Music Therapy Online

PARENTING AFTER TRAUMA

How does interpersonal trauma affect children and their future role as parents?

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1.

EFFECTS OF CHILDHOOD INTERPERSONAL TRAUMA AND ATTACHMENT

1.

Effects of childhood interpersonal trauma on attachment

Interpersonal trauma is not only experienced within abusive or neglectful relationships, but may also affect experiences of future relationships, and various theoretical models help to provide some explanation for this. The response of families and social networks to a child's trauma experiences have been found to be more important than the nature of the interpersonal trauma itself in determining how children are affected (Finkelhor, 2008).

A primary caregiver's response is thought to be the most important factor associated with children's recovery from interpersonal trauma exposure (Cook et al., 2005) and attachment theory provides a way to understand this. Attachment theory is an evolutionary concept developed by John Bowlby to explain the importance of the emotional bond between a child and their primary caregiver, and the way in which this bond affects the child's social, emotional and cognitive development into adulthood (Bowlby, 1969).

Attachment is characterised by specific behaviours in a child, which include seeking proximity to their caregiver when feeling upset or threatened. Optimal attachment behaviour in adults towards their child involves responding sensitively and appropriately to the child's needs (Bowlby, 1969),

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and in ways that promote and coach their child's emotional competence (appropriate emotion understanding and regulation)(Eisenberg et al., 1998).

Children form "internal working models" or mental representations of self, other, and self in relation to others in the context of their earliest caregiving relationship. These working models form a foundation from which children can develop capacities including emotional competence, communication, curiosity, and a sense of agency (Bowlby, 1969, 1982).

When caregivers are either the source of abuse or neglect, or are unavailable to protect their children from maltreatment as a consequence of their own unresolved traumatic experiences, the attachment relationship can be severