Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984, 1985, 1996). During the course of this interview, individuals were asked both to describe their attachment-related childhood experiences—especially their early relations with parents or parenting figures—and to evaluate the influence of these experiences on their

development and current functioning. Main and her colleagues found that transcribed verbatim responses from these interviews could be systematically placed into one of three adult attachment classification categories (Main, 1985; Main & Goldwyn, 1984a; Main et al., 1985).

**Table 3. Brief version of the Adult Attachment Interview (AAI) protocol
(excerpted from George, Kaplan & Main, 1996).**

1. To begin with, could you just help me to get a little bit oriented to your family—for example, who was in your immediate family, and where you lived?
2. Now I'd like you to try to describe your relationship with your parents as a young child, starting as far back as you can remember.
4. Could you give me five adjectives or phrases to describe your relationship with your mother/ father during childhood? I'll write them down, and when we have all five I'll ask you to tell me what memories or experiences led you to choose each one.
3. To which parent did you feel closer, and why?
4. When you were upset as a child, what did you do, and what would happen? Could you give me some specific incidents when you were upset emotionally? Physically hurt? Ill?
5. Could you describe your first separation from your parents?
6. Did you ever feel rejected as a child? What did you do, and do you think your parents realized they were rejecting you?
7. Were your parents ever threatening toward you—for discipline, or jokingly?
8. How do you think your overall early experiences have affected your adult personality? Are there any aspects you consider a setback to your development?
9. Why do you think your parents behaved as they did during your childhood?
10. Were there other adults who were close to you—like parents—as a child?
11. Did you experience the loss of a parent or other close loved one as a child, or in adulthood?
12. Were there many changes in your relationship with your parents between childhood and adulthood?
13. What is your relationship with your parents like for you currently?

The first category was termed “secure-autonomous” (“valuing of attachment relationships and experiences, and yet apparently objective regarding any particular relationship experience”) and was associated with infant Strange Situation security with the speaker. A second kind of interview text was associated with insecure-avoidant responses to the speaker in the Strange Situation procedure and was termed “dismissing” (“dismissing, devaluing, or cut off from attachment relationships and experiences”). The third type of interview classification category was termed “preoccupied” (“preoccupied with or by early attachments or attachment-related experiences”) and was associated with insecure-resistant/ ambivalent responses to the speaker. Thus, a marked relation between a parent’s hour-long discussion of his or her own attachment history and the offspring’s Strange Situation behaviour 5 years previously had been uncovered. Since that time, the AAI had been increasingly applied in both clinical and developmental research.

The authors developed a coding system to identify and classify individual differences and organized response patterns.²⁸ They distinguished three main patterns with regards to attentional and—separately, albeit relatedly—linguistic (conversational or discourse) mechanisms. An important discriminant factor refers to the flexibility versus inflexibility of attention under stress, as pointed out by Main (e.g., 1990, 1993). She based the analyses of the linguistic or conversational mechanisms during the interview drawing upon the “principle of cooperativeness” between speakers formulated by the linguistic philosopher H. P. Grice (1975, 1989). The principle is fulfilled by the observance of four maxims: quantity, quality, relevance, and manner (see table 4).

²⁸ Trained coders systematically approach the analysis of an AAI transcript..

Table 4. Grice's maxims and coherence of the transcript

Organized categories, attentional flexibility, and Grice's Maxims

Before methods of analysing AAI transcripts are discussed further, a brief review of Grice's (1975, 1989) work is provided, in order to facilitate an understanding of differing "organized" language usages within the AAI, and thus to convey what is actually being assessed when coherence versus incoherence of a given text is taken into consideration.

The four maxims are as follows:

1. *Quality*: "Be *truthful, and have evidence for what you say.*" This maxim is violated when, for example, a parent is described in highly positive general terms, but the specific biographical episodes recounted subsequently contradict (or simply fail to support) the interviewee's adjectival choices. An interview of this kind can also be considered internally inconsistent, and internal inconsistency of the kind just described appears most frequently in the texts of individuals classified as dismissing.
2. *Quantity*: "Be *succinct, and yet complete.*" This maxim demands conversational turns of reasonable length—neither too short nor too long. By requiring speakers to be sufficiently "complete," Grice was saying that incomplete, excessively short answers are not acceptable. This occurs when, for example, "I don't remember" and/or "I don't know" becomes the response to several queries in sequence, cutting off further inquiry. Excessively terse responses occur most frequently in the texts of individuals classified as dismissing. In terms of quantity, Grice also requires that so long as they are complete, responses should be reasonably succinct; consequently, the maxim of (appropriate) quantity can also be violated when a speaker takes excessively long conversational turns. Here the interviewee may hold the floor for several minutes, perhaps providing increasingly unnecessary details. Excessively lengthy responses occur most frequently in the texts of individuals classified as preoccupied.
3. *Relation*: "Be *relevant to the topic as presented.*" The maxim of relation or relevance is violated when, for example, queries regarding the childhood relationship with the speaker's mother are irrelevantly addressed with discussions of current interactions with the mother or descriptions of the speaker's relationship with his or her own children. As might be expected, violations of relevance occur most frequently in the texts of individuals classified as preoccupied.
4. *Manner*: "Be *clear and orderly.*" This maxim is violated when, for example, speech becomes grammatically entangled, psychological "jargon" is used, vague terms appear repeatedly, or the speaker does not finish sentences that have been fully started. Violations of manner appear most often in preoccupied texts.

On the basis of the violations of Grice's maxims, Main identified the scales of the state of mind related to attachment as follows (table 5). The scales indicating a secure state of mind in relation to attachment are related to the coherence of the transcript, the coherence of mind and the metacognitive processes displayed during the interview. Dismissive state of mind is marked by high scores on the idealization scale, lack of memory, and dismissive speech on attachment relationships. A preoccupied state of mind is linked to anger and passivity of thought processes.

Erik Hesse (2008), explains that the AAI scoring and classification system (table 5) was initially grounded in the relationship between the three central or organized forms of parental responses to the AAI interview queries (secure-autonomous, dismissing, or preoccupied) and the three central or organized forms of infant response to that same parent in the Strange Situation (respectively, secure, avoidant, or preoccupied). The previous was first uncovered in Main's Bay Area study (Main & Goldwyn, 1984b, 1988, 2008; Main et al., 1985). The term "organized" is rooted in Main's (1990) assertion that infants in the original three Strange Situation categories differ in flexibility versus inflexibility of attention to (1) the parent and (2) the inanimate environment—differences that are revealed in the Ainsworth separation-and-reunion procedure. The capacity for attentional flexibility was ascribed to secure babies because they readily alternate between attachment and exploratory behaviour.

As the Strange Situation procedure unfolds, the babies explore in their mothers' presence and exhibit attachment behaviour (e.g., crying, calling) in the mothers' absence and again upon reunion (e.g., seeking proximity and contact). Attentional inflexibility was ascribed to insecure-avoidant infants, who focus *away from* the parent and on the toys or surroundings, and to insecure-ambivalent/resistant

infants, who focus persistently *on* the parent at the expense of the toys and the surroundings.

Table 5. "State-of-Mind" Scales (from Hesse, 2008: 658)

Scales associated with the secure-autonomous adult attachment category	Scales associated with the dismissing adult attachment category	Scales associated with the preoccupied adult attachment category
<p><i>Coherence of transcript.</i></p> <p>For the highest rating, the speaker exhibits a "steady and developing flow of ideas regarding attachment." The person may be reflective and slow to speak, with some pauses and hesitations, or speak quickly with a rapid flow of ideas; overall, however, the speaker seems at ease with the topic, and his or her thinking has a quality of freshness. Although verbatim transcripts never look like written narratives, there are few significant violations of Grice's maxims of quantity, quality, relation, and manner. The reader has the impression that on the whole this text provides a "singular" as opposed to a "multiple" model of the speaker's experiences and their effects (see Main, 1991).</p>	<p><i>Idealization of the speaker's primary attachment figure(s).</i></p> <p>This scale assesses the discrepancy between the overall view of the parent taken from the subject's speech at the abstract or semantic level, and the reader's inferences regarding the probable behaviour of the parent. Since the reader has no knowledge of the speaker's actual history, any discrepancies come from within the transcript itself. For the highest rating, there is an extreme lack of unity between the reader's estimate of the speaker's probable experience with the primary attachment figure(s) and the speaker's positive to highly positive generalized or "semantic" description. Despite inferred experiences of, for example, extreme rejection or even abuse, the portrait of the parent is consistently positive, and gratuitous praise of the parents may be offered (e.g., references to "wonderful" or "excellent" parents).</p>	<p><i>Involved/involving anger expressed toward the primary attachment figure(s).</i></p> <p>Accurate ratings on this scale depend on close attention to the form of the discourse in which anger toward a particular attachment figure is implied or expressed. Direct descriptions of angry episodes involving past behaviour ("I got so angry I picked up the soup bowl and threw it at her") or direct descriptions of current feelings of anger do not receive a rating on the scale. High ratings are assigned to speech that includes, for example, run-on, grammatically entangled sentences describing situations involving the offending parent; subtle efforts to enlist interviewer agreement; unlicensed, extensive discussion of surprisingly small recent parental offenses; extensive use of psychological jargon (e.g., "My mother had a lot of material around that issue"); angrily addressing the parent as though the parent were present; and, in an angry context, slipping into unmarked quotations from the parent.</p>

Metacognitive monitoring

For the highest rating, evidence of active monitoring of thinking and recall is evident in several places within the interview. Thus the speaker may comment on logical or factual contradictions in the account of his or her history, possible erroneous biases, and/or the fallibility of personal memory. Underlying metacognitive monitoring (Forguson & Gopnik, 1988) is active recognition of an appearance–reality distinction (the speaker acknowledges that experiences may not have been as they are being presented); representational diversity (e.g., a sibling may not share the same view of the parents); and representational change (e.g., the speaker remarks that what is said today might not have been said yesterday). This scale is included here because it does identify one of the principal aspects of speech found in secure-autonomous speakers; however, the scale needs further work at present, since criteria for high scores are overly stringent, leading to insufficient range.

Insistence on lack of memory for childhood.

This scale assesses the speaker's insistence upon the inability to recall his or her childhood, especially as this insistence is used to block further queries or discourse. The scale focuses on the subject's direct references to lack of memory ("I don't remember"). High ratings are given to speakers whose first response to numerous interview queries is "I don't remember," especially when this reply is repeated or remains firmly unelaborated. Low scores are assigned when speakers begin a response with a reference to lack of memory, but then actively and successfully appear to recapture access to the experience they have been asked to describe.

Passivity or vagueness in discourse.

High scores are assigned when, throughout the transcript, the speaker seems unable to find words, seize on a meaning, or focus on a topic. The speaker may, for example, repeatedly use vague expressions or even nonsense words; add a vague ending to an already completed sentence ("I sat on his lap, and that"); wander to irrelevant topics; or slip into pronoun confusion between the self and the parent. In addition, as though absorbed into early childhood states or memories, the subject may inadvertently (not through quotation) speak as a very young child ("I runned very fast") or describe experiences as they are described to a young child ("My mother washed my little feet"). Vague discourse should not be confused with restarts, hesitations, or dysfluency.

Active, derogating dismissal of attachment-related experiences and/or relationships.

This scale deals with the cool, contemptuous dismissal of attachment relationships or experiences and their import, giving the impression that attention to attachment-related experiences (e.g., a friend's loss of a parent) or relationships (those with close family members) is foolish, laughable, or not worth the time. High ratings are assigned when a speaker makes no effort to soften or disguise his or her dislike of the individual or of the topic, so that—in keeping with the apparent intent of casting the individual (or topic) aside (“My mother? A nobody. No relationship. Next question?”)—the sentences used are often brief, and the topic is quickly dropped. However, only low scores are given for “gallows” humor: “Oh hell, I didn’t mind another separation, I guess that one was #13.” (Note: Speakers receiving high scores on this scale are assigned to a relatively rare adult attachment subcategory, Ds2, in which attachment figures are derogated rather than idealized.)

Only later, Main proposed that the organized AAI categories can also be viewed in terms of attentional flexibility (Main, 1993, 2000; Main et al., 2005). Thus, attentional flexibility is seen in secure-autonomous parents as they fluidly shift between presenting their attachment-related experiences and responding to the

request to evaluate the influences of these experiences (Hesse, 1996). In contrast, attentional inflexibility is observed (1) in dismissing responses to the AAI, in which the linguistic focus is continuously *away from* past attachment relationships and their influences; and (2) in preoccupied AAI texts, in which the focus is persistently, although confusedly, so strongly oriented *towards* attachment relationships and experiences as to prevent appropriate responses to the queries. It should be noted, however, that attentional inflexibility is relatively, albeit singularly, organized in terms of discourse strategy.

Main and Hesse (1999) have also introduced a fourth category to classify those transcripts that present during the interview a massive pattern of incoherence and dissociative mental and verbal indicators, in particular when discussing experiences of loss and abuses. When the transcripts considered did not conform to a specific classification they were defined as Cannot Classified (CC); the authors decided to introduce an additional classification referring to “unresolved” experiences of loss and abuse.

Table 6. Scale score configurations to the organized categories of AAI and Infant Strange Situation (Hesse, 2008: 664)

Adult states of mind with respect to attachment	Infant Strange Situation behaviour
<p><u>Secure-autonomous (F): Predictive of secure (B) Strange Situation behaviour</u></p> <p><i>Scale score configuration.</i> Moderate to high scores for coherence. Low to low moderate scores on scales indicative of insecure states of mind.</p> <p><i>Discourse characteristics.</i> Coherent, collaborative discourse. Descriptions and evaluations of attachment-related experiences and their effects are reasonably consistent, whether the experiences appear to have been favorable or unfavorable. Discourse does not notably violate any of Grice's maxims.</p> <p><i>Features predominating with respect to attitudes toward attachment.</i> Avows missing, needing, and depending on others. Seems open and "free to explore" interview topic, indicating a ready flexibility of attention. States that attachment-related experiences have affected his or her development and functioning. Seems at ease with imperfections in the self. Explicit or implicit forgiveness of or compassion for parents. Can flexibly change view of person or event, even while interview is in progress, suggesting autonomy and ultimate objectivity. Sense of balance, proportion, or humor. Ruefully cites untoward flawed behaviour of self, as appearing at times despite conscious intentions or efforts.</p>	<p><u>Secure (B)</u></p> <p><i>Flexibility of attention:</i> Explores or plays in parent's presence, changes attentional focus to parent on at least one separation, and seeks parent during at least one reunion. In pre-separation episodes, explores room and toys with interest, with occasional returns to or checks with parent ("secure-base phenomenon"). Shows signs of missing parent during separation, often crying by the second separation. Greets parent actively, usually initiating physical contact. Usually some contact maintaining by second reunion, but then settles and returns to play.</p>
<p><u>Dismissing (Ds): Predictive of avoidant (A) Strange Situation behaviour</u></p> <p><i>Scale score configuration.</i> Low scores on coherence; high scores on idealization or derogation of one or both parents, often accompanied by high scores on insistence on lack of memory for childhood.</p> <p><i>Discourse characteristics.</i> Not coherent. Violates the maxim of quality (consistency/truthfulness), in that positive generalized representations of history are unsupported or actively contradicted by episodes recounted. Violates the maxim of quantity—either via repeated insistence on absence of memory, or via brief contemptuous derogation of, or active contemptuous refusal to discuss, a particular event or figure.</p>	<p><u>Avoidant (A)</u></p> <p><i>Little flexibility of attention:</i> Focuses on toys or environment, and away from parent, whether present, departing, or returning. Explores toys, objects, and room throughout the procedure. Fails to cry on separation from parent. Actively avoids and ignores parent on reunion (i.e., by moving away, turning away, or leaning out of arms when picked up). Little or no proximity or contact seeking, distress, or expression of anger. Response to parent appears unemotional. Focuses on toys or environment throughout procedure.</p>

<p><i>Features predominating with respect to attitudes toward attachment.</i> Self positively described as being strong, independent, or normal. Little or no articulation of hurt, distress, or feelings of needing or depending on others. Minimizes or downplays descriptions of negative experiences; may interpret such experiences positively, in that they have made the self-stronger. May emphasize fun or activities with parents, or presents and other material objects. Attention is inflexibly focused away from discussion of attachment history and/or its implications: Responses are abstract and/or seem remote from present or remembered feelings or memories, and topic of interview seems foreign. May express contempt for other person(s), or, relatedly, for events usually considered sorrowful (e.g., loss or funerals).</p>	
<p><u>Preoccupied (E): Predictive of resistant/ambivalent Strange Situation behaviour</u></p> <p><i>Scale score configuration.</i> Low scores for coherence; high scores for either passive or angry preoccupation with experiences of being parented (rarely, preoccupied with frightening experiences).</p> <p><i>Discourse characteristics.</i> Violates manner, quantity, and/or relevance, while quality/truthfulness may not be violated. In regard to quantity, sentences or conversational turns taken are often excessively long. In regard to manner, responses may be grammatically entangled or filled with vague usages (“dadadada,” “and that”). In regard to relevance, the present may be brought into responses to queries regarding the past (or vice versa), or persons or events not the objects of inquiry may be brought into the discussion.</p> <p><i>Features predominating with respect to attitudes toward attachment.</i> Responses to interview are persistently closely and inflexibly tied to experiences with and influences of the parents, even when these are not the objects of inquiry. May attempt to involve the interviewer in agreement regarding parents’ faults; may seem to weakly, confusedly praise parents, but with oscillations suggestive of ambivalence; and/or (rare) may relate frightening experiences involving them. Topic of interview is addressed, but seems inflexible and closed so that interview responses may seem memorized or unconsciously guided, as if the attachment-related history is “an old story.” Unbalanced, excessive blaming of either parents or self. Indecisive—for example, evaluative oscillations (“Great mother. Well, not really, actually pretty awful. No, I mean actually, really good mother, except when she ...”). May be unusually psychologically oriented, offering authoritative “insights” into motives of self or others. The lexicon of “pop” psychology may appear with excessive frequency.</p>	<p><u>Resistant or ambivalent (C)</u></p> <p><i>Little flexibility of attention:</i> Focuses on parent throughout much or all of procedure; little or no focus on toys or environment. May be wary or distressed even prior to separation. Preoccupied with parent throughout procedure; may seem angry or passive. Fails to settle and take comfort in parent on reunion, and usually continues to focus on parent and cry. Signs of anger toward parent are mixed with efforts to make contact, or are markedly weak. Fails to return to exploration after reunion, as well as during separation and often pre-separation as well (i.e., preoccupied by parent, does not explore).</p>

Scale Scores, Discourse Characteristics, and Features Associated with the Disorganized and Unorganized/“Cannot Classify” Categories of the AAI, and Corresponding Infant Strange Situation Categories	Infant Strange Situation behaviours
<p><u>Unresolved/disorganized (U)</u></p> <p><i>Scale scores.</i> Scores above 5 on either unresolved loss or unresolved abuse (the distinctions between these are retained) lead to category placement. At scale point 5, the coder must decide whether or not the transcript fits the unresolved/disorganized classification.</p> <p><i>Discourse characteristics.</i> During discussions of loss or abuse, individual shows striking lapse in the monitoring of reasoning or discourse. For example, individual may briefly indicate a belief that a dead person is still alive in the physical sense, or that this person was killed by a childhood thought. Individual may lapse into prolonged silence or eulogistic speech. The speaker will ordinarily otherwise fit Ds, E, or F categories.</p> <p><i>Features predominating with respect to attitudes toward attachment.</i> No particular features beyond lapse. May fit the descriptors for Ds, E, or F.</p>	<p><u>Disorganized/disoriented (D)</u></p> <p>The infant displays disorganized and/or disoriented behaviours in the parent’s presence, suggesting a temporary col- lapse of behavioural strategy. For example, the infant may freeze with a trance-like expression, hands in air; may rise at parent’s entrance, then fall prone and huddled on the floor; or may cling while crying hard and leaning away with gaze averted. Infant will ordinarily otherwise fit A, B, or C categories. At 6 years of age, previously disorganized infants in several samples have been found to be role-inverting or “disorganized/controlling” with the parent, being either punitive or caregiving/sollicitous.</p>
<p><u>Unorganized/“cannot classify” (CC)</u></p> <p><i>Scale score configuration.</i> Scale scores may point to contradictory insecure classifications (e.g., strong idealizing and strong involved/involving anger are seen within the same transcript) as in the “original” form of CC. Alternately, all state-of-mind scores are low, none moving fully to midlevel (e.g., below midpoint for all scores indicative of insecure states of mind, as well as for coherence; see Hesse, 1996). Finally, some CC texts cannot be determined by scale scores, and rely on the use of feature analysis (Main et al., 2003).</p> <p><i>Discourse characteristics.</i> The early “contradictory strategies” discourse forms seen in CC texts are described below. In newer forms of CC, violations of Grice’s maxims do not necessarily take the forms ordinarily seen in insecure speakers. Coherence violations are not necessarily limited to particular locations in the text, or particular persons or events. In rare and extreme cases, the transcript as a whole may be so incoherent as to be difficult to follow.</p> <p><i>Features.</i> In the “original” form of CC, features sufficient to fit the text to two directly contrasting classifications (e.g., dismissing and preoccupied) are observable. In one newer form of CC (Main et al., 2003), the transcript is in- coherent without elevated scores for insecure states of mind. Transcripts may also now be considered unclassifiable if (a) the speaker seems to attempt to frighten the listener (e.g., with the sudden, un-introduced, detailed discussion of a murder) or (b) refuses to speak during the interview, without responding that memories are unavailable or are too painful to discuss. Finally, transcripts are considered unclassifiable if they seem to fit equally well to both a secure and insecure classification (e.g., CC/Ds/F or CC/F/E).</p>	<p><u>Cannot classify (CC)</u></p> <p>The infant displays aspects of more than one classification, without necessarily being primarily or even notably otherwise disorganized/disoriented. For example, the infant may fit well to the avoidant category on the first reunion, and to the resistant category on the second. Alternately, the infant’s Strange Situation behaviour may be so diffuse through- out the procedure that it cannot via any single reunion or separation response be found to fit to any single category.</p> <p><i>Note.</i> Descriptions of the U and CC categories of the adult attachment classification system are summarized from Hesse and Main (2000) and from Main et al. (2003). The description of the infant D category is summarized from Main and Solomon (1990); the description of the child D category is based on Main and Cassidy (1988); and the still new infant/child CC category has been utilized in publications by Abrams et al. (2006) and Behrens et al. (2007).</p>

Note. Descriptions of the adult attachment classification system are summarized from Main et al. (1985) and from Main et al. (2003). Descriptions of infant A, B, and C categories are summarized from Ainsworth et al. (1978).

In conclusion, this section has illustrated the process of developing narratives, self-reflection, and symbolic communication, according to the perspective of attachment theory by referring to its main methods of investigation and classification. The empirical study that will be the object of the next chapter relies on a methodology inspired by the original instruments used to investigate mental states related to adult attachment, such as interviews and scales to codify the lack and consistency of narrative coherence and reflective function. On a different note, the observation of child behaviour in interaction with the caregiver (mostly the mother) has been structured and analyzed by bearing in mind the criteria described in attachment research. This was in order to identify secure base behavior and disorganized attachment as well as disorganizing, hostile or helpless caregiving or sensitive and adequate caring.

6.2 Attachment as a bridge between the individual and family system

6.2.1 Attachment relationships and family organization

Broadly speaking, the normative developmental transformations of the attachment motivational system over the lifespan can be described in nine phases. First, the child moves from attachment relationships with multiple caregivers to a generalized state of mind regarding attachment. In the second stage, the role of relationship assessment continues until the child achieves independence from attachment figures as a developmental goal (phase three). In the fourth phase, the child extends the attachments beyond the child-caregiver relationship, and during adolescence it moves from attachment relationships to attachment processes in relationships (phase five). In phase six, the adolescent develops an open, full, dyadic communication and a secure attachment state of mind until the attachment-autonomy tension can be resolved (phase seven). In phase eight peer relationships, and then a romantic attachment can emerge, while the last phase sees the emergence of the caregiving system (phase nine).

It is important to observe that the proposition that couple relationships can be understood in terms of attachment principles was introduced relatively recently (Shaver and Hazan, 1988; Clark and Reis, 1988) and has generated immense interest (Feeney, 2008) because attachment theory addresses a wide range of relationship issues, including anxiety, loneliness, and grief—healthy and unhealthy forms—as well as the continuity of early patterns of relating to others, and the possibility of change. Attachment theory seems to be especially useful in addressing certain issues, such as conflict, in the study of couple relationships.

Another fundamental aspect of attachment development is related to the organization of the family, and in particular to the distribution of caregiving responsibilities and caregiving behaviours among its members. These are linked to attachment relationship formation. Despite the pivotal role of mothers, the literature suggests that when fathers engage in caregiving activities, there are few differences between child-mother and child-father relationships (Parke & Asher, 1983). In an early study, Lamb (1977) showed that when mothers, fathers, and infants were all present for evening observations, infants directed attachment behaviours to both mothers and fathers and that by age two the children showed no preference for one parent over the other in the shared caregiving context.

Furthermore, when caregiving is not shared between parents, the quality of the relationship between the caregivers appears to influence the construction of alternative caregiver attachment relationships. Steele, Steele, and Fonagy (1995) examined associations among the mothers' and fathers' Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984, 1985, 1996) classifications and the attachment classifications of their infants in traditional families where mothers served as primary caregivers. They found that the mothers' own attachment security constrained and shaped father-infant relationship formation. Whereas the mothers' own attachment security was linked to child-mother attachment quality, child-father attachment security was linked to the mothers' attachment security and not to the fathers' own attachment security. Recent longitudinal findings from families participating in this study suggest that the fathers' pre-birth AAI security scores predicted their children's pre-teen self-reported mental health, but only when mediated by the mothers' reports of pre-birth marital satisfaction (Steele & Steele, 2005).

Even when caregiving is shared, the nature of the relationship between the

parents influences child-parent attachment quality. Solomon and George (1999) found that not all infants who had experienced overnight visits with their divorced fathers constructed organized (secure or insecure) attachment relationships with their parents. Instead when infants experienced high parental conflict and poor communication, whether or not the parents were divorced, they were more likely to construct disorganized attachment relationships. Disorganized child-mother attachments were associated with overnight visits only in the context of parental conflict.

There is almost no literature on grandparent-child attachment relationships constructed concurrently with child-parent relationships. Under some conditions, support from a grandmother appears to enhance attachment security between an adolescent mother and her child. There is also little research on attachment relationships between children and child care providers in cases where a child is enrolled in childcare prior to the formation of an attachment relationship with one or both parents or parental figures. For example, the youngest children in the large sample (N=2,867) used in the Ahnert and colleagues' (2006) meta-analysis were toddlers and therefore enrolled in childcare after establishing parental attachments. Subsequent to the meta-analysis, Howes (2006) followed a sample of 88 children born to low-income Mexican immigrant parents—24 children who were cared for by childcare providers, by the age of 2 months. At 14 months of age, half of these children had secure attachments with both their mothers and their childcare providers. Children who were not secure with both types of caregivers were equally likely to be secure with only their mothers or only their childcare providers, and this suggests an independence of the two relationships.

Most children grow and develop within a changing network of attachment relationships, which includes some enduring attachment figures and some that change

with time and circumstances. The construction of secure attachments appears more dependent on particularly skilled and sensitive adult behaviours when children have experienced prior difficult relationships. As with parents, the quality of caregiving may influence attachment formation, but other attributions of the children by the caregivers may also be important. Recent studies in fact have suggested that careful attachment-based treatment can change an infant–parent classification from insecure to secure (Cicchetti, Rogosch, & Toth, 2006; Hoffman, Marvin, Cooper, & Powell, 2006; see Berlin, Zeanah, & Lieberman, 2008).

In the next chapter, these findings from attachment theory and research will be integrated with concepts and ideas derived from family systems.

6.2.2 Family Systems theory

Systemic family theory represents the integration of ideas extracted from the general systems theory (L. Von Bertalanffy, 1950, 1968, 1974) and cybernetics (Wiener, 1967), with the body of knowledge acquired in clinical settings by Gregory Bateson and other family therapists of the Bateson Project. The research group included Jay Haley, Donald D. Jackson, John Weakland and Paul Watzlawick, who studied the role of communication within the framework family system theory and formulated the concept of *double bind*. In particular, the work of P. Watzlawick on the Pragmatic of Human Communication (1967) grounded the further development of radical constructivism. During this period C. Whitaker, M. Bowen, Ivan Böszörményi-Nagy, Wynne and Lindz, called for attention to the genesis of schizophrenia in the interpersonal context, demonstrating phenomena as the *circular causation and process* in opposition to the *linear causation and content*, defining *feedback* and *homeostatic* mechanisms and “*rules*” in *here-and-now* interactions.

Between 1965 and 1980, two main groups emerged as schools with specific psychotherapeutic methodologies, both strongly influenced by systems theory and cybernetics. The first group was led by Salvador Minuchin's work the *Structural Family Therapy* (Minuchin, 1974). According to the structural approach, the family system is subdivided in different subsystems and its functioning is governed by rules, which therapists should map and understand in order to be able to promote changes.

The second group was represented by the Milan Systemic Approach of the group lead by Mara Selvini Palazzoli, with Boscolo, Cecchin, and Prata, (1978 a; 1978 b). The Milan team, following Bateson's (1979) ideas about systems, emphasized primarily the world as systems of patterns and information, assuming that the "*mind is social*" and that mental phenomena are essentially assumed to reflect social phenomena. Thus, "mental problems" may be regarded as problems in patterns of social interaction.

In line with the ideas of the interpersonal psychoanalysis (Sullivan, 1954), the Milan team considered that the treatment based on hypothetical interpersonal patterns is much more effective than treatment based on hypothetical intra-psychic patterns (Miller, 1984). The experiential approaches of Virginia Satir (1972, 1988) and Carl Whitaker (1975, 1976) emphasized unexpressed feelings and authentic communication, creativity and spontaneity, therapist engagement and involvement of extended family in the psychotherapy. Focusing the attention on the intergenerational level of relationships, Ivan Böszörményi-Nagy (1965, 1973, 1986), Murray Bowen (1966, 1974, 1978) and James Framo (1968, 1972, 1992) presented approaches that involved members from their family of origin, revealing to have been more influenced by object relations theory. These will be discussed in the following section.

6.2.3 Object relations and attachment theory applied to family systems

For the purpose of this study, the contribution of John Byng-Hall appears to be very interesting. Through his psychoanalytical background and the collaboration with John Bowlby, he has created an original model of understanding and clinical intervention with families, based on the concept of “*secure family script*.” He integrated ideas from object relations theory, systemic family theory, narrative theory, cognitive and constructionism models with attachment theory research on intergenerational transmission between parents and children (Main, Kaplan & George, 1985).

In particular, moving from an attachment perspective, he considered that a fundamental aim of family therapy was to create a secure enough base for the family to explore how each member, and the family as a unit, could provide a secure base for each other outside the therapy. As Main’s research indicated, family problems relevant to attachment involved the role reversal or turning to an inappropriate attachment figure (e.g. adult to child or adolescent), defensive responses to attachment cues or anticipation that losses similar to those of the past will recur. Byng-Hall called for special attention to the theme of the family’s perception of the past, focusing on family mythology, which includes false or edited beliefs about the present, sometimes coupled with family legends, which support those beliefs. He observed that when families are particularly likely to use their histories dysfunctionally, they tend to see the present as an exact replication of the past or, in contrast, they deny that the past has any relevance.

The therapist can support family members to re-edit myths, by enabling families to alter their relationships and their self-perceptions (Byng-Hall, 1986, 1995; 1998; Byng-Hall and Papadopoulos, 1998). This effort would allow a fresh exploration of the past and this process can support and encourage further change. In *Rewriting Family Scripts* (1995), the author remarks the importance of communication processes and of the narrative coherence implicated in the story telling of family members, as an important indicator of attachment relationship security. Byng-Hall assigns a vital role to the idea of security as the capacity of family members to deal in a context of extreme uncertainty. It is also a crucial variable for understanding how the family will use this uncertainty, especially with regards to the behaviour of children and parents.

Byng-Hall moves from the observation of the attachment patterns of behaviour between children and caregivers to define the concept of 'secure family base' (Byng-Hall, 1995). This was in order to provide a systemic framework for understanding the pattern of family's attachments, in which mutual influences between each attachment can be expressed. In his words:

"The secure family base provides a reliable network of care that gives every member, of whatever age, a sufficient sense of security to explore and develop." (Byng-Hall, 1995)

Drawing on the findings of attachment theory on representations, and on studies on procedural and episodic memory (Bretherton, 1985; Nelson, 1980), Byng-Hall introduces the term of 'script' as a central tool in family therapy and change. He fundamentally uses the term 'script' as a metaphor immediately accessible to

families. The term partially incorporates the view of object relations' theory on internal mental representations, as showed by the projective identification in which one member induces another member to enact a role that he or she has disowned. This leads to a series of criss-crossing mutual projections within the family, with each member playing disowned roles for the other. In other words:

“family object relations are built up out of multiple linear cause-and-effect assumptions in which conflict is seen to arise from a person's psychopathology and extends to influence another's behaviour.” (Byng-Hall, 1995)

The idea of 'family scripts' represents a bridge between theory and therapy. On one hand there are family dramas or family scenes, as family rituals and family myths, which are part of family life and are often repeated and redundant. The scripts orient the process of the role learning and development of children, with self-fulfilling prophecies, or phases of inter-generational transitions. However, for the therapists, scripts are a great tool for supporting changes and for re-elaborating on the dysfunctional patterns within the family.

With regards to the pragmatics of communication, Byng-Hall (1999) considered it particularly useful to combine the classifications of attachment patterns studied by Marvin (1993) with Minuchin's Family Structural theory principles (see table 7). Byng-Hall found a correspondence between processes and communication. The quality and organization of narrative processes could allow the therapist to adopt different approaches for the intervention.

Table 7. Family narratives classification (Byng-Hall, 1999)

<i>Narratives</i>	<i>Marvin (Attachment theory)</i>	<i>Minuchin (Structural Family Theory)</i>
Fresh, fluid, coherent	Secure	Adaptable
Idealization, Lack of Memory, Devaluation, Shortness,	Avoidant/Dismissive	Detached
Anger, Passivity, Redundant,	Ambivalent/Preoccupied	Enmeshed
Emotionally dis-regulated; lapsus of monitoring and discourse, dissociation.	Unresolved/Disorganized	Disorganized

Insights were derived from attachment research and have been applied to systemic family theory, aiming to develop models for clinical interventions, such as the systemic-narrative approach (Dallos and Vetere, 2003, 2007, 2009). Moreover, the research on Couple and Family Therapy was conducted according to attachment perspective (Johnson, 2008).

The Attachment Narrative Therapy (ANT) model elaborated by Dallos (2006) offers a framework for the assessment formulation and therapy. It also conceptualises the process of therapeutic work and change as consisting of four stages. The first is to create a secure base, by clarifying the context, supporting empathetic reflection, emotional holding and by creating a map of family and focusing on competencies and resources. The second stage is oriented at conducting an exploration of attachment narratives within a systemic framework. The examination of attachment and relational patterns aims at regulating affects, exploring trans-generational patterns and at reflecting on feelings and the processing of feelings during psychotherapy. In the third stage the therapist should promote the discussion of corrective changes, by

considering alternatives. The fourth and last stage concerns the end of the treatment, by consolidating change and maintaining the therapeutic base. This approach has the advantage to bring together three main systems of thought and psychotherapeutic practice: systemic theory, attachment theory, and narrative theory, with special emphasis on narrative processes.

The decline in Couple and Family Therapy, according to the perspective of attachment theory, may appear more proactive towards research on therapeutic processes and outcomes (Johnson, 2008). This approach draws on the idea that Attachment Theory blossomed as a theory of personality development, which affected regulation. It can also offer to couples and family therapists a broad, integrated theory of close relationships, including a clear outline of basic human needs. Insights on attachment internal working models, such as cognitive-affective components and guiding patterns of behaviours which are often perpetuated in families through trans-generational transmission, are specific enough to guide the formulation of individual, couple or family problems and then to shape the interventions enacted in a given therapy session. For example, attachment anxiety and avoidance can be viewed as a natural response to the lack of a felt sense of secure connection with a partner, rather than, as a lack of skill or insight.

Two family therapy models—the Attachment Based Family Therapy (ABFT) (Diamond, 2005) and the Emotionally Focused Family Therapy (EFFT) (Johnson & Lee, 2000; Johnson, Maddeaux, & Blouin, 1998)—have preliminary empirical validation of their effectiveness and systematically used an attachment framework to assess and address problems in families. These approaches assume that adolescents who enter therapy need to reconnect with parents in order to move towards more autonomy, and that a new level of emotional communication is necessary for this to

occur. They address a wide range of symptoms, both internalizing (such as depression) and externalizing (such as conduct disorder). Both assume that attachment issues such as rejection, neglect, and abandonment are often obscured by conflicts related to behavioural problems (e.g., neglecting chores or homework), and that therapy must foster empathic, attuned conversations about relationship ruptures and attachment injuries.

For adolescents, secure attachment nurtures healthy development, whereas insecure attachment is associated with depression and other forms of problems in adaptation (Herring & Kaslow, 2002; Rosenstein & Horowitz, 1996). Practitioners of ABFT—an approach whose clinical procedures draw from many systems approaches, including EFFT (Diamond et al., 2003), have specialized in working with depressed adolescents, who benefit from more direct communication with parents. Secure attachment is characterized by this type of communication, which fosters perspective taking and effective, collaborative problem solving (Allen, 2008; Kobak & Duemmler, 1994).

Similarly, the relational approach adopted and illustrated by Bleiberg (2001, 2004) to treat personality disorders in children and adolescents is largely informed by concepts and empirical findings of attachment theory and mentalization. The goals of EFFT are to modify the distressing cycles of interaction that amplify conflict and undermine the potentially secure connection between parents and children. The goal is also to shape positive cycles of accessibility and responsiveness that offer the developing adolescent a safe haven and secure base (Johnson, 2004; Johnson & Lee, 2000). As in EFFT for couples, therapy takes place in three stages: de-escalation of negative cycles, restructuring of attachment interactions, and consolidation.

In summary, Attachment Theory provides a compass in the intra-psychoic and interpersonal maelstrom of couple and family distress. Therefore, the intervention can be targeted by referring to emotional connectedness and agency as the main dimensions, which create new positive interactional circles of emotional responsiveness. Attachment Theory recognizes the fact that primary relationships have a great healing power because they constitute the “primary protection against feelings of helplessness and meaninglessness” (Mac Farlane & Van der Kolk, 1996). Attachment theory empowers therapists not only to link self and system but also to de-pathologize dependency. The emphasis on the power of emotions in attuning individuals to their attachment needs and in organizing interactions in attachment relationships can have important implications for therapeutic alliance and for the research on the therapeutic process with families and couples.

6.2.4 Family resilience in the work of Froma Walsh

For the purpose of this thesis, a specific mention has to be made to the ground-breaking work of Froma Walsh (2003, 2008), who elaborated a specific model to identify and enhance resilience in families. She has extracted from different theoretical approaches, conceptual elements, and research findings that can highlight the family dimensions that function as a source of security and resilience.

The family resilience framework shifts the view from seeing distressed families as damaged to understanding how they are challenged by adversity, and then seeking to understand how all families in their diversity can survive and regenerate even when they experience overwhelming stress.

Walsh's model aims at grasping the family potential for self-repair and growth out of crisis and challenge by identifying the three main areas underpinning family resilience: a. family belief systems, b. organizational patterns and c. communication processes (see Table 8). These three dimensions are, according to the author, articulated in several sub-dimensions that better indicate the quality and intensity of resilience mechanisms.

Table 8. Keys to family resilience (Walsh, 2003:26)

Family Beliefs System (2003: 41)	Structural/Organizational Patterns: Crisis Shock Absorbers (2003: 84)	Communication Processes: Facilitating Family Functioning (2003: 108)
Making meaning of adversity	Flexibility	Clarity
Positive outlook	Connectedness	Open emotional sharing
Transcendence and spirituality	Social and economic resources	Collaborative problem solving

The Family Beliefs System consists of three main features: capacity of making meaning of adversity, positive outlook, transcendence and spirituality. Families that view resilience as relationally based can better share the challenge in times of crisis if they consider vulnerability as normal and if they contextualize the difficult and stressful experience by comprehending complex emotions and by avoiding self-blaming or catastrophic expectations. Consequently, hope, courage, strength, and the mastering capacity could increase. Walsh, by drawing on her cross-cultural experience, estimates the impact of spiritual and religious feelings as triggers of transformational process, which facilitate the learning processes, change, and growth out of crisis. With regards to structural and organizational family patterns,

Walsh mentions three axes: flexibility, connectedness, and social and economic resources. Flexibility can be considered as the most important quality of healthy family systems (Satir, 1988). It enables its members to adapt to changes by maintaining a sense of continuity, and by enhancing the capacity to provide protections to all members. Similarly, the mutual support, cooperation, and respect can allow for forgiveness and reconciliation in front of adverse circumstances.

Ideally, secure leadership is authoritative and clear, while flexibly structured relationships ensure a type of family democracy with space for conflict negotiations (Epstein et al., 2003), especially with adolescents and children. The rules and roles of family members are shared and commonly enforced, aiming at an egalitarian leadership, with special emphasis on gender equality. Disrupted and disorganized families are dysfunctional and can be either overly rigid or chaotic, with too much or too little structure. The chaotic extreme reflects preoccupied/angry/hostile relationships where disorganization prevails: roles and intergenerational borders are confused, unclear, shifting, and reversing. Parental style tends to oscillate between overindulgence, permissiveness, and neglect or indifference. Family members do not adhere to plans or promises and repeatedly disappoint in expectations. The other extreme is represented by rigid systems, where one authoritarian parent (usually the father or males) dominates autocratically and is highly controlling. Decisions are imposed and no negotiation is allowed (Satir, 1988).

Last but not least, the availability of concrete and favourable material conditions and/or the capacity to mobilize kin and social and community support networks augment resilience in a beneficial way. The aspect of social and economic resources is a very important factor that can support the capacity of the family to maintain its security or re-establish a sense of continuity in the upheaval of

catastrophic events. Secure families are seen as open systems in connection with the community and wider societal contexts (e.g., Satir, 1988; Whitaker & Keith, 1981). The possibility to mobilize extended kin, or social and community support networks in order to recruit mentoring relationships for children and young adults is extremely effective in case of parental loss or loss of family members with caregiving functions. In the upheaval of war and organized violence, building financial security and balancing work-family strains through the connections with family members who have migrated can be fundamental to recreate adequate life conditions.

The communication processes within families are mainly based on clarity, open emotional sharing and collaborative problem solving. In line with the ideas extracted from attachment theory and exposed in the previous paragraphs, reflective and narrative capacities are rooted in the early emotional interactive patterns between the infant and the caregivers. At a family level, secure attachment relationships (or in Byng Hall's words 'secure family scripts') are expressed by the capacity of the members to communicate fluently their emotions, especially when they face relational conflicts and stressors. In virtue of the quality of communication, individuals enhance their resourcefulness, mutual recognition or empathy and therein they can better identify problems together, share decisions, negotiation skills, take a proactive stance, and prepare for future challenges.

Collaborative problem solving, according to Walsh, consists of creative brainstorming and resourcefulness which opens new possibilities for surmounting adversities and for healing damaging experiences. In terms of attachment theory, these skills can be re-defined as "secure exploration", as a form of confident, attentive, eager, and resourceful exploration of tasks and goals practiced by both caregivers and children and other family members over the life cycle, especially in

face of disappointment and difficulties. The empirical link between secure attachment and secure exploration provides the basis for a concept of psychological security. Grossmann, Grossmann, Kindler and Zimmer (2008), concluded that maternal sensitivity and cooperation during play, as well as the quality of child– mother attachment, are linked with secure exploration, even in a traditional society such as the Trobrianders of Papua in New Guinea (K. E. Grossmann, Grossmann, & Keppler, 2005; Liegel, 2001).

Furthermore, there is a unique contribution from the quality of the fathers' role as a play partner, which adds to the effects of security of attachment to mothers. The fathers' play sensitivity, rather than the security of infant– father attachment as assessed in the Strange Situation, is an important predictor of a child's long-term psychological security. In addition, studies of children, adolescents, and young adults provide ample evidence that a secure child– mother attachment and supportive fathering allow boys and girls the liberty to challenge the boundaries of narrow gender stereotypes. Psychological security seems to facilitate secure exploration in challenging new situations by providing a child with the needed emotional, cognitive, and behavioural resources. This in turn results in resourceful transitions and adaptation to preschool, school, and eventually college. Longitudinal data also point to the importance of the quality of the child– father relationship for a child's or adolescent's ability to form close relationships; again, this is in addition to the mother's influence, especially when it comes to a son's readiness to be an involved, supportive father.

On the opposite side, when communication processes appear ambiguous and unclear, based on paradoxical communications and ruptures of the emotional and relational interactions, the family can easily become dysfunctional and disorganized.

Ambiguity and uncertainty fuel anxiety and inhibit the development of the capacity to understand self-owned and others' mental states. Emotional sharing can be intensively negative and escalate in abusive and violent behaviours, such as threatening, attacking, and maltreatment. The range of angry, anxious, and hateful feelings can be triggered not only by critical events or catastrophic experiences, but also by chronic stress induced by daily multi-stressors and challenging socio-economic conditions, or by psychiatric illness. Family members tend not to share acknowledgment of the reality and information. Miscommunication, silence, and withdrawal create a climate of distrust, hostility, and suspicion with the collapse of the capacity to 'play with the reality'²⁹ (Fonagy and Target, 1996, 1998) in all the family members. Moreover, the capacity to identify, focus and solve problems is damaged. Differences, such as age or gender, trigger conflicts and decrease the possibility to repair relational ruptures and concentrate on alternative plans to surmount difficulties.

²⁹ According to the model elaborated by these authors (1996), in early childhood psychic reality is characterised by two modes of relating internal experiences to the external situation. The psychic *equivalence mode* is characterized by a serious frame of mind, where the child expects the internal world in himself and others to correspond to external reality, and subjective experience can often be distorted to match information coming from outside. The second is the *pretend mode*, involved in play, where the child knows that internal experience may not reflect external reality, but then the internal state is thought to have no relationship to the outside world.

6.3 The contribution of Carl Gustav Jung

The concept of archetype is a cornerstone in the entire Jungian theory. As a matter of fact, the archetype can be bridged to similar concepts in Relational Psychoanalysis and Object Relations Theory, creating a space for a dialogue between these different theoretical traditions and permitting the integration of ideas between different theories. In Analytical Psychology, the psyche is a self-regulating system based on principles of compensation and complementarity. The psychological processes can be understood as an unending play among polarities that join in tension. Even though Jung did not address systematic developmental issues, his ideas of intra-psychic and interpersonal aspects of psychic activities and personality are coherent with the theories focussing on the roots of mentalization and reflective function as an outcome of attachment relationships. The systemic family theories appear to be coherent with some Jungian concepts that remained seminal although clearly formulated on the mother's and father's archetypes and the experiences with the real mother and father which are thought to influence the future personality and (attachment) relationships shaping the Anima or Animus of the child.

6.3.1 Archetype, complex and shadow

Jung imagines that the archetypal structure offers the basis for the phenomenological manifestations through the complex (Jung, 1968, para. 231). Acting as *pars pro toto* - namely as distinct emotional and cognitive units separated from the Ego consciousness - the complexes impede the emotional regulation and

trigger impulsive and sudden mood changes. The Mother archetype and its related complex (Jung, 1968, para. 234) can organize relationships, expectations, and reaction, similarly to the internal working models described by Bowlby. Jung interpreted clinical material through the lenses of the archetype and complex by recommending to the therapist not to be:

“arrested by the apparent significance of the personal mother [...] I attribute to the personal mother only a limited aetiological significance. That is to say, all those influences, which the literature describes as being exerted on the children, do not come from the mother herself, but rather from the archetype projected upon her. The aetiological and traumatic effects produced by the mother must be divided into two groups: 1) those corresponding to traits of character or attitudes actually present in the mother, and 2) those referring to traits which the mother only seems to possess, the reality being composed of more or less fantastic projections on the part of the child” (Jung, 1939/1954: 159).

The archetypal level represents the foundation of the phenomenological aspect referring to the complex (ibidem: 161). In this regard, Knox (2003: 69) showed that the concept of the archetype as described in Jung’s research often results in confusion, and there are irreconcilable tensions between the various models of the archetype, which Jung tried to bring together into a coherent whole. She refers to the concept of internal working models to better express the idea of the archetype, thus investigating the nature of unconscious defences according to the model of

psychoanalysis, analytical psychology and attachment theory. This was in order to give an account of the relational roots of trauma and defences (2003:103):

“Like complexes, internal working models are based on the mechanism of dissociation (or splitting) rather than repression, in that a ‘vertical’ split keeps some conscious and unconscious contents separate from others, while repression reflects the operation of a ‘horizontal’ split in which conscious attention is kept away from certain disturbing or distressing unconscious contents. Defensive expulsion leads to the development of segregated or dissociated memory systems for the loss experience. Because these memories still exist, albeit an un-integrated form, they can continue to influence emotion and behaviour without the person’s understanding how or why” (Fraley and Shaver 1999: 742).

Jung wrote that a complex is:

“subject to the control of the conscious mind to only a limit extent, and therefore behaves like an animated foreign body in the sphere of consciousness” (Jung 1960, 1934: 96).

Fonagy et al. (1995) pointed out that:

“all forms of insecure attachment are defensive compromises in which either intimacy (avoidant/dismissing) or autonomy (resistant/preoccupied) appears to be sacrificed for the sake of retaining physical proximity to the caregiver incapable of containing the infant’s affect” (1995: 243).

In the attachment theory, the motivational attachment system becomes dissociated and disconnected from consciousness especially in the case of a traumatic relationship with caregivers. Another Jungian concept that illustrates a state of disintegration and dissociation is that of *shadow*. According to Jung, the shadow is an archetypal figure that bears a complementary relationship with the ego (Jung, 1917: 103). Jung refers to the shadow aiming at representing a morally depreciable, negative, undesirable, and dark side (Jung, 1917: 66). The shadow can be integrated through a “dialogue” between these opposite sides of personality that have to be recognized, accepted and reconciled to overcome the conflict of opposites and to reach wholeness (Jung, 1934:85). The confrontation with the shadow can be difficult because its contents can be denied, identified with the ego, projected, or split in the outer reality. Jung mentions the moral instance posed by the shadow:

"a moral differentiation is a necessary step on the way of individuation. Without knowledge of "good and evil" ego and shadow, there is no recognition of the self, but at most an involuntary and therefore dangerous identification with it" (Jung, 1973: 154).

Eventually, according to Jung and the alchemical tradition, the shadow can be confronted and integrated with the ego through a process of *coniunctio* (Casement, 2006: 101-2).

6.3.2 *Coniunctio oppositorum*, transcendent function, symbol

In Jung's theory *coniunctio oppositorum* is a principle where the opposites contain, generate, and eventually join each other in the psyche and this enables us to cope with duality, resolve divisive conflicts, and resist one-sided ego. Jung described the process of individuation as proceedings in two movements such as an analytic and a synthetic one (Murray, 2005). The analytic movement results in separation and differentiation, while the synthetic movement builds up the transcendent function:

“Again and again I note that the individuation process is confused with the coming of the ego into consciousness and that the ego is in consequence identified with the self, which naturally produces a hopeless conceptual muddle. Individuation is then nothing but ego-centredness and autoeroticism. But the self comprises infinitely more than a mere ego, as the symbolism has shown from of old. It is as much one’s self, and all other selves, as the ego” (Jung, 1947/1954: 432).

The individuation aims at resolving numerous states of inner conflict and opposition, to a union of opposites (conscious and unconscious, spirit and matter, male and female, old and young, powerful and powerless, etc.), and at bringing wholeness, psychic totality, integral personality, and the development of a mature self.

“To bring this about, the ego must relinquish control over the contents of consciousness temporarily in favour of a process that is not entirely under its management: the assimilation of unconscious contents leads...to a

condition in which conscious intention is excluded and is supplanted by a process of development that seems to us irrational. This process alone signifies individuation, and its product is individuality... particular and universal at once” (Jung, 1916b: 505).

This act of giving over control to an irrational process of emergence and synthesis gives birth to the transcendent function which is the essential core of individuality. The “*transcendent function is essentially an aspect of the self-regulation of the psyche*” (1914: 665). It typically manifests symbolically and is experienced as a new attitude towards oneself and life:

“If the mediatory product remains intact, it forms the raw material for a process not of dissolution but of construction, in which thesis and antithesis both play their part. In this way it becomes a new content that governs the whole attitude, putting an end to the division and forcing the energy of the opposites into a common channel. The standstill is overcome and life can flow on with renewed power towards new goals” (Jung, 1921: 827).

The work of the *transcendent function* (Jung, 1916, 1921, 1940) opens the door to greater self-knowledge. It is the symbolic function par excellence, thanks to which psychic elements earlier differentiated and characterized as opposites or alien to each other are re-joined in a non-synthetic unity. This gives birth to creativity, as Jung explains the idea of *a tertium non datur* as the reconciling “third,” not logically foreseeable characteristic of a resolution in a conflict situation when the tension

between opposites has been held in consciousness:

“The “solvent” can only be of an irrational nature. In nature the resolution of opposites is always an energetic process: she acts symbolically in the truest sense of the word, doing something that expresses both sides, just as a waterfall visibly mediates between above and below” (1970: 705).

By ‘transcendent’ Jung means the ability of the mind (self) to go beyond the border that separates and joins consciousness and unconsciousness or the elements of a couple in psychic dialogue through the *symbol*. The word “symbol” originates from the Greek root meaning “to bring together”, “to combine” and in Jung means to compose opposite conscious and unconscious psychic polarities (Jung, 1912). The role of the symbol is to mediate between different and paradoxical aspects of the reality by unifying them and keeping psychic life in a constant vibrant movement towards its ends (Jacobi, 1959: 109-110).

Jung described the psyche as a monadic unit with capacity of self-regulation. However, he also used alchemy as a metaphor to illustrate the psychotherapeutic healing process where the alchemist projected his internal contents into the activity of transforming metal into gold. This relational aspect of the new third dimension emerging from the conflict between the opposites has been further elaborated by Schwartz-Salant (1988) and Samuels (2006). According to the authors, the alchemical metaphor can be applied to the analytical relationship between the therapist and the patient. Jung explained how the members of the therapeutic couple can be transformed themselves in the process of reconciling and transforming the psyche

(Jung, 1946: 399). According to these post Jungian authors, the dyad has to pay attention to the risks involved in their mutual projective identifications and powerful interactions of interpersonal opposites field, as

“projective identification has the goal of transforming the structure and dynamics of processes in the third area, and, with this, one's perception of these processes” (Schwartz-Salant, 1988: 43).

6.4 Archetypal states of attachment in the aftermath of the war: beyond individual trauma

This chapter has briefly presented the main concepts of contemporary research in attachment theory and its methodology to study adult mental states related to attachment. This part complemented the notions presented in the previous chapter, by concentrating on the individual differences of attachment among adults and adolescents. The second section focused on family system theory and, in particular, on the contribution of John Byng Hall and Froma Walsh. The former has incorporated object relations and attachment theories into family theory and developed a specific approach to promote security among family members. Walsh explored in-depth the concept of resilience in families. Even if in different ways, all these models stress the importance of security in attachment relationships at an individual and family level and describe the interpersonal mechanisms of fostering security, within the couple, between parents and children, and also between members of extended family and community.

It is important to note that the research on attachment has identified three main categories of adult attachment that are linked to attachment behavioral patterns

observed in toddlers and children: Secure/Autonomous, Dismissing/Avoidant, Preoccupied. These categories were finally complemented by a fourth category Unresolved/Cannot Classifiable. However, research findings related to both normal and clinical populations have shown that categorizing attachment is not so clear and precise. As Mikulincer (2006) in particular has studied, avoidance and anxiety often appear simultaneously as they are complementary aspects of defensive mechanisms. Moreover, the Unresolved Loss or Trauma can be present in persons categorized as Secure/Autonomous with regards to attachment mental states. Adopting a dimensional view on attachment can allow for understanding the continuity of defensive and dissociative processes, and for taking into account the possibility of change (for better and for worse) in response to stressful, conflicting, and traumatic situations (Nye et al. 2008). Security in attachment is linked to empathy, responsiveness, sensitivity, communication, self-reflection, narrative coherence, and meaning-making of difficult experiences (loss and abuse in particular). The Jungian concept of conjunction and transcendent function seems to complete the idea of security.

The archetype of attachment aims at creating a holistic framework encompassing its neurobiological dimension that supports the emergence of mentalization and the representational and narrative level, in both individual and family systems. All the theories illustrated in the previous chapter can be consistently integrated by considering that they share a common conceptual dimension which refers to the quality of relationships between infant and caregivers. They outline positive and secure organizations of the relational matrix by describing clear and coherent communication, relatedness and reciprocity, exploration, curiosity, the capacity of meaning making, and the use of symbols, reflection, and resilience. On

the other hand, the archetypal polarity of disorganization can be described at an individual level by the disorganizing and dissociative processes related to abuse, maltreatment, neglect, and loss. However, at a relational level this can be indicated by intergenerational transmission of traumas, hostility, helplessness, chronic psychopathology, suicide, unresolved traumatic experiences, domestic violence, gender based violence, traumatic migration/separations, and the lack of social and economic resources.

The framework of the attachment archetype at a family level organizes in a mutual, interactive, and synergistic way the cognitive (belief system), relational (connectedness and organizational patterns) and narrative/symbolic (communication processes) dimensions. In fact, the wider view of attachment is based on the interdependence of the attachment and exploration behavioural systems (Bowlby, 1969/1982). Bowlby's (1969/1982) premise that exploration, competent play, and mastery of the environment are facilitated when a child feels secure in the relationship with the mother, and later with the father. These theories offer great empirical support for these ideas in studies in multiple cultures (K. E. Grossmann & Grossmann, 2005).

Various approaches to family therapy have emphasized processes in different domains (Sluzki, 1983). For instance, the structural model attends primarily to organizational patterns. The cognitive-behavioural approach addresses belief systems and communication processes, and the postmodern approach focuses on the social construction of meaning. The archetype of attachment at a family level considers strengths and strategies to fit the demands of particular adverse situations over time, from a single crisis event to daily multiple stresses and traumatic experiences of war and collective violence. This is similar to the family resilience framework (Walsh,

2003), which provides a flexible map for assessment and intervention, and which allows one to identify and target core processes in effective family functioning while also keeping a contextual view, and recognizing the viability of many different pathways in resilience. As illustrated in chapter 7, the processes of adversity activated development and healing from transitory potentially harmful experiences (i.e. displacement and migration following from attacks of organized violence or fierce losses) are very different from those needed to cope effectively with a chronic condition, such as illness or poverty. Moreover, very often the interaction of these two types of experiences can impact the capacity for resilience or on Adversity Activated Development.

As mentioned in the beginning of Chapter 5, this framework can be heavily criticized for a superficial interpretation of each theoretical model and consequently for a forced integration that leaves several conceptual gaps. However, I point out that the study was generated in a specific and challenging context, such as the post-conflict Kosovo environment. As it will be explained in Chapter 7, I have tried to better understand, through psychoanalytical lens, the long-term significance of traumatic experiences related to conflict and the long-term changes induced by the war. To date, research on the psychosocial consequences of mass trauma resulting from war and organized violence on children has primarily focused on the individual as the unit of treatment and analysis with particular focus on mental disorders caused by traumatic stress. This body of research has stimulated the development of promising individual-level treatment approaches for addressing psychological trauma. In contrast, there is virtually no literature addressing the effects of mass trauma on the family and community systems, as Catani, Schauer and Neuner have observed (2008). These authors have conducted research in two long-standing war-torn societies such

as in Sri Lanka and Afghanistan. They found that in addition to multiple exposures to war or disaster-related traumatic events, children also indicated high levels of exposure to family violence. These findings point to the need for conjoint family and community-based programs of prevention and intervention that are specifically tailored for the context of the affected society.

In general, there is high consensus among researchers that children are more resilient and present greater hardship if they can benefit of the sensitive presence of a caregiver, such as a caring parent, or another empathetic adult available in the extended family or the social environment (Hauser, Vierya, Jacobson, & Wertlieb, 1985; Rutter, 1985; Werner & Smith, 1992). Rutter (1987) concluded that resilient children in troubled families often actively “recruit and form special attachments with influential adults in their social environment, such as friends, neighbours, teachers, coaches, clergy, and other mentors”.

The security of attachment relationships can strongly enhance the inner resources of children to cope with adversities and to adjust after disruptive events. However, genetic traits represent an important factor that can interact with their coping skills (Reiss, Hetherington, Plomin, & Neiderhiser, 2000).

Another crucial aspect that can influence the process of adaptation refers to the family structure, organization, emotional climate, affective support and boundaries between generations. According to Kagan (1984), the quality of parental understanding and communication can mediate these family processes. Many empirical studies illustrate the risks of secondary traumatization for children whose parents have suffered organized violence, war, and other traumatic experiences. This phenomenon is related to a temporary disabled caregiving capacity and reduced sensitivity, which can negatively affect family relationships.

Attachment theory, with its attention on caregiving system functioning, can be usefully integrated with systemic-family theory and support the research family processes related to parent-child relationship. The consequences of war violence and natural disasters on the mental health of children, as well as on family dynamics, remain poorly understood.

In the recent years, researchers attempted to study systematically the predictors of family violence in the aftermath of war, in either partner violence (Saile et al., 2013), or child maltreatment (Sriskandarajah, Neuner & Catani, 2015). Parental care represents a protective factor from child psychopathological problems, orienting the focus of interventions on supporting positive parenting (Wieling and others, 2015). These results corroborate the idea that attachment security is a resilience factor also for families (Byng Hall, 1998; Walsh, 2002; 2008), supporting the capacity of its members to create meanings and symbolize emotional experiences.

In sum, the framework of the archetype of attachment represents an attempt to integrate an ecological–developmental perspective to assess individual and family strengths and vulnerabilities, by also taking into account the relationship of a family’s particular socioeconomic situation with developmental priorities. Through the developmental archetypal lens, this framework includes an evolving view of developmental and family challenges and responses over time, rather than a cross-sectional view at one point in time. All the families that took part to the research have faced the 1999 war in different ways and then had to move into a process of adaptation, which required varied strengths to rebound in the immediate aftermath, to manage disruptions and, where necessary, to reorganize and rebuild the lives of family members over the long term.

PART THREE

The empirical study

CHAPTER 7

THE EMPIRICAL STUDY

7.1 Background to the conflict

Kosovo is a tiny province in the Balkans situated between Serbia and Albania. At the time of the 1999 war, the population was approximately 1,800,000 people, of whom roughly 90% were ethnic Albanians, 8% Serbs and 2% belonged to minorities (Malcolm, 1998). The society is primarily traditional and patriarchal, and the region is mainly rural with the exception of a few urban centers. The patriarchal roles and norms are envisaged in a code of customary law, so-called “*Kanuni of Leke Dukagjini*”. Take, for example, the Kanun on gender relations including the following comment: “*The Kanun requires that the bride’s family put a bullet in her dowry—for her husband to kill her with should she be unfaithful*” (Mangalakova, 2004: 6 quoted by Kellezi & Reicher, 2014).

Prominent authors have written that the Kosovo war stemmed from political, not ethnic conflict, as in conflicts of Bosnia and other countries of the former Yugoslavia (for instance, Malcom, 1998; 2002). Discussing the historical reconstructions of the conflict between the Serbian government and the Albanian minority living in Kosovo far exceeds the objective of this study. For our purposes it is sufficient to mention a few facts related to the conflict that occurred between 1998 and 1999.

In October 1998, following reports on severe systemic gross violations of human rights by the Serbian military against Kosovo Albanians, US special envoy Richard Holbrooke negotiated with the Serbian president Slobodan Milošević to allow 2,000 unarmed verifiers into the province under the Organization for Security and Co-operation in Europe (OSCE) to monitor the human rights situation officially documented in the report *“As seen as told”* (OSCE, 1998). The violence between the Kosovo Liberation Army and the Serbian paramilitary and military forces continued to escalate, when on March 24 1999, NATO launched an air campaign against Serb military targets in Serbia, Montenegro, and Kosovo. Allegedly, Milošević’s forces responded by an all-out campaign to ethnically cleanse Kosovo of its Albanian population, by driving hundreds of thousands across the border into Macedonia, Albania, and Montenegro. Heavily armed Serb paramilitary forces, infamous for their tactics in Croatia and Bosnia, descended on Kosovo, and the UN Secretary General Kofi Annan called it genocide. By the end of April 1999, over a half million refugees had been forced out of Kosovo. NATO continued to bomb Serbia for 78 days and when Milošević surrendered, the NATO ground troops entered Kosovo and the Interim Administration of the United Nations Mission in Kosovo (UNMIK) was deployed. Kosovo remained part of Serbia but the sovereignty was suspended and temporarily given to the international community. This appeared to be the only solution to allow Kosovo Albanians to return to their homes. At the end of the war, Milošević agreed to withdraw his forces and these were replaced with the NATO-led international Kosovo peacekeeping force (KFOR). Exact statistics about losses in the war are highly controversial, but it has been estimated that there were over 10,000 deaths on the Kosovar side and that some two-thirds of the population was displaced

internally or externally, of whom the great majority (up to 88%) were women and children (Judah, 2000; O'Neill, 2002; UNFPA, 2005).

More specifically, Human Rights Watch concluded that there was widespread rape and that this was not a matter of occasional incidents but rather sexual violence was used as an instrument of war (Human Rights Watch, 2000). As state structures were weakened in the run up to, and during, the war, traditional structures became more entrenched resulting in reduced education, reduced travel and work opportunities for girls, early-age marriage, economic dependence, and exclusion from ownership (UNDP, 2004; UNFPA, 2005)³⁰. Starting from 10 June 1999 until 16 February 2008, Kosovo has been governed by the United Nations ad interim administration in Kosovo (UNMIK), and on 17 February 2008 Kosovo self-proclaimed its independence but it has still remained unrecognized by 108 out of 193 countries within the United Nations.

Currently, Kosovo is in the process of application as a candidate for future integration in the European Union³¹ and the relations with the Serbian government are in the pathway of their normalization under the Brussels-led dialogue and mediation between Pristina and Belgrade. During the last 16 years, Kosovo has developed its own institutions and consolidated a solid constitutional legal framework inspired to all the international standards for the promotion and protection of human rights, especially with regards to minorities, women, children and vulnerable persons.

³⁰ At the turn of the millennium Kosovo had one of the lowest gender-related Development Indexes (including the highest economic discrepancy between women and men) in South-East Europe (UNDP, 2004).

³¹ See the documentation at http://ec.europa.eu/enlargement/pdf/key_documents/2012/package/ks_feasibility_2012_en.pdf, retrieved on 1 February 2016.

7.2 The Study

This study has interviewed and observed 35 families belonging to different ethnic communities and distinct socio-economic environments. For ethical reasons, the selection criteria of the sample were fixed according to a minimum number of requirements for families, such as: 1) having Kosovo nationality and living in Kosovo at the moment of the research; 2) belonging either to the Kosovo Albanian or the Kosovo Ashkali or Kosovo Roma community; 3) having at least one child aged between 18 months and six years; 4) family members not belonging to a clinical population; 5) expressing willingness to cooperate after having understood the main objectives and methodology. In fact, as the methodology requests to tell the story of family relationships and of potentially traumatic experiences, the researcher has considered of utmost importance to minimize the potential harmful effects of the inquiry. Families expressing discomfort after the assessment and/or presenting unsatisfied basic needs were referred to social service agencies and therapeutic support was recommended through local institutions. However, as the research did not take place within an institutional setting providing psychological care and by ensuring a prompt intervention, the researcher decided to focus only on non-clinical population.

In order to compose a mixed sample representing different ethnic and social groups, the variables ‘socio-economic condition’ and ‘ethnicity’ have been matched. The sample included an equal number of low- and medium-/high-income families, as well as balances of the number of Kosovo Albanians and members of communities in a numerical minority. The children have been identified through local kindergartens and in several cases through informal networks with local community members who

invited families to participate. This frequently reassured the involved families and it facilitated the openness and cooperation towards the research.

Considering the impact that the direct experience of potentially traumatic experiences related to the conflict can have on the process of psychological adjustment of the individuals and families (see chapter 2), the process of selecting family groups for the study focused on four geographic regions exposed to war events and organized violence in different ways. This choice was based on a review of the main reports and literature findings between 1998 and 1999 related to the gross violations of human rights in Kosovo.³² Each family was approached with a research assistant holding a bachelor's degree in psychology and fluent in Albanian and English. The assistant received adequate training on research methodology, both in administering scales and questionnaires as well as observing the interaction between mother and child. The visits were conducted in by two research assistants at a time, however the translations were limited to a certain extent to maintain a readable flow of communication. Interviews were also conducted with community leaders and representatives of municipal institutions (e.g., the center for social welfare, health departments, and municipal offices) aimed at providing more context about the communities surrounding the participating families.

The first group of families resides in the multiethnic town **Mitrovicë/Mitrovica**³³, which is located in northern Kosovo and is divided by the river Ibar in the south and northern municipalities. In particular, the families currently live in South Mitrovicë/Mitrovica South, including the town and some 40 villages.

³² The Organization for Security and Co-operation in Europe (OSCE), (2003) 'As seen as told', available at <http://www.osce.org/odihr/17772?download=true>

³³ The names of places, towns and villages will be mentioned by using both official languages, namely Albanian and Serbian.

According to the Kosovo Population and Housing Census of 2011, the total population was 71,909, compared to 29,460 in Northern Mitrovicë/Mitrovica North.³⁴ Prior to the conflict in 1999, the Kosovo Albanian community resided primarily in the South and the Kosovo Serb community was concentrated in Northern Mitrovicë/Mitrovica North, while the so called “*Roma Mahalla*” or the neighborhood inhabited mostly by the Roma community (but also including Kosovo Ashkali and Kosovo Egyptian families) was located in the southwestern part of the town. In 1999 the Roma Mahalla was completely destroyed by Kosovo Albanians in retaliation against members of the Roma community who cooperated with the Serb paramilitaries. Many families fled to third countries as refugees and asylum seekers, while the most vulnerable families remained as internally displaced persons (IDPs) living in camps organized by the United Nations Interim Administration and assisted by international humanitarian organizations (i.e. UNHCR, Danish Refugee Council, International Red Cross, et alia).

Starting in 2007, the Danish Refugee Council (DRC) began the process of reconstruction with the financial aid of many donors. Reconstruction was further finalized in 2012 with the definitive closure of the Osterode Camp.

The families included in our study’s second group had been returned to the newly reconstructed Roma Mahalla in late 2009, and most of them had been displaced in Osterode Camp or in European countries following the conflict in 1999.

The second family sample includes rural families living in the municipality of **Deçan/Decane** located in southwestern Kosovo. It covers an area of approximately

³⁴ Available at: <https://ask.rks-gov.net/eng/>

297 km² and includes the Deçan/Decane town and 36 villages. It is widely known for the monastery of Visoki Deçani of the Serbian Orthodox Church.³⁵

According to the Kosovo Population and Housing Census of 2011 the total population was 40,019. Noteworthy, according to the municipal office for communities and returns, 15 Kosovo Serbs – not including Serbian Orthodox clergy – and two Kosovo Montenegrins also currently reside in the municipality. Prior to the 1999 conflict Kosovo Serbs also lived in the municipality. As Deçan/Decane was one of the strongholds of the Kosovo Liberation Army (KLA), subsequently the Kosovo Albanian community had been suffering from several attacks by paramilitary Serbian military and other paramilitary forces, and a large part of the population fled to Montenegro, Albania and/or eventually third countries. On a similar note, a large amount of infrastructure was destroyed and much reconstruction had taken place with the assistance of the international agencies and the support of diaspora. The economy of this rural area had been relying on agricultural and included quite strict patriarchal traditions and ethnic culture. For many families, remittances of the diaspora was a significant source of income.

The third group of families in our study lives in the municipality of **Prishtinë/Priština**, which covers an area of approximately 572 km² and includes Prishtinë/Priština city and 40 villages. It is the administrative, political, economic and cultural centre of Kosovo and the most densely populated municipality. According to the Kosovo Population and Housing Census of 2011, the total population is 198,897. According to the municipal information office, approximately 2,000 Kosovo Serbs reside in Prishtinë/ Priština and in the villages of Slivovo/Slivovë, Donja

³⁵ See also: <http://whc.unesco.org/en/list/724>.

Brnjica/Bërnice e Poshtme, Gornja Brnjica/Bërnice e Epërme, Devet Jugovica/Nëntë Jugoviq and Lebane/Leban.

Prior to the 1999 conflict the number of non-Albanian communities living in the municipality was significantly higher. The Kosovo Albanian majority had been strongly persecuted by the Serbian regime in the 1990s and several human rights violations have been perpetrated against members of the Albanian community. However, during the bombings in 1999, the capital city represented a relatively safe haven for the population. The third group includes families of the middle and upper class residing in the city also during the violent events in 1999.

The fourth sample in our study includes families belonging to both the Kosovo Ashkali community residing in the municipality of **Fushë Kosovë/Kosovo Polje** (FKKP) and also Kosovo Albanian families living in **Gjilan/Gnjilane** (GN). As described in the OSCE municipal profile, which is located in central Kosovo, the FKKP municipality covers an area of approximately 83 km² and includes the FKKP town and 15 villages.³⁶ According to the Kosovo Population and Housing Census in 2011, the total population was 34,827, out of which, according to the municipal office for communities and returns, approximately 3,882 were Kosovo Ashkali origin, 900 were Kosovo Serbs, 783 were Kosovo Roma and 100 were Kosovo Montenegrins.

Prior to the 1999 conflict the number of non-Albanian communities in the municipality was much higher. According to the UNHCR data until 2010, 888 Kosovo Ashkali and Kosovo Egyptians, 382 Kosovo Serbs and 182 Kosovo Roma returned to the municipality. However, a considerable number is still displaced. In the immediate aftermath of the conflict in 1999, the Kosovo Serb and the Kosovo Roma

³⁶ Available at: <http://www.osce.org/kosovo/66047>.

minorities were mostly targeted by violent acts perpetrated by Kosovo Albanians, who accused them of cooperating with Serb paramilitary forces prior to and during the bombings. The Kosovo Ashkali and Kosovo Egyptian communities, living in Neighborhoods 28 and 29, were however indirect targets of violence and criminal acts prompting several families to leave the region.

Overall, the communities who were numerical minorities such as Ashkali, Roma and Egyptian had always been living in poor socio-economic conditions, with few employment opportunities, low participation in public decision-making and political life and a high rate of illiteracy especially among women and girls. The municipality of **Gjilan/Gnjilane** is located in southeastern Kosovo.³⁷ It covers an area of approximately 385 km² and includes the Gjilan/Gnjilane city and 42 villages. The total population is 90,178, according to the Kosovo Population and Housing Census of 2011. Prior to the 1999 conflict, approximately 25,000 Kosovo Serbs and 6,000 Kosovo Roma people lived in the Gjilan/Gnjilane municipality. Despite some returns in the last ten years, almost 22,000 Kosovo Serbs and over 5,000 Kosovo Roma still remain displaced, according to the municipal office for communities and return. According to the Kosovo Agency of Statistics, currently the ethnic composition of the municipality consists of 87,814 Kosovo Albanians, 978 Kosovo Turks, 624 Kosovo Serbs, 361 Kosovo Roma, 121 Kosovo Bosnian, 69 Kosovo Gorani, 15 Kosovo Ashkali, 1 Kosovo Egyptian and 195 non-specified individuals.

³⁷ Available at: <http://www.osce.org/kosovo/13113?download=true>.

7.2.1. Research objectives

Overall, the present empirical study attempts to develop a psychological perspective to interpret the phenomenon of psychosocial change in families that have been created and grown in post-conflict settings. Through the theoretical framework of the “*archetype of attachment*”, this research explores the transformative developments that occur within the psychosocial realms in family life in Kosovo. The theoretical conceptualization developed in this work offers an original perspective on adversities and human responses aiming to go beyond the traditional focus on trauma and pathology. The archetype of attachment is articulated on both the personal and collective dimensions. It acknowledges the transformative potential of possibly traumatic experiences and examines the beneficial role of the endowment of a third discourse that transcends the monolithic and debilitating dichotomy of the initial pair of polarities.

In this direction, the empirical study’s main goals are to explore the psychological perspective of parents, in particular that of mothers, because they represented the main caregivers in the majority of the cases. This research also explores the psychosocial dimension and the complex relational matrix connecting individuals, families, communities and society. In addition, the observation of the relationships between child and caregiver, together with the family narratives, offered the opportunity to articulate the observation at a family level, and to make assumptions on the relations between the psychological realms within individuals and families and the wider psychosocial conditions and cultural context. The majorities of parental couples interviewed in this study experienced war-related events before they got married and had children and most likely when they were still children or

teenagers. They have been growing up in different environments – rural or urban – belonging to the main ethnic group or to minorities, and they have witnessed the slow transition from a state of organized violence and war to peaceful and safe communities.

On a psychological level, the study paid attention to the attachment relationships and relational patterns of attachment between children and caregivers and on their caregiving/parenting styles. These aspects are important to assess issues related to resilience as well as to Adversity Activated Development, especially for individuals. This is because attachment security is considered to be a crucial moderator of the consequences and impact of traumatic experiences induced by war and political violence (Ferrajão & Oliveira, 2015; Haskuka, Sunar, Alp, 2008; Mikulincer, Shaver, Horesh, 2006).

Moreover, drawing on a systemic ecological perspective (Bronfenbrenner, 1979), this investigation focused on the entire family, as family does not only represent a complex relational matrix, where reflective capacities and personality development take place. It also constitutes the central institution for the socialization of children, a basic unit at the foundations of the communities and the broader social fabric.

Consequently, the observation conceived of the psychosocial level of family life by noticing the mediational role of environmental factors and daily stressors that were present before the traumatic event. In this direction, in order to stress the importance of cultural sensitivity and cultural change I have introduced in the assessment of family changes throughout time, the progressive process of ‘*internationalization*’ that could potentially give rise to a third meaningful dimension transcending personal and cultural conflicts.

In this study, the term '*internationalization*' indicates different processes of interaction between the inhabitants of Kosovo and a number of different members of the international community. At first glance, 'internationalization' refers to the involvement of key international stakeholders in the Kosovo conflict and the political situation, as mainly represented by the NATO, United States, European countries and the United Nations Ad Interim Administration, which were established by UN Security Council Resolution 1244. My period of observation starts at least nine years after the conflict and after the declaration of the Kosovo independence.

However, as the study started 10 years after the conflict and focused on long-term changes, the process of internationalization that I intend to describe involves a much wider international community consisting of two main groups. The first group, located and operating within the region, includes primarily civil society organizations, and international agencies led by the United Nations and European Union. These aim to foster institution building and enhance the protection of human rights. The second group refers to another sort of international community, the one created by the Kosovar diaspora throughout several waves of migration. This one represents a consistent part of the total population of Kosovo. The process of internationalization describes the level of interaction and reciprocal influence between these two sides of the international community, which takes place also through the social media. The power relationships described here are more horizontal and mutual, although it is impossible to exclude the main impact that the politics introduced by the institutional international community (NATO, US et alia). This represents a psychosocial variable that I assume could condition the resilience and Adversity Activated Development of communities, families and individuals in the long term.

On one hand, internationalization thus refers to the interactions individuals and communities living in the region have with the organized international community operating in Kosovo. This process includes working with humanitarian organizations, accessing financial and other support from international and local organizations, and actively participating in projects proposed by international actors. On the other hand, other important forms of internationalization encompass the interaction with relatives, friends and other families living in the diaspora in third countries. Both international systems are facilitated by the access to technology and the diffusion of social media and internet navigation

7.2.2 Hypotheses

This study attempts to answer the question: through which pathways do individual and families adapt to the long-term effects of organized violence in Kosovo? In particular, by drawing on the conceptual analysis conducted in the theoretical part that develops the original reflections of the *Umwelt* and the archetypal networks (Papadopoulos, 2001), the potential explanatory value of the archetype of attachment enabled me to observe the intertwining links between intra-psychical and interpersonal dimensions.

At an operational level, I selected two main behavioral dimensions for the empirical observation: the attachment relationships within family and the caregiving attitudes of parents towards their children. I have assumed that the historical, social, cultural and political dimensions have to be analyzed and interpreted beyond the meta-psychological framework of Jungian psychology, “because this kind of abstract approach could drive us to the risk of triangulation and hyper-rationalization.”

(Samuels, 2010) Thus, I have also chosen to observe the behavioral and cultural changes that occurred in different groups of families in the aftermath of organized violence in virtue of the psycho-social support provided by international organizations.

I have drawn on empirical findings of research on attachment, which have shown the strong influence that secure attachment has on the socio-cognitive development of children (Grossman, Grossman, Kindler and Zimmerman, 2008). On the other hand, the potential impairment that disorganized the pattern of attachment and caregiving can bring the development of a coherent sense of self. The current research design formulated three main hypotheses aiming at identifying different paths of psychosocial adaptation through the lens of the archetype of attachment.

The first hypothesis aims to verify if the long-term effects of war and organized violence are linked to a family's limited psychosocial functioning, inadequate parenting and caregiving and/or psychopathological symptoms in mothers. The stressors and vulnerability factors that were also present prior to violent events, can mediate their impact on individuals and families. In order to overcome the "paradigm of trauma" as discussed in Chapter 2, I have decided not to explore the extent of the 'damage' provoked by the traumatic experience. This would be not only difficult given the years that have passed since the events but also harmful and unethical. Moreover, the inclusion of this hypothesis might help to highlight the role of psychosocial factors and stressful events in eroding the security of attachment relationships.

To falsify the first hypothesis, the observation had to focus on: a) the nature and intensity of a potentially traumatic event, b) conditions increasing the vulnerability of subjects and families referring to the pre-war period, such as

socioeconomic status, educational level, ethnicity and discrimination, and disability, c) current symptomatology in both parents and children (i.e. anxiety, depression), and d) the current livelihood and working functioning of adults as well as capacity for education and caregiving towards children.

The second hypothesis questions whether attachment and parenting styles are linked and have a mediational role towards potentially traumatic experiences and adverse environmental conditions. This is achieved by fostering resilience at an individual and family level, and also by facilitating Adversity Activated Development. The focus of the observation moved from the dyad of caregiver-child to a family level, which is considered to be a system linking the individual and the intra-psychoic dimension with the interpersonal, social and community level. Therein, different sub-hypotheses have been formulated: 1) that attachment security within families is not necessarily reduced by the intensity of the exposure to collective violence and war events and by pre-event daily stressors and adverse conditions, 2) that caregivers/families who were exposed to high stressors prior to the war-related events might show less sensitive attachment and less supportive parenting styles towards their children, 3) that differences related to attachment relationships might be influenced by the culture and the organization of the family in relation to its environment (i.e. considering, the number of family members, extended versus nuclear, the number of children and gender power balance), 4) that child rearing practices/parenting styles may be influenced by the state of mind of the caregivers, such as a mother's feelings of depression and anxiety, the vulnerability traits prior to violent events, 5) that child rearing practices/parenting styles may be influenced by the socio-cultural changes inherent to the internationalization of the Kosovo society

and that 6) secure attachment relationships between offspring and parents will be related to better socio-cognitive development and lower symptomatic behaviors in children.

The third hypothesis attempts to verify if the humanitarian aid, and, in general, the process of 'internationalization' can moderate or mediate the effect of potentially traumatic events and cultural attitudes that influence individuals and families. This hypothesis supposes that the long-term effects of war experiences are more related to changes in the society, in particular to the transformations caused by the process of internationalization. The previous is seen as the promotion of a human rights based culture and the fast development of communication through new social media. Different indicators have been taken into account to assess the impact of internationalization, such as: 1) benefitting from humanitarian aid interventions that were led by international (and local) governmental and non-governmental organizations, 2) working with international (and local) governmental and non-governmental organizations during the post-conflict period, 3) fleeing abroad after conflict and living abroad for a certain time, 4) the presence of relatives and/or members of extended family living abroad (diaspora), 5) receiving regular support from family members of extended family who are living abroad, 6) availability of a computer and internet connection and making significant use of social media (i.e. Skype, Facebook, What'sApp, Viber, et alia).

7.2.3 Methodology

7.2.3.1 Subjects

A total of 35 families have been included in the final sample, after completing the data collection and the interviews. The assessment was conducted with 35 dyads of parents (mostly mothers, but three fathers) and children (N= 70). The total population consisted of 184 individuals. I used a cross-sectional study design to conduct the research. Despite disadvantages in this type of design, (Camic, Rhodes, Yardley, 2003), this design offered me the best opportunity to compare different subsets of a population, to observe the subjects within their ecological environment, to collect data on different variables, and to use interviews and instruments best able to detect attitudes and behaviors.

Indeed, a cross-sectional study is ideal for exploratory research, especially in this case where it is more important to gather useful data for generating further hypotheses. Another advantage of the research is given by the possibility to collect longitudinal data based on a retrospective approach.

In order to produce a realistic representation of the Kosovo population, four different groups of families have been compared. This was done by considering the exposure to organized violence and war as well as being part of an ethnic minority group as independent variables. A sampling method and random assignment could not be applied, but the groups were created by trying to match the following variables: educational level (EL), socio-economic status (SES), family dimensions (FD). Table 9 below illustrates the four groups.

Table 9. Samples

	<i>Group 1</i> <i>N=9</i>	<i>Sample 2</i> <i>N=8</i>	<i>Sample 3</i> <i>N=8</i>	<i>Sample 4</i> <i>N=10</i>
<i>Subjects</i>	N 35 children aged between 18 and 60 months and their mothers (as primary caregiver)			
<i>Community (Ethnicity)</i>	Roma, Ashkali and Egyptian communities, returned to Roma Mahalla in the multi-ethnic town of Mitrovicë/Mitroviča	Kosovo Albanian families living in rural areas severely targeted by collective violence in 1998-1999	Kosovo Albanian families from urban and rural areas not targeted by war related events in 1998-1999	Kosovo Albanian and Kosovo Ashkali families from urban and rural areas not targeted by war related events in 1998-1999
<i>Educational Level</i>	Low	Low	Medium-High	Medium-Low
<i>Socio Economic Status</i>	Low	Low	Medium-High	Medium-Low
<i>Family Dimension</i>	Extended to nuclear	Extended to nuclear	Nuclear	Extended to nuclear
<i>Violence Exposure</i>	High and intense	High and intense	Moderate and non-intense	Moderate and non-intense

7.2.3.2 Instruments

The selection of instruments allowed for capturing different areas and dimensions of the variables (see Table 10) that will be observed. The variety of methods adopted to conduct assessment included interviews, behavioral interaction, and participatory observation along with self-reporting. Indeed, the validity of the research depended on choosing instruments conceptually connected to the theoretical framework.

Specifically regarding language, some instruments have been translated from English to Albanian within the context of a working group with eight psychology students at the University of Pristina, who were fluent in English. These instruments are shown in the Appendix Part I.

A *demographic questionnaire* was designed to capture the basic information related to the families and individuals, in relation to gender, age, socioeconomic status, educational level, employment status, income generation capacity, and family size.

The impact of traumatic events has been assessed by using a 38-item simplified version of the *Harvard Trauma* .

Table 10. Synopsis of dimensions and instruments

	Family	Parents	Children
Context: background and history	Demographic Questionnaire Harvard Trauma Questionnaire (modified version)		
Family relations	Family Narrative Interview (with checklist) Family Culture and change questionnaire (with checklist)		
Vulnerability		Hopkins Symptoms Check List 25 (HSCL 25) (mother)	Child Behaviour Check List (CBCL) Denver Development Assessment
Attachment behaviour		Attachment Q-Set (AQS) (maternal sensitivity)	Attachment Q-Set (AQS) (child attachment behaviours)
Parenting Styles		Child Rearing Practice Report (CRPR) (mother)	
Observation/Play Interaction	Structured Play situation (possibly video-recorded)		

Family culture and change interview, Family Narrative interview and checklists

Drawing on the Adult Attachment Interview protocol (AAI, George, Kaplan and Main, 1985; Bretherton and Munholland, 2008) and its further elaboration within the area of systemic family therapy (Dallos and Vetere, 2003; Johnson, S. M., 2008),

an original set of questions was developed to stimulate a family narrative. The questions focused on capturing the security dimension and the attachment patterns among family members and intergenerational history.

On the basis of these narratives, qualitative data will reflect the degree of resources and conflicts in each family, even prior to the conflict in 1998 and 1999. In particular, following the war, the socio-cultural transition due to internationalization may have changed parents' values, vision and coping strategies. Moreover, internationalization may have indirectly influenced their caregiving capacities, sensitivity, and child rearing practices. From a cultural perspective, the use of individual interviews in Kosovo activated resistance and defenses, because this instrument tends to put the subject in a dangerous situation of revealing family secrets or betraying loyalty towards other members. The questions elaborated on exploring family narratives, and the interviews represented an example of a cultural sensitive instrument. Encouragement to develop narratives allows for parent permission to share stories, emotions and personal reflections, or to evidence gaps and contradictions between their personal accounts of the same event. The action of telling and creating narratives seems to open a new epistemic space. A narrative can enable family members to name their feelings, to increase their empathy, to find alternatives and find common solutions, and to integrate emotions and relations.

The families have been interviewed by using two semi-structured protocols which were created ad-hoc, and consequently the interviewer could fill the specific annex checklist in order to obtain not only qualitative but also quantitative data. The interviews were audio recorded when possible and transcribed using a specific grid for the qualitative analysis of narratives.

The protocol of the '*Family Culture and Change questionnaire*' focused on several different areas to stimulate a narrative on the family identity, reflecting on the trans-generational history of the family with regards to its roots in the social cultural, political, religious, and traditional environment. The interview asked how the family was organized in general lines and how the family coped with changes. In particular, the interview focused on the changes due to the war-related events or undertaken in the aftermath of the conflict, such as displacement, asylum seeking, migration, assistance received by international agencies and local institutions, diaspora and potential support received by relatives living abroad. The interview requested information on the opportunity to use social media and access online information. Finally, the interview evaluated the change in the attitude of family members towards the ethical, moral, traditional values and political attitudes of the family as described in the beginning. Specifically, the change should be determined to be influenced by work or education or influenced by external factors, such as international organizations.

The second protocol, the '*Family Narrative Interview*', was complemented by the 'Family Narrative Interview Checklist', and it had been originally developed by combining two sets of questions. The first group of questions was extracted from the Attachment Interview Protocol (Main, Solomon, George, 1985) and then was adapted to a group/family setting. The second set of questions was created by drawing on the concept of family resilience as defined by Walsh (2003). It aimed at capturing several dimensions inherent to the capacity of the family to deal with difficult conditions, tragic events, and changes.

The interview focused on four main areas:

- 1) *Resources and attachment security*: This set of questions focused at first on the supportive factors of an economic, concrete, environmental nature provided by community representatives and family relatives or diaspora. Further, the interview sought to assess the way of comforting and reassuring people in difficult situations, for instance during illness, anxiety or emotional breakdowns. Power distribution among family members was considered with special emphasis on gender roles and functions. The questions were thus focused on the family genogram and aimed at exploring the parent's attachment to their parents, by describing their relationships, their reactions to losses and traumatic events, how relationships changed throughout time, the influence on the parents' relationships with their own children, and the patterns of communication of parents (avoidant/dismissive; preoccupied/anxious; disorganized) along with the quality of reflection and open emotional communications. Finally, the interview focused on ways in which parents could comfort and reassure their child when h/she was upset or frightened, and to tell what happened to them as children in that situation.

- 2) *Belief system*: Questions in this area focused on how families consider adversity – if adversity represents a meaningful, comprehensible, manageable challenge or if it creates a sense of helplessness, persecution, weakness, or vulnerability. Moreover, the questions refer to the strategies that family members adopt towards adversities by also asking to provide concrete examples of their feelings, attitudes, and thoughts. Most importantly, the aim is to understand if family members can see adversities as connected with spirituality and as offering opportunities for personal transformation.

- 3) *Communication processes*: This area explores the process of emotional communication within the couple and among the family members in general. In particular, it explores in more depth the specific attitude of a family toward freely expressing feelings, thoughts and emotions, in taking decisions with a consensus and in managing conflicts and different points of view as well as the capacity of learning from failures.
- 4) *Intergenerational history*: questions to reflect on intergenerational relationships among family members, their reciprocal influences, in particular on dealing with difficult and harsh situations.

Attachment and Parenting Styles instruments

Attachment behaviors

The Attachment Q-Sort (AQS, Waters, 1987) served to assess the secure base behavior at home because it was related to the Strange Situation classifications. The Q-set represented an economical methodology to define the behavioural referents of the secure base concept elaborated within the attachment theory. The Attachment Q Set used in the research was Version 3.0, which was written in 1987 and consisted of 90 items. The AQS was used by the researcher to create a profile of the child – observed at home in interaction with the main caregivers – by ranking the most prominent behaviours related to attachment in nine piles, in which pile 9 is the most descriptive and pile 1 is the least descriptive. This profile, with the items ranked in nine piles of 10 items each, was correlated with an ideal attachment profile. Each

child received a score represented by the R-Pearson coefficient of correlation (r) which ranged between -1 to 1.

Parenting styles

The behaviours of the caregivers, and mostly of the mothers or grandmothers, were assessed through another Q set method, namely the Child-rearing practices report (CRPR, Block, 1965). This tool was originally developed in order to provide a self-descriptive instrument tapping both common and uncommon dimensions in the socialisation realm. In reality, the researcher supported several parents to conduct the self-assessment and helped to select and reduce the number of items which were more descriptive. The items of the CRPR described four primary dimensions of parenting:

Authoritative-authoritarian (AA) (items N. 15, 31, 43, 70, 54, 29, 33, 58, 63, 76, 82, 27, and 55);

Authoritative-responsive (AR) (items N. 1, 38, 2, 22, 39, 45, 51, 52, 19, 53, 21, 61, and 11);

Indifferent -Negligent (IN) (items N. 6, 72, 16, 26, 75, 3, 44, 32, 15, 39, 47, 67, 87, 7);

Indulgent -Permissive (IP) (items N. 24, 26, 1, 11, 22, 25, 36, 44, 34, 40, 45, 53, 18).

Playing interaction between Mother and Child

In order to explore positive parenting in a standardised situation, a structured play context was created. The dyad mother-child was invited to play together with a complex toy and they were observed for 30 to 60 minutes, including 10 minutes that were video recorded. The interaction was observed according to the Infant Observation psychoanalytic approach and notes were taken after the observation. Video records would then be assessed and evaluated by using a four point Likert scale ranging from 1 to 7, and describing four dimensions of positive parenting, constructed in the context of attachment research on positive parenting intervention (Juffer, Bakermans-Kranenburg, Van Ijzendoorn, 2008).

As very few mothers and families agreed to be observed under these terms during a playing interaction, this part of the research has been excluded from the final data analysis.

Explorations versus attachment behavior

Parents can distinguish between when children want to explore the environment or play and when they need to be reassured and comforted because they are upset. Attachment behaviour is activated only in situations that can threaten the sense of safety of the child, such as physical and psychological discomfort, sickness, separation or loss. Confusion between these two areas could lead parents to intrusive actions. For example, when mistaking a child's willingness to play with a toy autonomously for his/her inability to use it properly, a parent may interrupt the child's play actions.

Speaking for the child/Speak with the child

This attitude is more important during children's first three years, when language skills are not well developed. The parent can interpret a child's intentions, feelings and thoughts and verbalize them directly to the child by assuming his/her position. For example, the baby wakes up after a nap and the mother holds him, looks at him in the eyes and says "Good morning mom, I slept very well." The mother sees the child trying to sit on a big chair and says "this is difficult for you."

Sensitivity chain

The parent can respond to a child's expressions and communications during the interaction with sensitivity, by attributing the correct meaning to his/her feelings/expressions.

Sharing emotions

The parent welcomes the child's emotions/expressions and translates them in words for the child. At the same time, parents can also express their emotions to the child. An example could be when the child doesn't want to listen to their request to not touch a fragile object and the mother says, "When you don't want to do what I ask you, I get angry."

Psychopathological symptoms in parents and children

For adults

In order to identify and cross-check for potential psychopathological symptoms, the researcher submitted to the interlocutors a self-assessment questionnaire, the Albanian version of the Hopkins Symptoms Checklist-25. The purposes were to describe the experience of anxiety and depression as well as the Albanian version of the Child Behavior Checklist (CBCL). Both the instruments had been validated for use with the Kosovo Albanian population.

The HSCL-25 is a shorter version of the self-report questionnaire, the HSCL, which has been shown to have satisfactory validity and reliability. The scale consists of 25 items with operationally defined steps ranging from 1 (not at all) to 4 (very much). The scale covers the most common psychiatric symptoms in the areas of anxiety and depression. The comparison of scores on the HSCL-25 to physician ratings of emotional distress has yielded a concordance rate of 86.7%. Comparison of the HSCL-25 with longer versions has shown reliable consistency of response. A patient was considered a probable psychiatric case if the mean rating of the HSCL was ≥ 1.55 . The patient was considered a psychiatric case in need of treatment if the mean rating was ≥ 1.75 .

For Children

The ASEBA (Achenbach System of Empirically Based Assessment) preschool forms are standardized assessment instruments that are user-friendly, cost-effective, and used by a wide range of professionals in different settings, which can be completed independently by most respondents in about 15-20 minutes. CBCL1½-5

5 was designed to provide normed scores on a wide array of behavioural and emotional problem scales in young children (Rescorla, 2005). The CBCL for preschoolers has been used in over 200 published studies and its validity and reliability are well documented (Rescorla, 2005).

The questionnaires were answered by mothers, while the researcher provided clarifications if needed. Figure 5 illustrates the profiles of the scoring of the four groups of children, on each scale (emotionally reactive, anxious/depressed, somatic complaints, withdrawn, sleep problems, attention problems, and aggressive behaviour). The scores of the scale related to internalizing symptoms (obtained by adding the scores on emotionally reactive, anxious/depressed, somatic complaints, and withdrawn scales) and externalizing problems (obtained by adding the scores on attention problems and aggressive behavior) have been reported as well.

The *Denver Developmental Screening Test (DDST)*, commonly known as the Denver Scale, is a test for screening cognitive and behavioral problems in preschool children. It was developed by William K. Frankenburg and was first introduced by him and Josiah B. Dobbs in 1967 and revised in 1992 (Frankenburg WK, Dodds J, Archer P, et al., 1992). The scale reflects what percentage of a certain age group is able to perform a certain task. In a test to be administered by the researcher, the child's performance against the regular age distribution has been noted. Tasks were grouped into three categories (fine motor skill, language, and gross motor skill) and included items such as knocks two building blocks against each other (90% of 13-month-olds), speaks three words other than "mom" and "dad" (90% of 21-month-olds), or hops on one leg (90% of 5-year-olds). The Denver Scale consists of up to 125 items, divided into four parts: 1) fine motor function, such as eye-hand coordination, and manipulation of small objects, e.g. grasping and drawing; 2)

language, including production of sounds, ability to recognize, understand, and use language, e.g. ability to combine words; 3) gross motor functions, such as motor control, sitting, walking, jumping, and other movements; 4) social/personal, including aspects of socialisation inside and outside the home (e.g. smiling). The fourth area of the Denver assessment was not considered in the research as the Attachment Q sort observed the same behaviours.

Table 11 provides an overview of the variables taken into considerations and the instruments used to observe and analyse them.

Table 11. Summary of instruments

<i>Variable</i>	<i>Instrument (Author, year of publication)</i>	<i>Description (dimension, methodology)</i>
1. Secure attachment behaviour of child	AQS (Waters and Deane, 1985) child version.	Dimensions: <ul style="list-style-type: none"> ✓ Attachment; ✓ Sociability, ✓ Compliance; ✓ Activity Level, ✓ Transitional Object.
2. Caregiver's Sensitivity	AQS (Waters and Deane, 1985) mother version.	
3. Child Rearing Practices	CRPQ (Child Rearing Practices Report, Block, 1961).	Four parenting styles: <ul style="list-style-type: none"> ✓ Authoritarian Authoritative ✓ Responsive Authoritative ✓ Indulgent Permissive ✓ Indifferent Uninvolved
4. a Play session	Structured play situation 10 minutes	
4.b Child Observation	Psychoanalytic observation (Baby Observation training 2 years- AIPA) Selected dimensions (Juffer, Bakermans-Kranenburg, Van Ijzendoorn, 2008) 1 hour <ul style="list-style-type: none"> ✓ Exploration versus attachment behaviours ✓ Speaking for the child 	

	<ul style="list-style-type: none"> ✓ Sensitivity Change ✓ Sharing Emotions 	
6. Family Culture and Change Questionnaire	Set of questions on cultural and organizational changes within families due to the process of internationalization	
7. Family Narrative	Set of questions inspired by the AAI Protocol (Main, Kaplan and George, 1985)	
8. Vulnerability Scales (Anxiety and Depression, Adults)	HSCL 25 (Mollica, Wyshak, de Marneffe, Khuon and Lavelle, 1987)	Anxiety (15 items) Depression (10 items)
9. Trauma Experience	Harvard Questionnaire (Mollica, Caspi-Yavin, Bollini, Truong, Tor, & Lavelle, 1992).	39 Trauma events, categorical answer (Yes/Not)
10. Child Pathological Symptoms	Child Behaviour Checklist (Achenbach, 1991; 2001)	<p>Syndrome Scales: Emotionally Reactive; Anxious/Depressed; Somatic Complaints; Withdrawn; Sleep Problems (CBCL only); Attention Problems; Aggressive Behaviour.</p> <p>DSM-Oriented Scales: Affective Problems; Anxiety Problems; Pervasive Developmental Problems; Attention Deficit/Hyperactivity Problems; Oppositional Defiant Problems.</p>
11. Socio cognitive Development	Denver Scales (Frankenburg, Dobbs, 1997)	12-60 months <ul style="list-style-type: none"> ✓ Fine motor skills (coordination and attention) ✓ Gross motor skills ✓ Language

7.2.3.3 Procedure

Participants in the study included mothers with children from 12 months to 60 months (5 years). The research design included four groups. The assessment had been planned as a research-intervention and took two to three sessions, with each session lasting from one to two hours. During the first session, which usually took place in the house of the family, the members were interviewed using the Family Narrative Protocol (one hour) and the interviewer filled the Family Narrative checklist and the Family Culture and Change Questionnaire on the basis of the information offered by family members. Indeed, the Traumatic Event scale was commonly completed in order to report the experiences related to the war period. After the interview, children were assessed using the Denver Developmental screening (20 minutes). Then the Child Rearing Practice Questionnaire was administered to the mother (40 minutes).

In the second session, the child and the mother were observed in their home for approximately one hour, including the structured play interaction. The researcher observed the dyad and the siblings when present in order to assess later attachment relationship using AQS. The researcher then compiled the Child Behavior Checklist for preschoolers with the mother, and the Hamilton Symptom Checklist 25 was administered to the mother. When possible, the third session provided feedback on the assessment, focusing on the strengths and weaknesses of the family as a whole, offering medical support in terms of medicines and a checkup, giving educational toys to the children, and – when agreed – a DVD with the video recorded play interaction. The video was shown and discussed with the parents, aiming at advising them about positive parenting issues. The main message was that education starts at home and parents are the best teachers of their children.

7.2.3.4 Ethical concerns

The researcher adhered to the ethical guidelines of the Centre of Psychoanalytic Studies at the University of Essex. Central to the ethical conduct was the need to ensure the emotional and psychological well-being of the people interviewed and assessed, with special attention to the children. The researcher, who has worked as a clinical psychologist and psychotherapist, has ten years of professional training, significant clinical experience with vulnerable and marginalized individuals, children and families dealing with their risks of distress, problems of closure, emotional involvement and dis-regulation.

7.2.3.5 Data Analysis

The research methodology in this study adopts both quantitative and qualitative approaches. Empirical findings support the analysis of other documents and materials, following the theoretical framework that was originally created. All the instruments offered the opportunity to obtain narrative and qualitative material, and scores on ordinal scales, which were then analyzed only with non-parametric tests, due to the low number of cases included in the four samples. The researcher conducted a descriptive analysis and frequencies on the data were collected as well as correlations when appropriate by using the Excel Statistical Package and the software SPSS 23. Given the small size of the groups and the general sample only non-parametric tests were conducted, such as Kruskal Wallis and t-Student. Ideally, if the samples were extended to up to 40 per group, other statistical analyses could be applied such as the one-way ANOVA, and multivariate techniques, like regression analysis and MANOVA.

7.3 Results

7.3.1 Description of the sample

The demographic characteristics of the groups have been summarized in Table 12. Generally, the children's ages ranged between 24 and 50 months (average 35.6 and standard deviation 8.31). The children belonging to Group 3 and 4 appeared to be younger than the children of Group 1 and 2. However, this difference was not considered to pose a risk to the comparability of this sample with the others, due to the fact that all the instruments used to assess the children were age-sensitive. The averages referring to the age of the mothers and fathers did not present significant differences. Moreover, while Group 1 presented a higher number of siblings, Group 3 presented a significantly lower number of family members. This result might be explained by the fact that Group 3 consisted of a new emerging sociological categories, such as that of 'nuclear family' in contrast to the 'extended family,' which was more representative of the traditional, social, environmental, and cultural background of Kosovo.

The variable related to 'miscarriage and death of child' was included because of its potential relevance in disorganizing the attachment state of mind of the mothers, according to an empirical investigation (Bakermans-Kranenburg M.J., Schuengel C., van Ijzendoorn M.H., 1999). Although the reliability of this information is limited because to reveal this experience might be difficult, in Group 1 mothers tended to report more often this experience (40%).

Group 3 seemed to be the least practicing of the Islamic religion where individuals were keener to hold more secular habits and values, compared to the other three groups. With regards to housing conditions, Group 3 and 4 appeared to live in

better conditions than Group 1 and 2. Similarly, the income and employment status in Groups 1 and 2 tended to be less favorable, where the majority declared receiving less than 200 euros per month. In Group 3 the incomes were immensely higher, due to the fact that several individuals were employed within international organizations or worked in central institutions or run businesses. Overall, it is possible to say that only the members of Group 3 had real employment conditions and income. Moreover, regarding educational attainment, only Group 3 individuals received higher education, while on average the other three groups barely finished primary school.

Table 12. Demographic data

	Group 1 (N=9)	Group 2 (N=8)	Group 3 (N=8)	Group 4 (N=10)	Total
<i>Age of the Child (months)</i>	<i>m</i> 38.6 <i>s.d.</i> 5.73	<i>m</i> 39 <i>s.d.</i> 9.39	<i>m</i> 32.5* <i>s.d.</i> 6.42	<i>m</i> 32.9* <i>s.d.</i> 8.71	<i>m</i> 35.6 <i>s.d.</i> 8.31
<i>Age of the Mother (years)</i>	<i>m</i> 33.4 9.3	<i>m</i> 35.4 <i>s.d.</i> 6.1	<i>m</i> 35.1 <i>s.d.</i> 1.83	<i>m</i> 31.3 <i>s.d.</i> 8.06	<i>m</i> 33.1 <i>s.d.</i> 6.31
<i>Age of the Father (years)</i>	<i>m</i> 37.3 <i>s.d.</i> 11.12	<i>m</i> 34.2 <i>s.d.</i> 4.08	<i>m</i> 36.8 <i>s.d.</i> 3.01	<i>m</i> 34.7 <i>s.d.</i> 7.63	<i>m</i> 35.7 <i>s.d.</i> 7.38
<i>Number of Siblings (average)</i>	<i>m</i> 2.1* <i>s.d.</i> 1.52	<i>m</i> 1.3 <i>s.d.</i> 1.4	<i>m</i> 1.7 <i>s.d.</i> 0.43	<i>m</i> 1.3 <i>s.d.</i> 0.78	<i>m</i> 1.6 <i>s.d.</i> 1.17
<i>Number of family members(average)</i>	<i>m</i> 5.2 <i>s.d.</i> 0.78	<i>m</i> 6.2 <i>s.d.</i> 2.22	<i>m</i> 3.2* <i>s.d.</i> 0.4	<i>m</i> 6.1 <i>s.d.</i> 1.51	<i>m</i> 5.2 <i>s.d.</i> 1.82
<i>Miscarriage or previous death of a child</i>	4/9	1/8	3/8	2/10	13/35
<i>Practicing religion</i>	6/9	8/8	3/8*	10/10	27/35
<i>Housing condition⁹(average)</i>	<i>m</i> 5.7 <i>s.d.</i> 1.81	<i>m</i> 5.5 <i>s.d.</i> 1.93	<i>m</i> 9* 0	<i>m</i> 8.4* <i>s.d.</i> 1.42	<i>m</i> 7.2 <i>s.d.</i> 2.14
<i>Income generation¹⁰</i>	1=5; 2=2; 3=2	6=1, 2=3	3=8*	2=1; 1=2; 7=3	13=1; 3=2; 19=3
<i>Employment status (positive)</i>	4/9	4/8	8/8*	10/10*	26/35
<i>Fathers' Educational status¹¹</i>	<i>m</i> 6.5 <i>s.d.</i> 5.1	<i>m</i> 11 <i>s.d.</i> 1.58	<i>m</i> 17.8* <i>s.d.</i> 1.7	<i>m</i> 10.6 <i>s.d.</i> 2.33	<i>m</i> 11.7 <i>s.d.</i> 4.83
<i>Mothers' Educational status</i>	<i>m</i> 6.3 <i>s.d.</i> 3.8	<i>m</i> 12 <i>s.d.</i> 1.32	<i>m</i> 16.1* <i>s.d.</i> 3.21	<i>m</i> 11.9 <i>s.d.</i> 2.46	<i>m</i> 11.2 <i>s.d.</i> 4.5
<i>Alcohol consumptions</i>	3/9	0/8	6/8	0/10	9/35
<i>Smoking habits</i>	3/9	3/8	2/8	8/10	16/35

Note: *m* = mean; *s.d.* = standard deviation. The significant means' differences have been indicated with an asterisk (*) $p < .05$ using the *t*-Student test for independent samples.

7.3.2 Traumatic experience

The incidence of traumatic experience, as shown in Figure 1, clearly indicates how the families of Group 1 have significantly experienced more intense events of collective violence. Their parents and family members more frequently had faced situations that risked their lives. It is possible that the higher rate of reported experience of collective violence was related to the ethnicity of this group and the consequent discrimination and violations perpetrated across a long period of time. The families of the sample represent a particularly vulnerable portion of this population. The impact of traumatic events had been assessed by using a 38-item simplified version of the Harvard Trauma Questionnaire, in order to report a frequency of the Harvard Trauma Questionnaire (HTQ, Mollica, Caspi-Yavin, Bollini, Truong, Tor, & Lavelle, 1992). The events most frequently experienced by the interviewed individuals included: lack of shelter, lack of food and water, ill health without access to medical care, confiscation and destruction of personal property, forced evacuation under dangerous conditions, extortion or robbery, forced separation from family members, enforcement of isolation from others, witnessing beating or torturing of others, beating the body, and the murder or death of a family member.

Figure 1. Impact of traumatic experiences

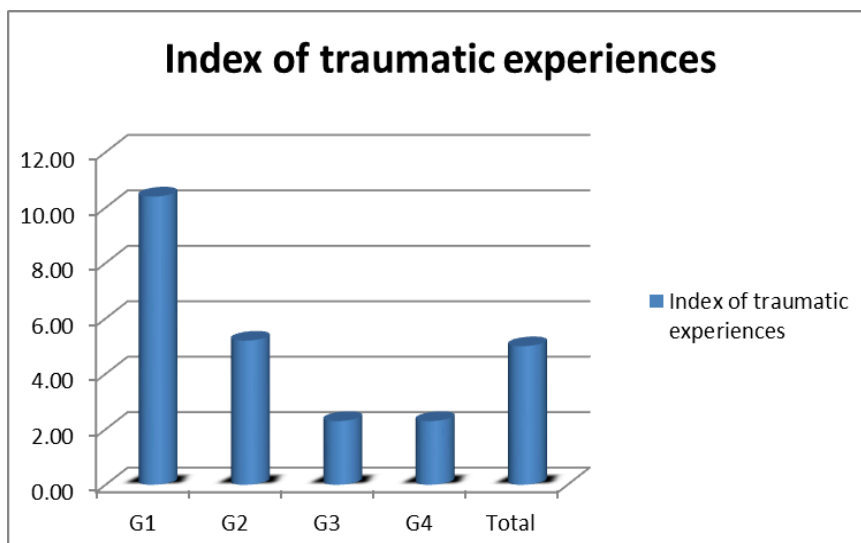


Table 13. Index of traumatic experiences

	Group 1 (N=9)	Group 2 (N=8)	Group 3 (N=8)	Group 4 (N=10)	Total
<i>Index of traumatic experiences</i>	<i>m</i> 10.4* <i>s.d.</i> 7.38	<i>m</i> 5.2 <i>s.d.</i> 7.76	<i>m</i> 2.3 <i>s.d.</i> 0.48	<i>m</i> 2.3 <i>s.d.</i> 2.90	<i>m</i> 5.0 <i>s.d.</i> 6.00

7.3.3 The family: Culture, Change and Attachment

The families were interviewed using two semi-structured protocols that were created ad hoc. Then, the interviewer filled the specific annex checklist in order to obtain qualitative and quantitative data (see Tables 5 and 6). The protocol of the *Family Culture and Change questionnaire* focused on different areas, aiming to stimulate a narrative on the identity of the family. Questions focused on the trans-generational history of the family with regards to its roots in the social, cultural, political, religious and traditional environment. The interview aimed to investigate how the family was generally organized and how it coped with changes. In particular, the interview focused on the changes deriving from war-related events or the ones that occurred in the aftermath of the conflict, such as: displacement, asylum seeking, migration, assistance received by international agencies and local institutions, diaspora and support potentially received by relatives living abroad. Moreover, the interview requested information about access and use of social media and internet. Finally, the interview requested an evaluation on the change of attitude by family members towards the ethical, moral, traditional values and political attitudes of the family. Specifically, the change should be related to the attitude for work and education and how external factors, such as international organizations, influence the change.

Table 5 displays the items of the questionnaire about family culture and change and the frequencies of the responses provided by each group of families. Answers have been assessed with an ordinal scale from 0 (not true) to 3 (completely true). The qualitative analysis of the interviews, based on notes and audio recordings, provided the criteria to identify and describe the groups.

Table 14. Family culture and change questionnaire

	Group 1	Group 2	Group 3	Group 4
TRANS GENERATIONAL HISTORY OF FAMILY	<i>m</i> 0* <i>d.s.</i> 0	<i>m</i> 2.1 <i>d.s.</i> 0.92	<i>m</i> 3* <i>d.s.</i> 0	<i>m</i> 1.17 <i>d.s.</i> 0.7
FAMILY IDENTITY	<i>m</i> 1.73 <i>d.s.</i> 0.15	<i>m</i> 1.62 <i>d.s.</i> 0.12	<i>m</i> 1.63 <i>d.s.</i> 0.04	<i>m</i> 1.56 <i>d.s.</i> 0.22
Part 3. FAMILY ORGANIZATION	<i>m</i> 1.78 <i>d.s.</i> 0.10	<i>m</i> 1.49 <i>d.s.</i> 0.34	<i>m</i> 3* <i>d.s.</i> 0	<i>m</i> 1.43 <i>d.s.</i> 0.52
FAMILY CHANGES	<i>m</i> 2* <i>d.s.</i> 0.53	<i>m</i> 1.42 <i>d.s.</i> 0.31	<i>m</i> 2.32* <i>d.s.</i> 0.07	<i>m</i> 1.47 <i>d.s.</i> 0.49

Legenda: 0= not true at all, 1=sometimes true, 2= enough true, 3=true at all

Group 1: We don't know where we come from

In general, the families of Group 1 clearly lacked memories and could not recall any specific story or episode related to their grandparents or previous ancestors, as their parents apparently never shared their family histories. All the families interviewed reported that their parents were born in different places from those where they reside now, usually in a different municipality, but still in Kosovo. The families of Group 1 have been living for many years as internally displaced families in camps assisted by international organizations and returned to live in the original Roma neighbourhood regardless of their previous place of residence. In particular, six

families from group 1 were returned and accommodated in camps assisted by international agencies, such as UNHCR for internally displaced persons, or the Osterode camps in the northern part of the town. Three families returned voluntarily in 2007 from Germany, where they had received asylum.

Consequently, family identity often appears weak, as the links with the territory and the local communities have never been really strong and eventually were disrupted in 1999, when, immediately after the end of the bombings, the Kosovo Albanians destroyed the Roma Mahalla. This action was a retaliation for the alleged cooperation of several Kosovo Roma with Serbian paramilitary and military forces. A vast majority of the community fled abroad, mainly to Western European countries or to other countries in the region (primarily the former Yugoslav Republic of Macedonia and Montenegro). The experience of living in a third country for many years jeopardized the sense of belonging to a community on one hand. On the other hand, most of the families were used to living in harsh conditions in camps, depending on the humanitarian assistance provided by international organizations. Beyond the connections between families' clans, the community appeared marginalized, isolated and they often expressed feelings of being discriminated against, especially in relation to access to services. The majority of the families practiced Islam, however spirituality is a real factor only for a narrow number of individuals practicing Islamic within the Sufi Tarikats' sect.³⁸ This allows these families to maintain cultural and religious rituals and celebrations that enhance their sense of belonging and cultural identity. However, all declared that they would like to migrate to a foreign country, if given the money and opportunity.

³⁸ <http://www.btkonline.net/en/>

All the families reported that in the last years they had faced many changes, but they could support each other in the majority of the cases. International agencies and humanitarian workers supported them in different ways, and six families (the other three were very marginalized and vulnerable) declared that their attitudes toward education and employment had changed based on the promotion of the human rights culture. In other words, they changed their thinking to value the importance of education for their children to gain access to better job opportunities. The impact of the internationalization process was strengthened for them by the use of social media and access to internet that cut distances with diaspora and allowed family members to regularly communicate and 'live' in the virtual 'world wide web'. In this group, change has had split results: the few very vulnerable families became even more vulnerable, because they lost their points of reference and were disoriented by traumatic events. The other families were not only resilient but they gained advantageous experiences by leaving and migrating to third countries.

Out of nine families, three appeared to be very vulnerable, three resilient and three could be characterised as presenting traits of 'adversity activated development'. The vulnerable families were highly dysfunctional and disorganised, and violent behaviours and alcohol or substance addiction were reported. In six families, members declared that each member had a role within the family, and that the parents were guiding and protecting the children rather than the converse. If support was needed or a problem arose, the family would seek resources in the external world, possibly by relying on the assistance of international organizations. Nevertheless, the three families that returned in 2007 and in 2008 to Kosovo after having spent at least nine years in Germany and France, presented better organisation, functionality and equality between women and men. The years spent abroad have been described as a

unique opportunity to enjoy life in a “normal place,” where institutions were committed to implementing their mandate of protecting the rights of persons, in particular to education and to work.

As a noteworthy finding, the members of returned families acquired educational skills and professional competences during their permanence in Europe, which enabled them to find employment once back in Kosovo (mostly in local non-governmental organizations, but also in municipal institutions). It seems that these families could ‘internalize’ a different culture and language which helped them to develop a new hybrid identity and enabled them to adapt to challenging contexts and situations.

Group 2: Nothing can change

The families of Group 2 lived mostly in rural areas and tended to observe strict traditional habits and customs. However, during the conflict in 1999, the ethnic Albanian inhabitants of the Deçan/Decane municipality were specifically targeted with violence by Serbian military and paramilitary forces. In general, families are well rooted in their territory, as they were subsisting primarily on agriculture for several generations. However, the members of the family migrated regularly to third countries even before the 1999 conflict, seeking better living conditions. Consequently, almost every family could count on the remittances of relatives living in European countries. Significantly, the stories and mythology of their grandparents and other family members was more developed than in Group 1, but the narratives were short, lacking episodes and coherence, and often revealing a high degree of idealization of the ancestors. The fears of conflict and the long-term consequences of

the discrimination suffered even before – not only for being ethnic Albanians but also for being farmers, poor and illiterate – emerged in several parts of the interview. Individuals struggled to articulate coherent narratives, and showed reluctance and a defensive approach in talking about themselves and their families with strangers.

The memories of episodes of collective violence were still present, and it is possible to hypothesize that a few family members experienced traumas, which are not healed and probably are hindering their psychological wellbeing. But most of all, families suffer from the separation from relatives who are living abroad, even though they come to Kosovo once per year. The fragmentation of extended families often represents a painful issue for rural families. Grandparents usually lived together with their sons and remained in Kosovo, along with their wives and children; however different waves of migration (which occurred before 1999) have jeopardized the sense of wholeness of the family, as many sons and daughters have left the country. Consequently, the feeling that someone is missing is often reported as a constant concern generating feelings of sadness. The use of new technology and social media appeared to be infrequent, especially in comparison with the other groups.

All the interactions with the external world, real or virtual, were restricted in some fashion. For instance, children were allowed to go to school, but the more full educational experience would not be attained because education was not valued as very important for their development. The impact of international organizations here has been indirect, since rural families were targeted by organizations dealing with programs to support the development of agriculture by funding the purchase of instruments or cattle (rather than employing persons within the organization).

Many individuals declared to be Muslim but their practicing seemed to be more of a formal habit than a way to exercise spirituality. In general, families were

based on traditional values, implying a deep lack of power balance between women and men, and a poor consideration of the importance to value equality among genders as well as individuals. Domestic violence was often perpetrated by men on women and by women on children. Children could also develop aggressive behaviours enacted among themselves or towards animals. Overall, the narratives were stereotypical, narrow and quite poor, centred on idealism and emphasizing nationalistic ideals and ethnicity as a value. It appears that these families, besides the war-related events, had suffered several negative life events, like severe illness, occupational strain or unemployment. According to Alexander (1966) these could lead to severe and prolonged psychological disorders and to the development, as a main emotional reaction to stressors, *embitterment*.

In fact, in their narratives, the individuals expressed the feelings of bitterness as described by Linden (2003), associated with a burning sense of unfairness or injustice, a protesting feeling of having been wronged without cause. This author has explained that this feeling ‘signifies an aggressive protest against a felt and perceived injustice, and is a goad to desperate, sometimes reckless, efforts to gain redress’. According to this author, prolonged embitterment can become pathological when it reaches greater intensity and is accompanied by additional symptoms. He also coined the term “post-traumatic embitterment disorder (PTED)” to conceptualize this specific reaction type as a distinct sub-class of adjustment disorder.

Group 3: Moving in the right direction

The third group appeared to be very different from the others. First, their socioeconomic status and educational level were much higher and these families had

not been subject to either intense episodes of violence during the conflict in 1999, or experienced multiple normal negative life events. Most families lived in an urban setting and were employed in different institutions and organizations as well as in businesses, and often women would also work outside the home.

The family identity appeared to be strong in all the families, which often shared stories or 'legends' from the previous generations, showing awareness of their past. The families belonged to the middle (and occasionally upper) class, and could enjoy opportunities to study at the university and find a proper job opportunity that would offer benefits and social welfare.

The majority of the members of Group 3 were about to reach the age of 18 years old during the conflict (the mothers were aged between 15 to 21 years old). In that period many were at the end of their studies and immediately found jobs in international agencies, NGOs and later, in local organizations, banks, ministries, and other local institutions. This group was directly targeted by the imminent internationalization of Kosovo since the beginning and can offer a good example in several cases of the 'adversity activated development' (AAD) described by Papadopoulos (2008). The culture of human rights, gender equality and equal opportunities thoroughly penetrated these families. In fact, in six out of eight families, both parents were employed and women were economically independent.

Overall in these families, values and ideas seem to be rooted in the progressive perspective of the ex-Yugoslavia so that the arrival of the international community after the war revitalized the social and cultural horizon. This was done by speeding several psychosocial processes of modernization like 'feminization' and

youth participation in public and political life.³⁹ Internet, new technologies, and social media were largely used by family members and represented one of the most important instruments to cultivate relationships with others, especially with relatives living abroad, due to their low cost and high effectiveness, allowing visual communication as well.

This group benefitted from the advent of internationalization in two directions. On one side, they assimilated and sometimes integrated western values transmitted by multiple European and American actors who moved to Kosovo, establishing *ad interim* institutions. Moreover, by working or participating in the life of international organizations, learning from their activities, projects, and objectives, and different ‘*Weltanschauungs*’, they could internalize new ideas, perspectives, and mind-sets more oriented to the development of individuality, self-expression, and independence. On the other hand, the confusion between local traditions and habits with contemporary western values of globalization created a hybrid culture, not exclusive, but inclusive and incorporating differences. This does not mean that conflicts have been solved and that the capacity to tolerate has dramatically increased. Nevertheless, it points to the emergence of a new third dimension of meaning, where many people who differ on multiple grounds – including ethnicity, nationality and religion – can identify and share a common sense of belonging.

³⁹ For example, the Law on Gender Equality was introduced in 2004 under UNMIK administration, incorporating international legal and policy standards; while in 2010 a new law asked to establish Local Youth Action Councils, in order to formalize the need to include youth in political life and decision making to enhance the democratic behaviours of the society.

Group 4: We belong here

The families of Group 4 belonged to both communities in a numerical minority similarly to Group 1, as well as to the Kosovo Albanian community like Groups 2 and 3. However, these families were residing in poor and marginalized neighbourhoods of their municipality. Although discrimination and poverty are common factors affecting the Roma, Ashkali and Egyptian community members of Kosovo,⁴⁰ the communities studied in Group 4 did not face an extreme threat during the conflict. However, in 1999 several members were attacked by Kosovo Albanians as a revenge for their alleged cooperation with Serbian military and paramilitary forces in FKKP. The largest majority of families could count numerous family members living abroad, having migrated in different times, both prior to and following the conflict. Diaspora remittances represent an important source of income, even though not a very consistent one.

Overall, the sense of family identity and ties to the community were quite strong and were enhanced by memories from the lives of grandparents and a relatively sporadic movement between neighbouring municipalities. Indeed, the majority of the individuals felt they were a part of the community, sharing interests and practices with other community members, especially with those practicing the Islamic religion. They felt there was continuity with cultural traditions, and were not ashamed by being part of a minority often disadvantaged on a social, cultural, and economic level.

⁴⁰ See the reports on 'Communities Rights in Kosovo' prepared by OSCE in 2012, available at <http://www.osce.org/kosovo/99146>.

Respondents often offered positive indicators of structural and organizational family patterns, reflecting the capacity to flexibly adapt to difficult situations and challenges, to continue maintaining daily routines, roles, and functions across time. Overall, parental couples declared that they valued equality and considered occasional minor violent acts as part of a 'normal' dialectic of the marital couple. In fact, parents in the majority of the cases demonstrated a discrete capacity to nurture and protect their children and also to emphasize the importance of their health and education. Families seemed to be connected and forgiving even though the respect of individual needs, differences, and boundaries was generally quite low. This can be linked to the limited economic resources (all families live on less than 200 euros per month and very few job or employment opportunities are available).

Despite many changes, the families managed to stay together or to overcome separations by reconnecting as soon as possible with the family members living abroad. Families took decisions unanimously and tended to migrate all together in the case such a decision was take. All responders had a PC available at home or smartphones and reported making large use of social media. In this way, their bonds and connections with relatives and friends living abroad could be cultivated on a daily basis, and relationships could grow solidly until they came to visit Kosovo (on average, once per year). The families of Group 4 also said that the interaction with international agencies and civil society organizations has been constant since the end of the conflict in 1999. However, the material, concrete, and financial support received by international organizations had frequently been limited and tended to support the development of the community or of individual entrepreneurship rather than creating dependence from regular assistance, like aid provided to the internally displaced families and communities in Kosovo territory. In this way, although

respondents acknowledged the impact of ‘internationalization’ in changing values and attitudes towards the communities’ rights – to education and employment in particular – they also noted their independence and autonomy in using support to organize services or activities for the communities’ members.

Six out of ten said that if possible they would migrate to different countries to enjoy better opportunities but nobody stated they were willing to change their personal and cultural identity as in Group 1.

7.3.4 The ‘Family Narrative’

The second protocol, the ‘Family Narrative Interview’, was complemented by the ‘Family Narrative Interview Checklist’, and had been originally developed by combining two sets of questions. The first group of questions was extracted from the Attachment Interview Protocol (Main, Solomon, George, 1985) and then adapted to a group/family setting. The second set of questions was created by drawing on the concept of ‘family resilience’ as defined by Walsh (2003) and aimed at capturing several dimensions inherent to the capacity of the family to deal with difficult conditions, tragic events, and changes.

The interview focused on four main areas:

Resources and attachment security: This set of questions focuses initially on the support factors of an economic, concrete, environmental nature provided by community representatives and family relatives or diaspora. Further, the interview asks to assess the way of comforting and reassuring each other in difficult situations, for instance illness, anxiety, or emotional breakdowns. Power distribution among

family members was investigated with special emphasis on gender roles and functions. The questions were thus focused on the family genogram and aimed at exploring the parent's attachment to their parents by describing their relationships, their reactions to losses and traumatic events, how relationships changed throughout time, influence on the parents' relationships with their own children, and patterns of communication of parents (if avoidant/dismissive; preoccupied/anxious; disorganized), and the quality of reflection and open emotional communications, as explained in the paragraph above.

Table 15. Indicators of family resilience (from Walsh, 2003)

Family Belief system

Making meaning of adversity

Viewing resilience as relationally based

“Lifelines” versus “rugged individual”

Viewing crisis as shared challenge

Normalizing and contextualizing experience

Family life cycle orientation

Viewing vulnerability as human; distress as understandable, common in situation
Gaining a sense of coherence

Viewing crisis as a challenge: comprehensible, manageable, and meaningful

Appraisal of adverse situation: issues of

Positive outlook

control/responsibility/blame

Causal, explanatory attributions: How could this happen?

Future expectations/catastrophic fears: What will happen?
What can be done?

Hope: optimistic bias

Confidence in overcoming odds/barriers

Affirming strengths; building on potential

Seizing opportunities: active initiative and perseverance

Courage—Encouragement

Mastering the possible; accepting what can't be changes

Transcendence and spirituality

Larger values, purpose

Spirituality: faith, rituals, congregational support

Inspiration: envisioning new possibilities

Role models, life dreams

Innovative solutions

Creative expression (e.g., art, music, writing)

Transformation: learning, change, and growth out of crisis

Crisis is both threat and opportunity; holds gifts, potential

Reassess, reaffirm, or redirect life priorities

Concern and action to benefit others; social responsibility

Structural/Organizational Patterns: Crisis Shock AbsorbersFlexibility

Adaptive change: "bouncing forward"

Rebounding, reorganizing, adapting to fit new challenges

Stability through disruption:

Continuity, dependability, rituals, routines

Strong authoritative leadership: nurturing, guiding, and
protecting children and vulnerable family
members

Varied family forms: cooperative parenting/caregiving

	teams within/across households
	Couple relationship: equal partners; mutual respect
<u>Connectedness</u>	Mutual support, collaboration, and commitment
	Respecting individual needs, differences, and boundaries
	Seeking reconnection, reconciliation of wounded relationships
	Forgiving and remembering
<u>Social and economic resources</u>	Mobilizing extended kin, social, community support networks
	Recruiting mentoring relationships
	Building financial security; balancing work–family strains
	Larger systems: institutional/structural supports
<i>Communication Processes: Facilitating Family Functioning</i>	
<u>Clarity</u>	Clear, consistent messages (words and actions)
	Clarify ambiguous information, expectations
	Truth seeking/truth speaking
<u>Open emotional sharing</u>	Sharing wide range of feelings (joy and pain; hopes and fears)
	Mutual empathy; tolerance for differences
	Responsibility for own feelings, behavior; avoiding blaming
	Pleasurable interactions; humor, respite
<u>Collaborative problem solving</u>	Identifying problems, stressors, constraints, options
	Creative brainstorming; resourcefulness
	Shared decision making: negotiation, fairness, reciprocity
	Managing conflicts: repairing hurts, misunderstandings
	Focusing on goals; taking concrete steps
	Building on success; learning from failure, mistakes
	Taking a proactive stance: preventing problems; averting

Table 15 shows the groups' scores by referring to the family attachment relationships, the family belief systems, communication processes, and intergenerational history. In order to translate the qualitative data into a more 'measurable' indicator, the evaluators have scores on a 7-point scale with the three dimensions for each family. Overall, two main results have been observed. The first finding indicates that the families in Group 1 clearly presented poorer attachment security within family relationships, organizational patterns, and communication processes. Out of nine families, three appeared to be very vulnerable, with highly dysfunctional and disorganized relational patterns between adults and children, occasional violent behaviours and alcohol or substance addiction.

Having more frequently faced adversity, instability, and having been exposed to pressuring daily stressors even before the conflict, such as marginalization and discrimination, families in Group 1 seemed to have developed less adaptive strategies of change, with reduced insights on autonomous problem solving. Moreover, the assistance of humanitarian organizations - beyond the provision of necessary support - might have fostered a sense of dependence that may have decreased the internal connections to the community and their motivation for taking independent initiatives to enhance the livelihood conditions. Nonetheless, the repatriated families who lived in European countries for years did show much better and more flexible patterns of organization, functionality, and equality between women and men. This data fully confirms the value and importance of the experience of social inclusion and integration of refugees and asylum seekers, who can develop adversity activated responses against their violent and traumatic experiences.

A second finding refers to the better quality of attachment relationship, connectedness, cooperation, and positive outlook displayed by the families of Group 3. Exposed to minimum daily stressors (compared to the other groups) even before the war, these families tended to preserve their resilience and protect their members, who later became responsive and sensitive parents. Moreover, these families have faced minimum violence and potentially traumatic events, having fled out of Kosovo before the conflict or remaining in relatively safe locations. This secure condition might have enhanced their sense of acceptance, courage, and hope and might have favoured the view of the crisis as a challenge that led to a greater sense of understanding, strength, meaningfulness, and personal/professional opportunities.

Table 16. Family resilience

	Group 1	Group 2	Group 3	Group 4
Attachment and organizational patterns	<i>m</i> 3.89* <i>d.s.</i> 1.10	<i>m</i> 4.00 <i>d.s.</i> 0.71	<i>m</i> 6.00* <i>d.s.</i> 0.7	<i>m</i> 4.30 <i>d.s.</i> 0.64
Family Belief Systems	<i>m</i> 4.00 <i>d.s.</i> 0.82	<i>m</i> 4.38 <i>d.s.</i> 0.48	<i>m</i> 6.00* <i>d.s.</i> 1.00	<i>m</i> 4.9 <i>d.s.</i> 0.30
Communication processes	<i>m</i> 3.44* <i>d.s.</i> 0.68	<i>m</i> 4.38 <i>d.s.</i> 0.70	<i>m</i> 5.63* <i>d.s.</i> 0.99	<i>m</i> 4.10 <i>d.s.</i> 0.30

Group 1: The survivors (for better and for worse)

In general, all the families of Group 1 present serious indicators of disorganized attachment behaviour. This information was collected not only by interviewing the family members but also by crosschecking the information with external stakeholders close to the family (i.e. teacher in kindergarten,

doctor, representatives of local NGOs dealing with the family) and through the infant observations and playing interactions. The indicators of disorganized behaviours were neglect, maltreatment, and psychological (and in some case also physical) abuse of children, domestic violence and in particular gender based violence.

However, in four families, besides indicators of relational violence and attachment disorganization, secure behaviours were also displayed, such as playful interactions with children, concern over health and education, and expressions of love. Three families were very vulnerable, with parents with mental disability and alcohol addiction, living in extremely poor conditions and deprived of access to services. Three families, even though living on less than 150 euros per month, could count on the remittance of relatives living abroad. The members of the family could also generate income by accepting occasional jobs, and were aware of the possibility of access to services and public institutions.

Finally, in three families, which returned from third countries, the capacities to self-sustain the members were mainly due to competencies and skills achieved from their past experiences in a different country. They were much more aware of their rights and of local institutions and services, but they were also more willing to participate in public life and to seek employment and education for their children.

In general, in Group 1 families did not present positive indicators related to their ways of communication, beliefs, and organization. Often family members sent unclear and paradoxical messages to the others, offering ambiguous expectations and showing inability to manage conflicts so that

misunderstanding and hurting remained frequently unrepaired and the relationships became conflicting and aggressive. As a result of the general confusion and emotional activation, families did not focus on goals and avoided undertaking concrete steps to solve their problems or find solutions in the long-term, especially with regards to their sustainability.

These behaviours were translated into mistakes and failures, which activated negative cycles of frustration and helplessness leading individuals to inactivity, helplessness, depression, and sometimes to alcoholism and drug addiction. Financial insecurity, poverty, and increasing needs created enormous unbalances within families, so families tended to rely on larger systems, as weak institutions could not provide adequate assistance nor could civil society organizations supply it sufficiently. These families seemed to be unable to 'learn from experience' (Bion, 1962): the capacities to reflect on the inner experiences, feelings, thoughts, and intentions in adults were replaced by continuous enactments, impulsive acts, and externalization of negative emotions that became contagious and deeply affected the social, affective, and cognitive development of the children. In this way, the individuals experienced disconnection and isolation within the family and the larger community by developing a lack of confidence and passivity towards the world and the capacity to transform their conditions.

However, at least in three families the seeds of genuine security were observed. In several individuals courage, active initiative, and hope were observed, which indicated that a positive potential outlook could be further developed given favourable conditions. Worth mentioning, the lack of intergenerational memories and stories showed a dissociation of the family

psyche of the past and a poor sense of identity, which made its members weaker. Indeed, families that experienced migration and a stronger connection with internationalization could rely on a second, hybrid identity, that could foster their sense of presence.

Group 2: The embittered

Overall, in Group 2, seven out of nine families did not display positive indicators of security and resilience, but presented a tendency to be detached from family relationships, emotions, personal feelings, and desires. Exception was made for two families that presented the traits of security and resilience outlined above, although emphasising the importance of concrete and material security over affective relations with family. In this group in three cases the adults tended to offer idealized narratives by declaring that their ancestors and grandparents were outstanding and loving people, while lacking memories or arguments to support these statements. This might have also been a consequence of the sense of social desirability that these rural families could experience in front of strangers inquiring about their personal life.

On a different note, in four cases adults tended to provide extremely short narratives lacking contexts and characters, but normalizing the situation by saying that ‘the predecessors, grandparents and other family members were: normal, working, poor as everybody else, suffered a lot of economic and political discrimination’. Overall, in these families, emotions and feelings were not shared at all, and were barely stated. Adverse situations were linked to a lack of internal and external control, guiltiness, and blaming the external world.

The expectations for the future were negative and they anticipated further problems, which appeared to be unavoidable. Adults appeared embittered, did not want to talk about the period of the conflict in 1999, but expressed a great deal of passive aggressive rage and complaint for the lack of support by international organizations. Notably, in this group many participants came from extended families where several caregivers shared childrearing.

Group 3: The resourceful: all together

In group 3, seven out of eight families were fully secure. Enjoying financial stability and relying on solid economic and family resources, individuals achieved higher educational levels and better employment opportunities by speaking fluently English and/or other languages (e.g. German and French). These families could view crises as shared challenges and value the family relationships as the best thing in life. Group 3 represented varied family forms: extended and nuclear with cooperative parenting/caregiving across households of grandparents. Individuals were strongly oriented towards the family life cycle, but respectful of individual needs, differences, and boundaries. The partners were equal and mutually respectful of each other, and no domestic violence was reported. The individuals were optimistic and humorous, playful with their children, in some cases also accepting and loving of their imperfections. Through the telling of intergenerational stories, patterns of mutual support, collaboration, and commitment could be traced, together with losses and dramatic situations, fears, and pain always shared with others beloved. Seeking reconnection and reconciliation of wounded relationships has been taught by parents, and trustful relationships (also with distant relatives and diaspora) were considered to

be the primary strength of family. Sometimes in their stories, figures appear that remain as a role model and continue to inspire family members, or encourage creative expression like art or music. The communications in these families appear consistent and open to both negative and positive emotions, showing sufficient confidence in managing conflicts, repairing hurts, and managing misunderstandings. The families were organized by distributing roles and tasks fairly, and when facing difficulties, all the members tried to identify problems, stressors, constraints, and options as well as finding solutions.

Group 4: The resilient: belonging makes us stronger

In Group 4, six families appeared to be secure by displaying several positive indicators of ‘resilience’ (Walsh, 2003). By contrast, in four families, defined ‘conflictual’, several indicators appeared to be linked to feelings of anger and frustration, overcoming secure relational behaviours. The secure and resilient families did value their family ties; several parents described their children as the ‘best things in their life’, ‘treasures’, ‘the reason you get up in the morning’. These families were oriented to “lifelines” and family cycle versus “rugged individual”, and were able to contextualize experience and to normalize stress by viewing vulnerability as human and common. In this way, the adults seemed to master the possible, especially by considering their poverty and limited access to services and employment. They accepted what can’t be changed but at the same time they felt encouraged to hope for a better future in Kosovo, or elsewhere.

For sure, spirituality and Islam favour the development of congregational support and contribute to a sense of continuity, dependability, rituals, and routines

which strengthen the stability of the entire community. Individuals tended to be mutually supportive and collaborative, noteworthy couple relationships seemed more respectful and equal, and women were 'allowed' to work. To cope with the difficult economic conditions families could mobilize extended kin, diaspora, and community support networks.

With the interviewer, the family members communicated clearly, consistently, emphatically, and with a sense of humour and pleasure in playing or joking. In general, these families seemed to be proactive, trying to prevent problems and averting crises. However, they were ready to focus on concrete actions to deal with daily problems.

In the 'conflictual' families, living in harsh conditions and with more traumatic histories of losses or illness, adverse situations did not bring any appraisal but highlighted issues of helplessness in front of life, guiltiness for deserving adversities, and self-blaming or blaming other members of the family. The future was described as charged with catastrophic fears and without possibility of control. Parents lacked positive leadership; they seemed to be indifferent, not confident in their capacity to nurture and protect their children and the vulnerable members of their family. The community surrounding the family and institutions were perceived as inaccessible and hostile. In these families, the couples were characterized by inequality and discrimination leading to domestic violence, lack of empathy and intolerance for gender and age differences. Consequently, these families did not try to rely on community support networks or institutions and they also seemed not to trust their extended family. This angry and/or passive mental state tended to absorb all the family members, who became unable to share decision-making or to fairly manage conflicts without blaming each other.

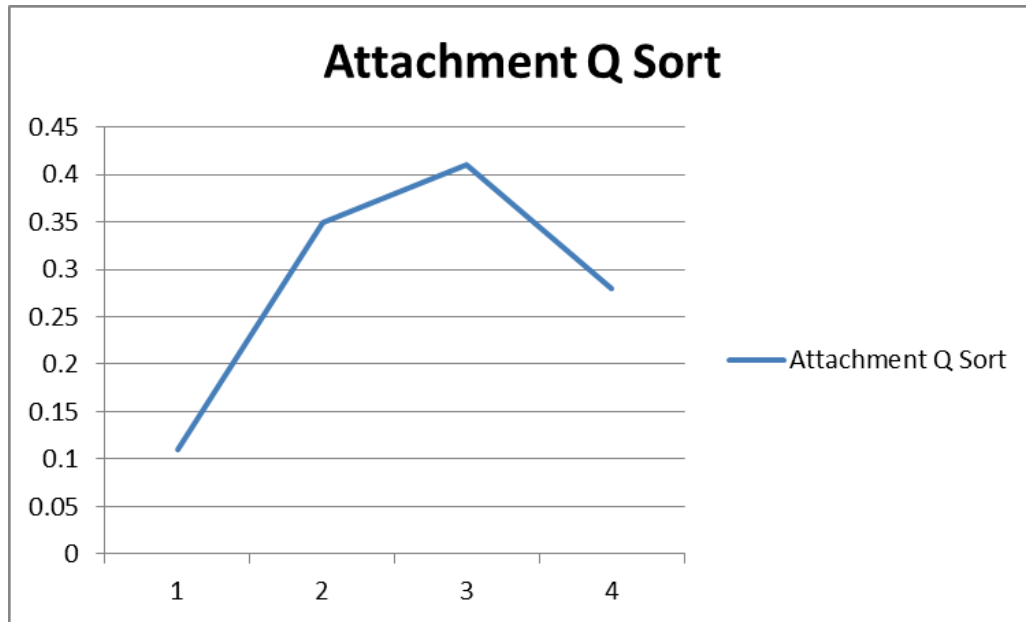
7.3.5 Infant Observation and caregiving styles

The secure attachment behaviour

The Attachment Q-Sort (AQS, Waters, 1987) served to assess the secure base behaviour at home because it is related to the Strange Situation classifications. The Q-set represents an economical methodology to define the behavioural referents of the *secure base* concept elaborated within the attachment theory. The Attachment Q Set used in the research was Version 3.0, which was written in 1987 and consisted of 90 items. Notably, the AQS is used by the researcher to create a profile of the child, observed at home in interactions with the main caregivers. It also helped to rank the most prominent behaviours related to attachment into nine piles (pile 9=most descriptive and pile 1=not descriptive at all). This profile, with the items ranked in nine piles of 10 items each, is correlated with an ideal Attachment profile. Each child received a score represented by the R-Pearson coefficient of correlation⁴¹ and it ranged between $r = -1$ to $r = 1$. Figure 8 displays the average scores of each group of children. Group 1 presented an average score $r = .11$; Group 2 $r = .35$; Group 3; $r = .41$ and Group 4 $r = .28$. The groups did not differ in the statistic tests; however, the average security score in Group 1 was the lowest, while children in Group 3 appeared to be more securely attached.

⁴¹ Pearson's correlation coefficient is the covariance of the two variables divided by the product of their standard deviations. The form of the definition involves a "product moment", that is, the mean (the first moment about the origin) of the product of the mean-adjusted random variables; hence the modifier product-moment in the name

Figure 6. Average scores of Attachment Q set



7.3.6 Parenting styles

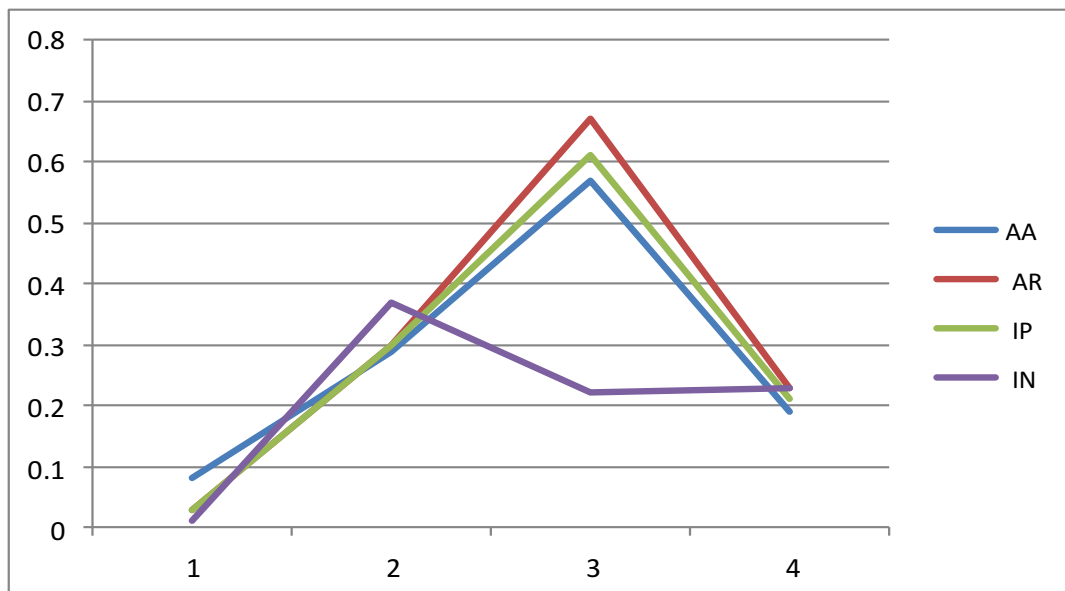
The behaviours of the caregivers (mostly that of the mothers or grandmothers) were assessed by the researcher by employing another Q set method, namely the child-rearing practices report (CRPR, Block, 1965). This tool was originally developed in order to provide a self-descriptive instrument tapping both common and uncommon dimensions in the socialization realm. In reality, the researcher supported several parents to conduct the self-assessment and helped to select and reduce the number of items most descriptive of their caregiving style⁴². The items of the CRPR

⁴² In total the CRPR consists of 91 items that have to be ranked in 7 piles of 13 items each.

described four primary dimensions of parenting: authoritative-authoritarian (AA); authoritative-responsive (AR); indifferent -negligent (IN); indulgent –Permissive (IP).

Each profile for ranking items had been correlated with the four profiles which were descriptive of the parenting styles. Indeed, Figure 9 displays the average scores of each group with regards to parenting styles (AA, AR, IN and IP).

Figure 7. Average scores of parenting styles



Interestingly, Group 1 presents the lowest scores in all parenting styles, which appear to be consistent with the previous findings on family organizations. In Group 1, the child rearing practices appear quite confused, mixed and unpredictable, unable to provide authoritative or responsive parenting to children. On the other hand, Authoritative and Authoritarian parenting styles seemed common to Groups 1, 2, 3. A note of concern refers to the score of Indifferent-Negligent parenting in Group 2, indicating partially inadequate forms of caregiving. As the graphic shows, Group 3

presents the highest scores in positive parenting, which significantly differ from those of other groups.

7.3.7 Psychopathological symptoms in parents

In order to study and cross-check for potential psychopathological symptoms, the researcher submitted to the interlocutors a self-assessment questionnaire. It was the Albanian version of the Hopkins Symptoms Checklist-25⁴³, aiming at describing the experience of anxiety and depression as well as the Albanian version of the Child Behavior Checklist (CBCL). Both the instruments have been validated on the Kosovo Albanian population (Shahini et al., 2015).

The HSCL-25 is a shorter version of the self-report questionnaire, the HSCL, which has been shown to have satisfactory validity and reliability. The scale consisted of 25 items with operationally defined steps ranging from 1 (not at all) to 4 (very much). The scale covers the most common psychiatric symptoms in the areas of anxiety and depression. The comparison of scores on the HSCL-25 to physician ratings of emotional distress has yielded a concordance rate of 86.7%. Comparison of the HSCL-25 with longer versions has shown reliable consistency in response. A patient was considered a probable psychiatric case if the mean rating of the HSCL was ≥ 1.55 . The patient was considered a psychiatric case in need of treatment if the mean rating was ≥ 1.75 .

As illustrated in Figure 10, the individuals (mothers) of the groups have been grouped according to the total score obtained by adding the anxiety and depression

⁴³ Available at, <http://hpert-cambridge.org/screening/hopkins-symptom-checklist/>

scales. Noteworthy, in Group 1, all the respondents except for 1 could be classified as psychiatric cases. In Group 2, the large majority of the cases were divided between clinical and borderline populations. Only in Group 3 did none of the subjects show symptoms within the clinical range. In Group 4, out of ten, eight mothers fell in the normal range, one in the borderline area and one in the clinical population. In Figure 11, the average scores of the group are graphically shown.

Figure 8. Mothers' classification with HSCL 25

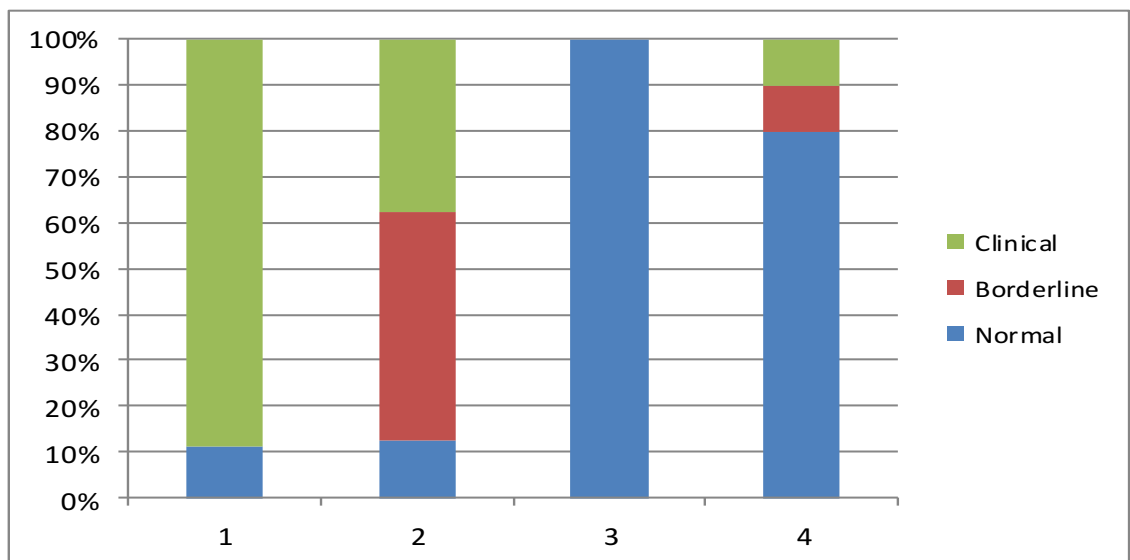
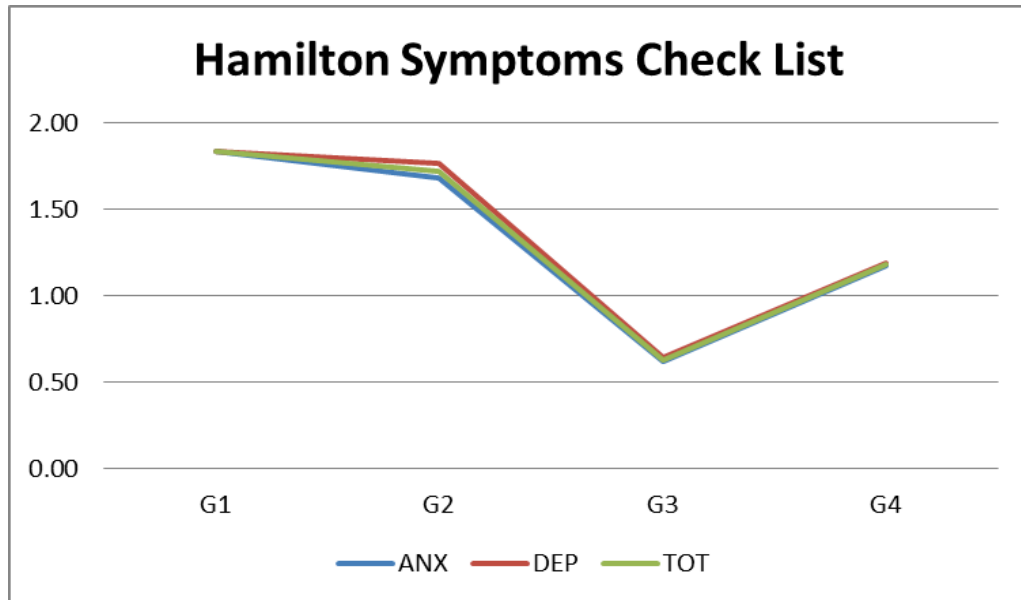


Figure 9. HSCL 25 scores



7.3.8 Psychopathological symptoms in children

The ASEBA (Achenbach System of Empirically Based Assessment) preschool forms are standardized assessment instruments that are user-friendly, cost-effective, and usable by a wide range of professionals in different settings. They can be completed independently by most respondents in about 15-20 min. CBCL1½-5 5 was designed to provide normed scores on a wide array of behavioral and emotional problem scales in young children (Rescorla, 2005). The CBCL for preschoolers has been used in over 200 published studies and its validity and reliability are well documented (Rescorla, 2005).

The questionnaires were assessed by mothers, while the researcher provided clarifications if needed. Figure 12 illustrates the classification of children in normal, clinical and borderline populations. In group 1, forty percent of the children fell in the borderline (3) and clinical (1) areas. However, the majority of the children in all groups did not show significant psychopathological behaviors. Figure 13 presents a graphic representation of the average scores of CBCL's scales (Emotionally Reactive, Anxious/Depressed, Somatic Complaints, Withdrawn, Sleep Problems, Attention Problems and Aggressive Behavior). It also presents the scores of the scale related to Internalizing symptoms (obtained by adding the scores on the Emotionally Reactive, Anxious/Depressed, Somatic Complaints, and Withdrawn scales) and to Externalizing problems (obtained by adding the scores on the Attention Problems and Aggressive Behavior).

Figure 10. Child classification with CBCL

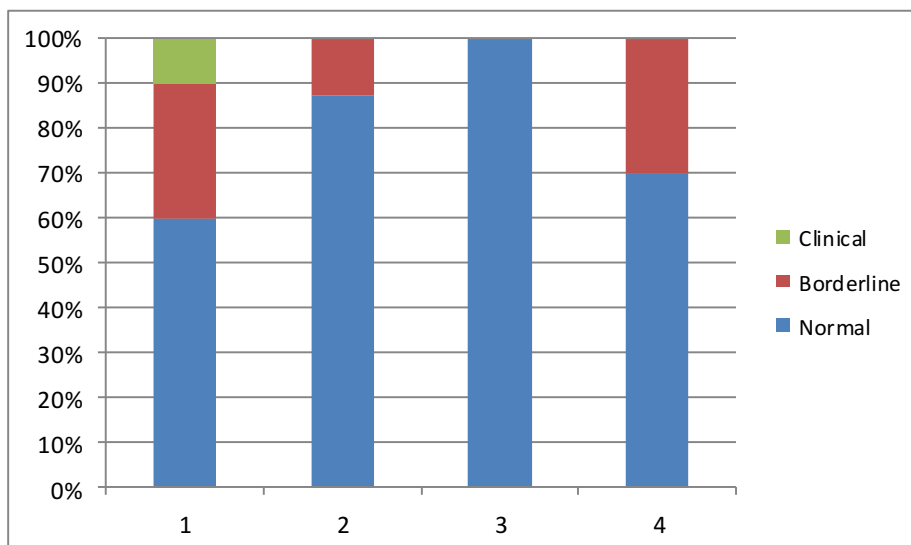
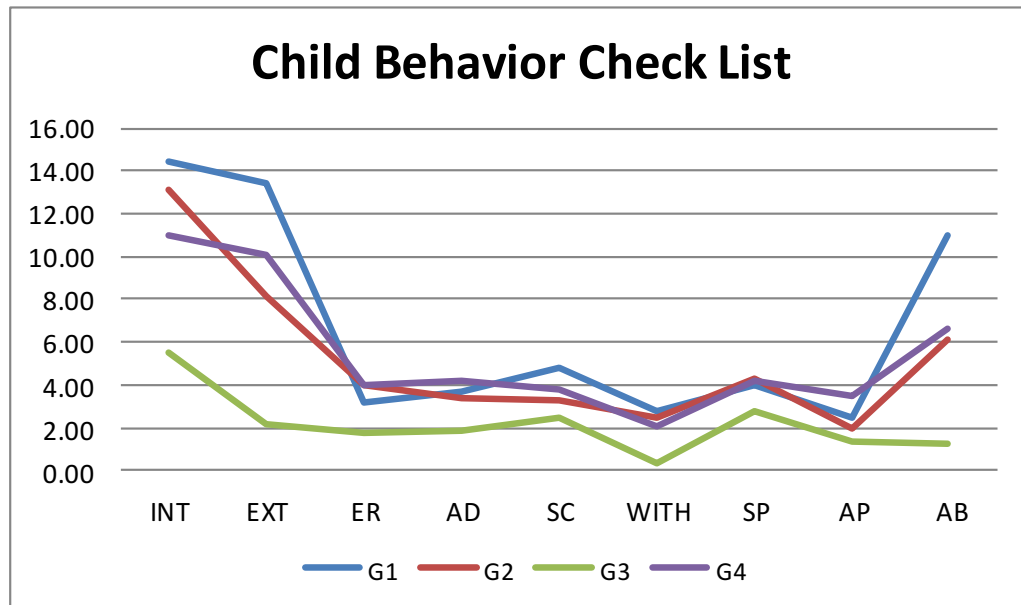
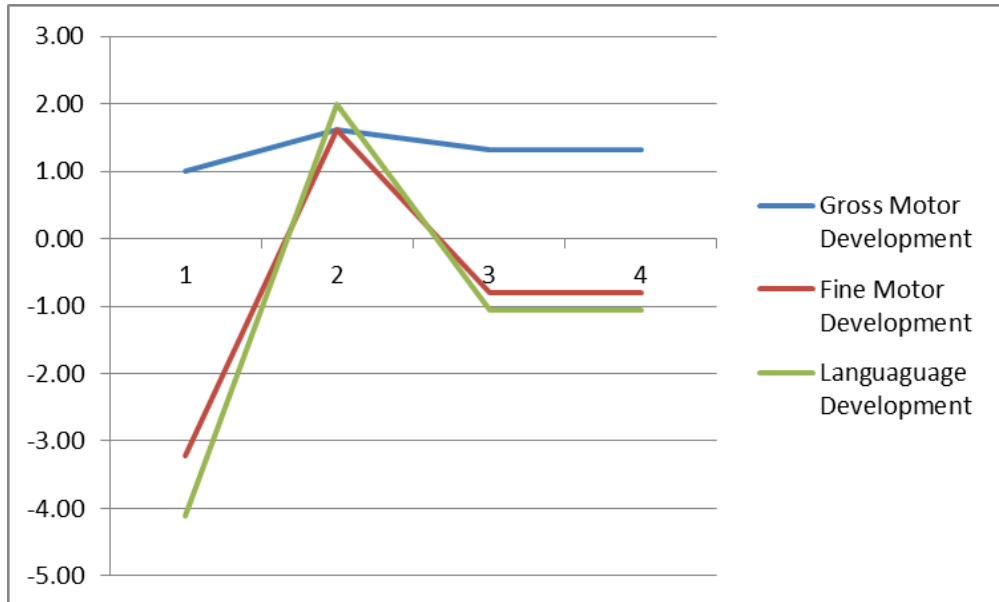


Figure 11. Child Behavior Checklist scales



7.3.9 Developmental characteristics

Figure 6 shows how the children belonging to Group 1 show a delay of four months in developing language skills and three months in fine motor skills. The gross motor skills have been normally developed by all children. On the opposite note the children belonging to Groups 2, 3 and 4 have developed gross, fine motor skills and language skills in the normal range.

Figure 12. Denver developmental assessment

7.4 Observing the empirical data through the lens of the archetype of attachment

The framework of the Archetype of Attachment revealed a powerful capacity of grasping psychodynamic processes involving individuals and families. By adopting the method of the participant observation, according to the principles of the psychoanalytic infant observation developed at the Tavistock Clinic in London, qualitative data could be collected jointly to the information gathered with quantitative questionnaires and scales. I personally practiced infant observation during my training as an analytical psychologist when I observed for two consecutive years a baby girl and her mother under the supervision of a senior child psychoanalyst. Within the context of this unique experience, I could observe a dyad facing and working through daily problems and resolving the situation in their original ways, while, with the support of an experienced senior child psychoanalyst and detailed notes, I developed sharper self-monitoring skills and capacity for reflecting upon hypercritical thoughts and self-blaming triggered by anxiety and other negative emotions. I learned how to think inductively and without expectations, while appreciating the small changes of the developing infant making sense of her world. The experience of observing the mother and her child allowed me to improve the capacity to hold in mind and understand the emotions circulating between the child and her mother, and to observe the mother's method to digest and elaborate her child's emotions by giving them new meanings. In a similar way, as a psychologist and researcher, I adopted the setting of the psychoanalytical observation to conduct family interviews and playful interactions between caregiver and child. On one hand, the eyes and mind of a researcher contain anxieties, feelings of discomfort or concerns

for the families involved in the research, but on the other hand the researcher could relate and empathize with families' positive feelings, hopes, and relationships.

The theoretical structure discussed in the previous chapters outlined concepts and ideas derived from different psychoanalytical mainstreams to create an integrated framework. As a result, the principal dimension of the archetype of attachment oscillates between the polarity of disorganization on one side and emotional security and relatedness on the other. These concepts draw on Object Relations' theories from different authors, such as: M. Klein, Bion, Meltzer, Bick and British post-Kleinians psychoanalysts focusing on understanding primitive states of mind, splitting, schizo-paranoid position, projection, and projective identification. These phenomena have been considered at both the individual and group/family level. Other concepts observed were the depressive position and use of symbols to underline attachment security and reflective capacities of the caregivers and children, as described by M. Klein, Balint, Winnicott, Bowlby, Fonagy and Target and Jung. To provide an example of how such a model connects to the empirical data, I will explore from different angles the experience of trauma and the long-term psychosocial changes in the dyad composed by Marija, Kevin and their extended family.

Marija and Kevin

Marjia, a 21 year old woman of Roma ethnicity, was born in the ethnically divided town of Mitrovicë/Mitroviča in the beginning of the 1990s, when (due to the intensifying of violence against the Ashkali and Roma⁴⁴ community prior to the

⁴⁴ The population of Kosovo is composed by: 90% Kosovo Albanians and a remaining 10% of non-majority communities including Kosovo-Serbs; Kosovo-Bosniaks, Kosovo-Turks and Roma, Ashkali and Egyptians.

conflict in 1999) her family (composed by father, mother, two brothers and one sister) fled. They asked for asylum in Germany in 1997, where the family remained until 2010. As a child, her memories appear scarce and unhappy, revealing a chaotic and conflictive family where violence was a normal way to deal with negative emotions and to communicate. She cannot recall clearly the reason to leave Kosovo but she can only remember fear and terror as constant states of mind that pushed her parents to sell their property and seek a sustainable alternative. As a child, she witnessed several episodes of domestic violence (mainly her father beating her mother and brothers, during his frequent drunk episodes), and physical aggressions against family members and community members on ethnic grounds. She was very scared of being raped, as she heard from her mother and other women in the extended family that this was occurring more and more. Marija's life begins in Germany, as a young refugee, living in a safe place, attending school, interviewed by sympathetic social workers *"who seemed much more interested in me than my parents!"*. The development of Marija's cultural identity has been deeply influenced by interpersonal and sociocultural contexts and their related intrapsychic meanings. Her migration experience is accompanied by important cultural systems of meaning concerning youth, men, women, marriage, and family. She was empowered in her move to Europe/Germany, as she coped with the traumatic stress of war and persecution, and faces opportunities for creating new, more hopeful relationships. However, the ties with the traditions of Roma culture did not prevent Marija from getting 'married' as a teenager and to give birth to a child, Kevin, when she was 17 years old.

Kevin's father was nineteen years old when Kevin was born: his parents broke up when Marija decided to return to Kosovo. Now they live in Mitrovicë/Mitroviča

with Marjia's parents and one brother (the other brother and sisters migrated to France and Italy, where they are living with their families). Currently, Marjia works as educational facilitator in the Kindergarten of the neighbourhood where her family and community live. The job is funded by an international non-governmental organization that cooperates for the development of this non-majority community since 2003. During the assessment, she commented about her limited capacity to sensitively respond to her child needs. Marija feels unable to deal with her own depression and anxiety, and states that as a teenager she had often engaged in self-harm to attract the attention of adults, while now she withdraws and acts in a passive aggressive way. It is impossible to work through her traumatic experiences and to develop a therapeutic relational experience. However, adopting a relational psychoanalytic perspective in which individual, interpersonal, and sociocultural issues are thought to be intricately tied is especially important to a deeper understanding of how cultural identity can transform throughout one's life. Marija has idealized the European context, its culture of human rights, education, and health. Her cultural identity is negotiated between her experience as a Kosovo Roma Muslim girl situated in the traumatic context of Kosovo, and as a Roma woman who comes from Kosovo in a new cultural context in Germany – where she has been victimized for being a refugee by some, but welcomed, loved, and cared for by others in state institutions and her family. As trauma is inextricably tied primarily to her childhood experiences in Kosovo and its neglectful and violent relationships, she developed split-off aspects of the self that interfere with her ability to experience herself as a whole person and establish a secure caregiving relation with her child. It is important to note that the gifts of her external world (e.g., German society, Roma and German communities) support the construction of her hybrid identity across the mixture of

(oppressive) traditions and progressive values and ideals. The receiving contexts enabled Marija to not only cope with her dark past experiences and intra-psychic scars, but to grow up in a protected environment and develop a nurturing part of her personality that triggered within her a better capacity for adapting and being aware of her own needs.

Aiming to observe positive parenting and secure attachment, the caregiver and the child were invited to play in a structured situation. As discussed earlier in this chapter, the researcher's attention focused on four main dimensions: 1) Capacity of the parent to distinguish between *exploration* versus *attachment behavior*; 2) Speaking for the child and speaking with the child; 3) Sensitivity chain; 4) Sharing emotions.

During the play session, Kevin shows controlling and aggressive behaviours towards his mother and problems in concentrating his attention on the game. The capacity to communicate through words appears to be difficult for Kevin. His frustration for not being able to express his intentions, wishes, and to elaborate his emotions tends to increase especially when a challenge or an obstacle is present. Kevin tends to get nervous and angry quite easily and then seems difficult to hold and comfort. The attachment behaviour of Kevin evaluated with the Attachment Q-sort appears mixed with elements of role reversal (item 42), control (item 74) and security (item 47). He seems to ignore most bumps, falls, or startles (item 20); he easily becomes angry with toys (item 30); Kevin recognizes when mother is upset. Becomes quiet and upset him. He tries to comfort her and asks what is wrong (item 42); Kevin will accept and enjoy loud sounds or being bounced around in play if mother smiles and shows that it is supposed to be fun (item 47); Kevin has trouble handling small

objects or putting small things together (item 52); he becomes shy or loses interest when an activity looks like it might be difficult (item 56); when mother doesn't do what child wants right away, he behaves as if mom were not going to do it at all (fusses, gets angry, walks off to other activities) (item 74); he easily becomes angry at mother (item 79); at home, child gets upset or cries when mother walks out of the room (may or may not follow her) (item 75); he plays roughly with mother (bumps, scratches or bites during active play) (item 61).

The self-evaluation on child-rearing and caregiving provided by Marija reflects an indulgent/permissive parenting style mostly described by the following items: 5) I often feel angry with my child; 6) If my child has a problem I push him to solve it by himself; 16) Sometimes I forget the promises I have made to my child; 18) I express my feeling to my child, hugging, kissing and holding him; 33) I do always understand my child; 36) I tend to indulge my child; 41. I give to my child domestic tasks and responsibilities; 43) I give my child strict and well established rules; 59) I think that children should be encouraged to always be better than others; 67) I teach to my child that he is always responsible for what happens to him; 73) I let my child know how disappointed and ashamed I am when he behaves badly; 76) I always check where my child is and what h/she is doing.

Observations and reflections

Marija presents personal vulnerable traits that are linked to her traumatic experiences during childhood, with often-neglectful caregiving and affective environment beyond the intentions of her parents. She seems unable to reflect on her

own negative mental states and confesses to have occasionally suicidal thoughts and, in the past, engaged in self-harm by cutting her skin to calm down and feel relaxed. Marija recognizes that this emotional turmoil affects her capacity to provide constant loving and supportive care to her child, and she tries to contain herself or leave Kevin with his grandmother who is more capable of devoting patient attention to him.

The family of Marija tend to become violent and disruptive when facing conflicts and daily problems. This tense atmosphere does not facilitate Marija in further developing her individual balance and personality, and also undermines the security of relationships between generations. In this affective environment, the resilience of the whole family as well as of the individuals can only diminish. At community level, Marija's family receives support from relatives and other families living in the Mahalla as well as from those living in diaspora in third countries. However, due to ethnic discrimination, the community is often marginalized and lives in poor socio-economic conditions struggling for full access to basic services.

According to the theoretical model of the archetype of attachment, Marija and her child appear to be experiencing a systemic pattern of disorganization showing several signs of psychological suffering, risk factors, and modest ability to reflect on emotions, feelings and thoughts triggering unhealthy behaviors.

Nevertheless, contradicting this general tendency to disorganization, Marija show at the same time genuine aspects of Adversity Activated Development. In particular, her experience as a refugee and life in asylum in Germany are represented as a 'safe haven' by the young woman. She has received nurture and loving attention from institutions, receiving social care, protection, education, respect, and dignity. All

these values have been interiorized and served to form a new identity for Marija throughout her adolescence. This is the reason why she considers having a job as fundamental, and is committed to respect her duties and tasks. She is also proud of being a teacher, acknowledging the work as positive and constructive (not only harmful and destructive).

The case of Marija is not isolated and points out an important ability of the refugee experience to enhance the capacity of AAD in front to potentially traumatic experiences and traumatized persons.

7.5 Discussion

The first hypothesis considered that the long-term effects of war and organized violence are linked to the family's limited psychosocial functioning, inadequate parenting and caregiving, and/or psychopathological symptoms reported by mothers. This hypothesis intends to test the bipolar model of the attachment archetype by examining the negative pole of disruption and disorganization and by observing if stressors and vulnerability factors can mediate their impact of potentially traumatic events on individuals and families. Rather than investigating the psychopathological consequences of trauma and adopting a victimizing approach, the idea guiding the first hypothesis is to observe the role of different circumstances and factors in creating a potential negative trajectory of adjustment to adverse events for families and individuals.

By analyzing the empirical findings, the parents of Group 1, which were the most exposed to war related events and to multiple stressors before and after the conflict (for instance marginalization and discrimination on ethnic and political grounds), present the lowest scores on dimensions of family functioning (intergenerational history, attachment relationships and organizational patterns, family beliefs, and communication processes). Moreover, the indicators of child rearing practices and parenting style present poorer positive indicators and lower secure attachment behaviors in children. Additionally, the mothers in Group 1 self-reported high scores of anxiety and depression, and few children from this sample presented a pathological child behavior that would need clinical attention. The profile of families in Group 2, who have also experienced significant violence and daily stressors both before and during the conflict, appeared similar to the scores of

Group 1, with regard to family functioning, parenting styles, attachment security, and psychopathology indicators in parents and children. However, the average scores were generally higher indicating a greater resilience in this group. A possible interpretation of this finding may assume that the cumulative impact of potentially traumatic war related events and environmental stressors faced before and after the conflict by the parents (who at that time were still adolescents) might have partially eroded the self-reflective abilities of individuals and reduced their capacity of offering attuned and sensitive parenting. As a consequence, children may develop externalizing or internalizing behaviors that hinder their healthy social, affective, and cognitive development.

Another issue of importance refers to the different ethnicity of the families in Group 1 and Group 2. Even though demographic indicators tend to show a similar condition of economic disadvantage, scarce education, and poor integration, the perceptions of Kosovo Albanian families were less focused on discrimination and negative experiences with society at present.

Although the data seem to confirm that the first hypothesis is verified, it is difficult to draw a linear conclusion about the first hypothesis. A wide body of research has demonstrated that the quality of social relationships, psychosocial stressors, community support, and economic resources may contribute to variations in biological stress responses. However, the association between adult attachment style and representations and stress response has been relatively unexplored (Shaver & Mikulincer, 2007). An important source of information in this regard is given by the results of meta-analytical studies, for instance the one examining the differential impact of maltreatment and various socioeconomic risks on attachment security and disorganization (Cyr et al., 2010). In this meta-analysis fifty-five studies with 4,792

children were traced, yielding 59 samples with non-maltreated high-risk children (N= 4,336) and 10 samples with maltreated children (N= 456). Results showed that children living under high-risk conditions (including maltreatment studies) showed fewer secure and more disorganized attachments than children living in low-risk families. Large effect sizes were found for the set of maltreatment studies since maltreated children were less secure and more disorganized than other high-risk children.

However, children exposed to five socioeconomic risks were not significantly less likely to be disorganized than maltreated children. Overall, these meta-analyses show the destructive impact of maltreatment for attachment security as well as disorganization. However, the accumulation of socioeconomic risks appears to have a similar impact on attachment disorganization. Furthermore, a growing body of academic research conducted in conflict and post-conflict settings have shown that rates of domestic violence, externalization disorders and children's maladjustment tend to increase in socio-economically vulnerable families after the experience of war events (Catani et al., 2008).

By drawing on these results, it is possible to conclude that families exposed to socio-economic risks and marginalization might cope less effectively with potentially traumatic stressors and war-related events. It is important to consider that the first hypothesis refers primarily to the personal and individual psychological level (of the child and the caregiver as well as the whole family). However, from a systemic perspective the hypothesis assumes that the psychological level can be directly affected by the psychosocial realm and its concrete conditions. The process of mutual influences between the intra-psychic and the relational, collective dimension will be addressed more precisely with the third hypothesis. The process of change and

transformation in response to difficult experiences appears to be more challenging for those individuals who had less positive material and social conditions than before. The capacity of constructive response to adversities and the sensitive caregiving of illiterate mothers were far less developed compared to women who could communicate and express themselves in the public sphere, if needed.

The majority of families in Group 1 tended to present less consistent attachment and secure behaviors, resilient or Adversity Activated Development responses towards the (potentially) traumatic experiences. Many parents presented less sensitive and helpful parenting capacities, frequently displaying negative circles of attachment insecurity with children. Similarly, the incidence of domestic violence that was reported seems higher than in the other groups. The families in Group 1 who received asylum in third countries could cope far better than others with the negative consequences of trauma and expressed more Adversity Activated Responses, as in Marija's case (see Appendix Part III). Interestingly, the experience of being welcomed and assisted by the institutions of a different country, providing health, education and social support proved to be crucial for the activation of responses of Adversity Activated Development. The effects of the improved psychosocial conditions also supported the family relationships, facilitating at least secure emotional communication, even though not determining secure attachment relationships.

The second hypothesis aimed at verifying the positive polarity of the archetype of attachment, trying to identify the best conditions under which security, resilience and possibly Adversity Activated Development can be expressed. It posed the question if attachment security and responsive parenting styles might have a mediational role towards potentially traumatic experiences and adverse environmental

condition. This idea has been widely investigated and the importance of attachment relationships in fostering resilience at both an individual and family level has been discussed in Chapter V and VI. Nonetheless, the role played by attachment relationships in stimulating Adversity Activated Development is less known. Given the nature of the cross-sectional study, the second hypothesis cannot be clearly verified, as precise information on the attachment status of the parents during their childhood could not be obtained, and the assessment did not include a measure of individual attachment style but a family narrative.

However, secure attachment behaviors have been observed through infant observation, playing interaction, and by using the child rearing practices report (CRPR). Parents who, as children or teenagers, have been exposed to high stressors prior to war related events have shown less sensitive attachment and less supportive parenting towards their children. This is especially true when considering the scores at the CRPR and by comparing these results with the profiles of children on secure attachment behavior (AQS) in Groups 1, 2 and 4. By contrast, the indicators presented by families in Group 3 demonstrate that secure attachment and sensitive parenting are powerful facilitators of transformations, resilience, and *Adversity Activated Development*.

In conclusion, attachment insecurity within families cannot be considered linearly correlated to the intensity of the exposure to collective violence and war events. It rather depends on the complex matrix of factors ranging from an individual level (comprehending also genetic and temperamental constitution), to the social dimension, including community support, presence of services and institutions, as well as cultural and educational opportunities (which can facilitate the development of emotional and cognitive skills in individuals who faced traumatic experiences). A

crucial aspect of attachment relationships between individual members of a family is their dynamic and mutual influence: security can turn into insecurity and insecurely attached individuals can become secure. For example, child rearing practices/parenting styles may be influenced by the state of mind of caregivers related to attachment: a mother's feelings of depression and anxiety can depend on the individual's vulnerability, and/or the nature and intensity of the exposure to organized violence, which might reduce the capacity of positive and reflective parenting with variable consequences for the child development. Moreover, changes in attachment style can also be linked to the culture and the organization of the family. This is with regards to its nature (extended versus nuclear), environment (urban or rural), to the number of children and gender power balance within the couple.

The third hypothesis focused exclusively on the psychosocial dimension and attempted to verify if humanitarian aid and in general the process of 'internationalization' moderated or mediated the effect of potentially traumatic events and/or influenced cultural attitudes of the individuals and families. This hypothesis supposes that the long-term effects of war experiences are also connected to changes in the society, in particular to the transformations caused by the process of 'internationalization', as the promotion of a human rights based culture and the fast development of communication through new social media. The families of Group 3 represent a good example of this outcome, as many of them could begin a new life with radically different perspectives, compared to the previous generations (see Dren's case, Appendix 3). However, the power of the internationalization also reached part of the families belonging to Group 1, where on the negative side they promoted dependence by assisting vulnerable families without fostering their autonomy. On the positive side those families of Group 1, which could migrate and

request asylum in third countries could internalize a different culture and generate a hybrid identity, thus enabling the individuals to better adapt to changes. Moreover, in Group 4, internationalization rather discouraged passivity and fostered autonomy and resilience. By contrast, Group 2, was only indirectly involved in the processes of internationalization and did not report specific changes in their values and approach towards life. In fact, families in Group 2 appeared to be the most reluctant to change and transformation.

An important question of the thesis aimed at addressing the issue of Adversity Activated Development and to observe it in the long term psychosocial changes of the Kosovan families. A separate analysis of the protocols of individuals (and families) displaying Adversity Activated Development responses (see Appendix 3) highlighted a few common traits. Firstly, the individuals showed a strong sense of belonging to a family and/or community. They explicitly appreciate relationships and participation as a value. Secondly, they express their belief about the importance of education and employment as necessary aspects of full human development and adjustment in society. Third, they have spiritual or religious beliefs and habits. The individuals and families who developed Adversity Activated Development were most likely able to get in touch with the international community and the process of internationalization aimed at enhancing the promotion of human rights, either by remaining in Kosovo or by finding asylum in third countries. Eventually, Adversity Activated Development was also facilitated by encountering favorable psychosocial contexts, where individuals could count on material, financial, cultural, and social resources.

In Chapter 8 I will draw on the final conclusions of this study and attempt to link more clearly the empirical findings to the theoretical framework of the archetype of attachment.

CHAPTER 8

CONCLUSIONS AND FURTHER RESEARCH AVENUES

The present study endeavours to create an original theoretical framework aimed at comprehending the long-term psychosocial changes that occurred in individuals and families who experienced collective violence and war in Kosovo.

The idea of the attachment system as a continuous dimension capable of grasping emotional, interpersonal and cognitive aspects of the human experience, interconnecting the inner world and the outer realm, appears fit to describe different pathways of adaptation to violent and potentially traumatic events, including resilience, positive responses such as Adversity Activated Development as well as negative outcomes.

The idea of attachment has been analysed by discussing, comparing and integrating ideas and concepts belonging to different mainstream approaches such as: object relations (Klein, 1957; Winnicott, 1965; Fairbairn, 1952; Mitchell, 2000), mentalization (Fonagy and Target, 1997, 1998, 2002), symbolisation (Jung, 1921, 1939), secure attachment relationships (Cassidy and Shaver, 2008), and family resilience (Walsh, 2003, 2008).

The framework is inspired by the systemic bio-semiotic-ecological model (Bronfenbrenner, 1979; 2005), oriented to comprehend multiple facets of the experience, biological, cognitive, affective, narrative as well as socio-political, economic and cultural by moving from an individual-personal perspective to the collective level.

I introduced the notion of ‘archetype of attachment’ as a heuristic concept to explore the interconnections between the personal and social reality, by expanding the

original Jungian theory of archetypes and developing theoretical links with contributions from the field of neuroscience, evolutionary and attachment theory. In fact, the “archetype of attachment” represents a conceptual development of the original framework proposed by Papadopoulos (2011) referring to the *Umwelt* and the “network of archetypal images”, which he applied to address “therapeutic encounters” in the context of humanitarian work. Papadopoulos endeavoured to explore a new and more coherent way of connecting Jungian ideas with the societal and collective dimension, by extending the notion of the collective unconscious and the archetypes, which address the very interface between the intrapsychic and social/collective realms (Papadopoulos, 1996, 2009). In this work, the author focused on symbolic processes and archetypal chains of motifs that represented structures of collective and transpersonal meanings (Papadopoulos, 1996, 2006a). Individuals are able to keep expanding their *Umwelt* through the semantic clusters, having had the basic species-specific mental meaning-making capacity when they began to interact with the external world due to the inherited anatomical and physiological structure and functions of the brain (Papadopoulos, 2011: 215).

The concept of attachment is chosen by virtue of its compatibility with the Jungian notion of archetype and for its specific capacity to integrate the neurobiological, emotional, cognitive and relational dimensions, and therefore its potential to interlink the “internal/subjective” and “external/objective” realms. Furthermore, the notion of attachment focuses fundamentally on human relationships and their role to foster the development of the capacity of mentalization and self-reflection (as discussed extensively in chapter 6). Therefore, attachment is a key concept to explore in depth the developmental relational matrix connecting the individual development within the relational dimension of the family and the wider collective social and

cultural context. The conclusions will focus on four main issues: 1) the organisation of the archetype of attachment concept on three dimensions (biological, psychological and social); 2) the applicability of this theoretical framework to plan psychosocial interventions in humanitarian and peace-building conflicts and evaluate their outcomes; 3) the symbolical and cultural power of transformation inherent to the archetypal attachment's bonds; 4) limitations of the research and opportunities for further development.

8.1. A bio-psycho-social concept

The “archetype of attachment” links the intrapsychic and interpersonal-relational dimensions and encompasses genetic, cognitive, neurocognitive, social, emotional, symbolic domains. In chapter 5 I described the organisation of the “archetype of attachment” through a bipolar structure dynamically oscillating between security (positive) and disorganisation (negative). Five domains have been outlined that tend to be organised in either disorganised or secure patterns: a) genetic and neurocognitive; b) cognitive; c) social; d) emotional/communicative; e) symbolic.

Table 8 provides an overview of the areas and processes defining the negative and the positive polarity of the archetype of attachment. The first domain refers to brain functioning, genetic predisposition and the emergence of psychopathological symptoms due to neurocognitive processes (for instance the stress attenuation cortisol overdose, or the hippocampal volume reduction versus mind-body integration, interpretation of emotional cues and symptoms reduction). The domain of the cognition focuses on different processes, such as memory, attention and learning, problem-solving, belief and attribution. Cognitive disorganisation can encompass

vivid and real images of trauma; intensive, sensory, kinaesthetic and behavioural modalities of experiencing traumatic memories; excessive arousal for threat and danger, problems of concentration, diminished flexibility and dualistic categorical view. Security at cognitive level includes positive appraisal, insight on automatic processes, articulating narratives, processing (traumatic) memories on all senses, creativity, problem-solving, and overall sense of empowerment, self-efficacy and agency.

Emotional and communicative processes include emotions' regulation and reflective function. Emotional disorganisation is related to dis-regulation (under-regulation and/or over-regulation), acting-out, negative persecutory perceptions, fragmented and incoherent narratives, limited capacity to perceive and express emotions, shame, guilt and helplessness as dominant affects. Affective and emotional security refer to joy and positive emotions as prominent in the individual subjective experience, regulation, reciprocity and empathy, reflective function and mentalization within inter-subjective relationships.

The social domain encompasses peers, couple, parental relationships and social support. Disorganisation of the social sphere can show deteriorating intimate relationships, isolation and withdrawal, punitive, abusive and controlling parenting as well as inadequate social support. Security at the social level can be represented by parental sensitivity, their capacity to communicate emotionally and provide protection to the offspring, show and share emotions, resources to resolve conflicts, enhance prosocial behaviours and empathy, receive social support and security in relationships.

The symbolic aspect comprehends fantasy, dreaming, playing and the capacity for meaning-making and articulating narratives. Among the principal indicators of disorganisation at the symbolical level there are: lack of narratives, violent fantasies, unresolved aggression; on the other hand, coherent, fresh and fluid narratives focused on memories, positive and negative emotions; and traumatic memories that are well organised into integrated stories, creatively using symbols and metaphors as signs of security.

Table 17. Archetype of attachment: a bio-psycho-social concept (adapted from Punamäki, 2014)

<i>Developmental domains</i>	Pole of Disorganization (negative outcomes)	Pole of Security (protective and positive factors)
<i>Genetic and neurocognitive</i>		
-Brain functioning,	-Dysfunction in prefrontal cortex and executive functioning	-Interpreting emotional cues
-Genetic predisposition,	-Hippocampal volume reduction	-Extinguishing fear conditioning
-Psychophysiological processes	-Stress attenuation cortisol overdose	-Symptoms reduction
		-Regulation of physiological responses, affect modulation, mind-body integration
<i>Cognitive</i>		
-Memory	-Vivid and real image of trauma, intensive sensory, kinaesthetic, behavioural modalities, no access to verbal modality	-Positive appraisal, insight on automatic processes
-Attention and learning process		- Processing memories on all senses
-Problem solving	-Excessive arousal for threat and danger	-Creating narrative stories
-Beliefs and attribution	-Problems of concentration	-Recognition of mental attributions on trauma
	-Automatic activation without cognitive feedback	-Empowerment, self-efficacy and agency
	-Expecting that people can be harmful and perceiving environment as unsafe	-Creativity
	-Self-blame and helplessness	-Problem solving capacities
	-Diminished flexibility and dualistic categorical view	
<i>Social</i>		
-Parental relationships	-Deterioration of intimate relationships	-Parental sensitivity/Protection
-Peers/Couple	-Isolation and withdrawal	-Specific attachment-specific ways of trauma processing
-Social support	-Problems to share traumatic experiences	-Positive parent-child communication
	-Punitive and controlling parenting	-Sharing family trauma narrative
	-Rigid parental roles of strength and weakness	-Social sharing and disclosure of emotions
	-Inadequate social support (and intensive need of it)	-Conflict resolution
		-Enhancing pro-social behaviour and empathy

-Available social support and help

-Feelings of safety being together

Emotional/Communicative

-Emotion regulation

-Reflective function

-Limited emotions

-Shame, guilt, helplessness

-Difficulty to name and recognize emotions

-Fragmented and non-narrative reports

-Negative persecutory perceptions

-Under regulation/overregulation

-Acting-out

-Storytelling and emotional communication

-Sharing emotions

-Empathy and reflective function

-Feeling joy and positive emotions

-Emotional regulation

-Capacity of playing

Symbolic

-Fantasy, Dreaming, Playing

-Narratives

-Lack of narratives

-Realistic replications of reality

-Violent fantasies

-Unresolved aggression/ hostility

-Emphasis in narrative quality of memories

-Organizing fragmented trauma memories into integrated stories

-Symbolic stories, multiple themes (enriching and developmental)

-Coherent narratives, repertoire of both positive and negative emotions

8.2. From theory to practice: a golden standard for psychosocial interventions in humanitarian and developing contexts

The framework of the archetype of attachment comprehends the multidimensional construct of trauma as a dynamic process including individual and family relationships and occurring within a specific societal, cultural, political and economic context (see Table 9).

The empirical findings discussed in chapter 7 focused on the long-term psychosocial responses of families towards the experience of collective violence in Kosovo and showed a few common traits.

The results partially converged with the hypotheses formulated within the theoretical framework of the “archetype of attachment”. Empirical findings reflect a continuum dimension between human responses to collective violence, ranging from extreme disorganisation and disruption at an individual, interpersonal and family level to paths of adaptation, resilience, growth and development activated by challenges and adversities.

In general, the use of the human potential for developing positive and constructive responses towards painful and potentially traumatic experiences was conditioned to some extent by the presence of stressors and multi-problematic conditions, often present prior to war-related events and collective violence.

In a few cases that appeared to be more vulnerable than others, reactions varied from normal human suffering to persistent feelings of depression and anxiety that could reduce the capacity to function in many domains, as for instance in caregiving and parenting. Individuals who grew within an environment with limited resources and access to basic services and might have felt deprived and defensively

limit their self-reflection and awareness, as well as their biological reactions to stress might be less effective. Consequently, their capacity to attribute meaning to hostile circumstances and adversities while experiencing the chaos and disruption of relations and habits due to war-related events can be further eroded by reducing the possibility to cope with harsh life conditions.

Resilience and positive adaptation to changes after adverse events were, in general, more likely to occur with individuals who grew with the sense of belonging to a family and/or a community, sharing common values and feelings. Although the opportunity to live within a resourceful socio-economic and cultural environment seemed to be linked to stronger responses of Adversity Activated Development (as indicated by Group 3), these were not pre-conditions to elaborate successfully the extreme experiences that could be (potentially) traumatic.

The research tried to observe any link between the long-term responses of individuals and families and the (perceived) support received by the international community. In different interviews, community leaders and family householders explicated their perception that often the intervention of the international community might have hampered the resilience and intrinsic resources of communities, creating dependence, passivity and delusional expectations in communities severely hit by the conflict and collective violence. Interestingly, these results appear to be in contrast with what representatives belonging to another marginalised community reported about the perceived support by the international community. Several families and the whole community benefitted from volunteers and NGOs supporting micro-finance and educational projects with small financial grants and modest budgets, as well as, prioritising local participation and encouraging community members into taking leadership roles and becoming actively involved in decision-making. In this case,

community members referred by the international community, made a difference by raising awareness of all community members about the importance of education and empowering women, men and children to cope, in different ways, with obstacles that impede the realisation of their rights.

Attachment provides a useful concept to investigate a primary inner resource of humans, underlying the capacity to function autonomously at both a personal and collective level. This can provide a fruitful theoretical framework to guide the construction of psychosocial interventions in post-conflict (and post-emergencies) settings bearing in mind the importance of fostering autonomy rather than establishing forms of “therapeutic governance” (Pupavac, 2001), forms of pathologisation of the population with negative political, social and psychological consequences.

These findings appear to be coherent with ideas elaborated in mainstream international development and cooperation, in particular, the concept of “community philanthropy” (Hodgson, 2016). The author describes how over the last twenty years, in Western countries, namely Canada, USA and United Kingdom and more recently in the global south, communities started to set stronger community foundations. Disappointed by the failure of traditional models of development that rely on the financial support of external donors, communities established new types of organisations, women’s funds, environmental funds aiming to empower local actors and culture rather. The community philanthropy field is characterised “by some unique characteristics and ways of working: 1) seeking to build a culture of local philanthropy, especially local giving by ordinary people; 2) organisations seeking to support local community groups working on all manner of different issues that

represent the fabric of local civil society; 3) at deeper level, community philanthropy organisations tend to build trust between and among the communities they serve”.

I would like to suggest that this framework of understanding attachment at the community level if further developed, might offer some underpinnings to resolve the dilemma on the role of international aid agencies and programmes and their approaches with local communities when implementing psychosocial interventions in emergencies and post-conflict settings. Drawing on the qualitative analysis of the material collected through families’ interviews, a series of useful data on the impact of the interaction between “international community” and local population were extracted, which might be useful for a reflection on the effectiveness of humanitarian and psychosocial interventions with persons facing war and organised violence.

First of all, “international community” included religious representatives and spiritual leaders that greatly contributed to strengthening resilience at a personal, family and community level. Secondly, humanitarian and civil society organisations have massively promoted a human-rights based culture and proposed at a local level initiatives and activities which were aimed at implementing universally recognised values, such as education, health, non-violence, security and freedom of movement. On one side, these organisations (and international agencies) have directly involved part of the population by employing them. This significantly contributed in several cases to increase the capacity of families and individuals to positively respond to adversities. For instance, according to some interlocutors, projects and activities implemented by different organisations during the last ten years (not necessarily addressing psychosocial issues, but for instance focusing on socio-economic reintegration, education, health, access to social services) that were most appreciated

and perceived as more effective, presented few common features. In particular, the projects and the activities aimed at: a) empowering and strengthening the capacities of individuals and their communities to enhance their rights rather than relying on external actors "specialized" in defending their rights; b) fostering autonomy of individuals and groups/communities rather than dependence by allocating extra resources for a limited period; c) ensuring sustainability by creating networks of volunteers rather than a class of "paid employees" of local organisations; d) provided sufficient economic, material and financial support for the realisation of the activities and the achievement of the results, without exceeding the necessary amount; e) privileging power-equal and reciprocal relationships between local and international stakeholders. However, an important proviso is that this contact should be based on reciprocal exchange and respect rather than it being a one-way passive imitation or being passive beneficiaries of charity aid or benefits.

Table 18. Archetype of attachment and postconflict psychosocial pathways (adapted from Papadopoulos, 2008)

<i>PRE-CONFLICT</i>	<i>Disorganization</i>	<i>RESILIENCE</i>	<i>Security</i>
<i>Before the potentially traumatic event/experience</i>	Negative responses: from psychopathology (i.e. PTSD) to personality disorder, human suffering and embitterment.	Neutral responses	Resilience and Adversity Activated Development
<i>POST-CONFLICT</i>	<i>Group , some cases in Group 2 and 4</i>	<i>Cases in Group 2 and 4</i>	<i>Group 3, members of Group 1 (refugees), some cases in Group 2 and 4</i>
<i>Individual</i>	Cognitive and affective dis-regulation; Non-appraisal from distress, crisis, problems; Isolation, withdrawal Lack of empathy Psychopathology/addiction to substances/alcohol	Appraisal of crisis, distress, and recovery; Facilitative vs. constraining beliefs Positive outlook Hope, optimistic view; confidence in overcoming odds Courage and encouragement; focus on strengths and potential Active initiative and perseverance (can-do spirit) Master the possible; accept what cannot be changed	Emotional regulation; Self-reflection; Capacity to produce symbols and culture; Humour Creativity Transcendence and spirituality
<i>Family</i> (see also Walsh, 2002)	Abuse; losses; intergenerational transmission of traumas; Hostility; Helplessness; Chronic psychopathology; Suicide; Unresolved traumatic experiences; domestic violence; gender based violence; traumatic migration/separations; Lack of social and economic resources	Making meaning of adversity Affiliative value: resilience as relationally based Family life cycle orientation: normalize, contextualize adversity and distress Sense of coherence: crisis as meaningful,	Secure and positive relationships; Clear and coherent communication; Both individuation and relatedness well developed; exploration and integration of new information/coping with obstacles and crisis

		comprehensible, manageable challenge	increased
		Flexibility	
<i>Community</i>	Break down of the community relationships/networks; Distrust, Ethnic conflict; Organized violence	Members can share range of feelings (joy and pain; hopes and fears) Mutual empathy; tolerance for differences Responsibility for feelings, behaviours; avoid blaming Social and economic resources Mobilize extended kin and social support; models and mentors Build community networks and financial security	Secure Community: absence of violence, tolerance, mutual groups recognition, valuating differences, sense of belonging Spirituality, faith, communion in rituals
<i>Society/Culture</i>	Dictatorship; Power unbalance between groups or political parts; Gross violations of human rights; Torture	Capacity to change: rebound, reorganize, adapt to fit challenges over time Counterbalanced by stability: continuity, dependability through disruption Connectedness Mutual support, collaboration, and commitment	Multi-ethnic, integrated, democratic, cosmopolitan, Promoting human rights, Balance between individualist and collective values 'Transcendent function' at collective level (Singer, 2010): emergence of a third meaningful dimension

8.3 The symbolical power of transformation: the archetype of attachment as psychological third dimension transcending polarities

Ultimately, a special reflection has to be dedicated to the role of the societal, economic, political and cultural dimensions in supporting resilience and Adversity Activated Development at individual and relational level.

The present study tried to develop an integrated understanding of the long-term psychosocial changes in the aftermath of collective violence at different levels - intrapsychic, relational, cultural and socio-political. The idea of the archetype of attachment, with its biological, emotional, relational and cognitive facets, seems to grasp a crucial psychological dynamic related to the recovering from the (potentially) traumatic impact of war and violence that invests the different but interconnected levels of experience. The emergence of a new mental space is possible in “good enough” secure conditions of the environmental and community context on one hand, and of interpersonal and internal emotional regulation that can allow the arising of states of thirdness. The theoretical framework of the archetype of attachment proposes, by integrating different concepts of the existing literature, an inherent human capacity to contain and transform the disruptive effects of violence and traumatic experiences by activating an inner resource. This competence is linked at deep level with a set of mental abilities: symbolisation (Jung, 1912, 1916, 1921, 1939), creation of meaning, coherent biographic narratives, and a sense of self as a connected and centre of self-agency (Bowlby, 1988, 1989; Main and Hesse, 2008, 1999), mutual recognition between subjects (Benjamin 1988, 1995, 1998, 2004), mentalization and reflective function (Fonagy, 1999, 2001; Fonagy & Target, 1996a, 1996b, 1997, 1998, 1999, 2002). The disorganisation and breakdown of the mental

space at different levels of an attachment archetypal experience (intrapsychic, interpersonal, community and social) have been proposed as a central dynamic accounting for the negative outcomes of collective violence and perhaps the creation of essential conditions of further violence and hatred.

This research tentatively detects a collective symbolical dimension emerged in virtue of the psychosocial process of “internationalisation” that influenced the psychological responses of families and individuals and fostered positive changes. Internalisation represents primarily a course triggered by the massive material, economic, cultural and political investment made by the international community in Kosovo since 1999. In the research, internationalisation has been considered as a process developing in two directions: within the country suddenly inhabited by a large international community, and outside the country as many Kosovars fled to third countries joined the diaspora. The encounter of the international human-rights based culture with the traditional world of Muslim religion and Kanun on one hand, and with the Yugoslavian communist heritage on the other, gave life to a particular *mélange* of values, ideas, ideals and feelings. The international community introduced economic resources, security, logistic and human resources in the country that fostered the building of infrastructures and institutions. The cooperation and communication between the local population and the multi-national groups, agencies and international organisation facilitated the creation of a common symbolical space that served to support the construction of a new national identity. Truth to be told, this process of internalisation presented (and still presents) several shortcomings, however, this represents a wide topic of discussion that cannot be considered here. The archetypal dimension of attachment was activated at a collective level and this

movement contributed to reinforcing individual and family resilience, providing opportunities of Adversity Activated Development responses, reducing the marginalisation and vulnerability of people with low socio-economic status. Internalisation gave the opportunity to develop relational linkages, intrapsychic connection and other social activities that are “meaning-making”. When the archetype of attachment at the collective level becomes secure, mutual recognition, dialogue and tolerance are possible and groups can communicate without hatred for not sharing the same religion, ethnic origin or political affiliation. Communities can share resources and offer social support to families and individuals who can trust and rely on institutions. The archetypal disorganisation of the attachment hinders the relational bonds within the collective, provoking the breakdown of humanity and trust, increasing fear and hostility, with hatred eventually giving space to violence, racism and discrimination. Under specific political circumstances entangling (extremely) unbalanced societal, cultural and economic conditions the archetypal disorganisation of attachment bonds can facilitate the restriction of democratic participation and expression of individuals in the political and collective sphere, favouring the occurrence of human rights violations and the establishment of different forms of dictatorship.

In this research, I tried to explore the symbolical power of transformation that the archetype of attachment might activate by observing the level of interaction of the families with both international community actors as well as with relatives living in diaspora outside Kosovo. The repeated interaction has been assessed considering if participants benefitted from the job and/or education opportunities provided by international actors (i.e. non-governmental organisation, agencies etc.); and if they

referred to a cultural change in virtue of this interaction in terms of subjective values, vision and personal expectations. The relation with relatives living in diaspora has been primarily detected by evaluating: a) the level of interaction through social media and new technologies; b) the material, moral and financial support received by those living in the diaspora. Individuals and families who fled to third countries and lived as refugees and in asylum represent a very special group of persons that offered an excellent opportunity to support or disconfirm this hypothesis.

The capacity of individuals and families to transcend the internal conflicts and traumatic psychic elements related to the experiences of organised violence, starting even before the 1998/1999 conflict, in this research has been linked to the symbolical dimension of attachment. Feelings, thoughts, relationships, values and images related to the archetypal domain of attachment could provide an opposite force contrasting the traumatic experiences that facilitate a synthetic movement building up the transcendent function (Jung, 1916, 1921, 1940). It is the symbolic function that can give birth to creativity, as Jung explains the idea of *a tertium non datur* as the reconciling “third,” not logically foreseeable, characteristic of a resolution in a conflict situation when the tension between opposites has been held in consciousness. As discussed in the theoretical part of this thesis, the relational aspect of the third new element emerging from the tension between opposites has been emphasised by post-Jungians authors (Samuels, 2006; Schwartz-Salant, 1988). This supported the link with the idea that the symbolical aspect of the archetype of attachment can trigger transformational power underlying collective processes of cultural change, tolerance, multi-culturalism, democratic participation and eventually peaceful co-existing.

It is worth mentioning, in conclusion, the importance that the experience of

feeling safe as a refugee in a third country can have to develop Adversity Activated Development responses and to promote long-term positive changes, not only in individuals and families but also in communities and ultimately culture and society. The story of L. can provide a vivid example of the processes described above.

The story of L.

L. a 41 years old woman, mother of a 4 years old boy works as a project manager in an international organisation. Her life represents the life of many other women and men of her generation: during her childhood starting from 1991 they were hit by the wars in the Balkans and often experienced asylum, migration to Western countries or sometimes worse outcomes. She was born in a family that seemed like a mosaic of ethnic and cultural identities, yet cohesive. On the threshold of her 20s, a rude awakening told L. that the visceral fierceness of Milosević's nationalism was blowing winds of destruction. She decided to leave her hometown, the once familiar and safe had become increasingly dangerous and unpredictable: worse than the violence and death were the economic crisis and misery to make it necessary to escape. The world previously familiar and predictable was upset and moral rules deleted: those thought to be friends and worth of trust, were suddenly revealed to be distant and cold, ready to betray, kill or commit other crimes. L. witnessed the siege of Sarajevo in 1995, and got seriously hurt by stray gunshots. She was eventually able to escape and flee to the United States, to be reunited with her brother who had left years before to a land that repudiated the war and was universally promoting human rights regardless of race and religion. The transition from a mother country and cruel wound that had failed to ensure the safety of its citizens' children in a large adopted country open to all was embodied in the use of English. The new symbolic and

cultural dimension of the language offered L. a vital emotional experience that allowed her to feel again, to participate and be willing to (re-) exist in this time of loss of continuity in their lives and identities. The foreign language, without those frightening connotations which the native Serb-Croat language covered, gave her the feeling of being a new person, other than the thoughts and feelings which could be translated with other emotional meanings other than anger and pain and that gave her the desire to establish new relationships in a trust fund pregnant with unknown and desperately sought.

In the United States, L. knows her partner and fall pregnant. After almost a year, in the days preceding the birth, the bombing of Belgrade by NATO forces that would last 78 interminable days started. At that time her parents were in Pristina, where they had taken refuge about nine months before. L. was overwhelmed with fear and anxiety and from the very beginning, the creative power of motherhood was complemented by the fear of dying. When the international forces and the United Nations established a protectorate in Kosovo through UNMIK, L. decided to re-join her parents Pristina, to face the most difficult peak of ethnic hatred between ethnic Albanians and the Serbian minority. The return "home" imagined by L. was the fruit of profound need to replenish its roots. In her deep inner life English language will continue for years to be that of dreams. As a glue between different fragmented parts of her person and psyche, the language of dreams has enabled it to find the connection point between the various fragmented parts of herself, mainly related to the places of belonging and languages spoken (Serbian-Croatian, Bosnian, Albanian and American/international). The psychic scars, left by memories (repressed) related to the events of war remained, as L. says, she will always have an irreversible distrust

towards men and their destructiveness. However, speaking and thinking in English for L. is a way to build, piece by piece, a bridge which can join and connect the various fragments of her identity, which was divided by blocks of denied pain. This physical dimension of the new adoptive American country gave a container to symbolically rebuild a sense of continuity that was irreversibly lost. What was irretrievably lost perhaps cannot (and should not) be brought to mind. What seems more important is the irresistible internal capacity to regenerate new aspects of herself, as the plant knows how to regenerate by dropping old branches, that are dry and diseased. As a foster caregiver can teach a new language and a code, affective and relational different than the previous, so too the migration experience in an adopted country with learning a different language and culture, can call into action the transformative skills and healing of the psyche.

Experiences of migration and asylum in third countries in particular, which represent one dimension of internationalisation, provided families and individuals with the opportunity to internalise a new culture, language, rules and rights. Even the most vulnerable families, when able to fly and find asylum in European countries, could re-create a hybrid identity, capable of transforming the experience of traumas and negative emotions into fresh thoughts and a more positive light. On the other hand, the interaction of the impact of traumatic experiences with previous vulnerability and overall exposition to daily stressors, in particular, discrimination on ethnic grounds and marginalisation, seem to be linked to an increased level of domestic violence and victimisation of women and girls. In many cases, illiteracy and the impossibility of finding employment, or just generating an income sufficient to provide a dignified life for the family, contributed seriously to deprive individuals of

the capacity of self-expression and participation in the public sphere.

Overall, internationalisation shed light on the symbolic and transpersonal power of culture, emphasising the universality of human rights, therein creating a sense of safety and human security. One of the main consequences of this multi-faced process in the long-term is represented by the emergence of a meaningful third cultural dimension, which can break and transcend the sharp polarisation of the two opposite and warring discourses and provide a mediating bridge for further development. This third dimension creates a common horizon of meaning by providing new models, images, ideas and values attractive for large groups regardless of their age, gender, ethnicity, nationality and other factors frequently representing reasons for discrimination.

8.4 Limitations of this study

The bio-semiotic-ecological perspective of the “archetype of attachment” provides a theoretical framework to explore multilevel influences on the long-term psychosocial changes in families and individuals living in a society transitioning from war and collective violence to peace and state-building. However, this study presents several limitations, including some generalisation of the results and methodological gaps, partly due to the nature of the cross-sectional study. Its main goal was to create a space for reflection and understanding of a hybrid and ambivalent subjective reality. Aiming to combine the psychological and psychosocial dimensions and to observe multilevel and dynamic influences, the theoretical conceptualisation tried to bridge the personal with the collective level of human experience, offering an original perspective on adversities and human responses beyond the traditional focus on

trauma and pathology. It acknowledges the transformative potential of these experiences and examines the beneficial role of the provision of a third discourse that transcends the monolithic and debilitating dichotomy of the initial pair of polarities.

The relevance of the archetype of attachment in relation to the socio-political realms refers to the intrinsic role and function of state institutions designed to ensure equality, security and protection of all human beings. In this direction, further exploration and conceptual elaboration could be addressed towards the role, and the symbolical and cultural functions exercised by State authorities, institutions and laws. These collective entities are established to promote human rights, justice and equality, and can represent metaphorically the nurturing and protective dimensions inherent to the attachment motivational system. In particular, educational and health institutions are perceived as the most important to support the development of children and enable human beings to fully develop their potential later on, when they are able to work. Freedom from violence and torture by authoritarian governance structures is a distinctive quality of democratic societies, able to promote tolerance and respect of differences by ensuring security and rule of law at the same time.

Moreover, the archetype of attachment could be used as a broad conceptual framework able to include different theories and ideas that can describe and grasp both psychological and psychosocial dimensions dynamically interacting in processes of conflict management, resolution and transformation. In particular, it might fruitfully support interventions aiming at fostering tolerance, non-violence and peace education as it stresses the dialectical relation between trauma and security through relational bonds and sense of belonging.

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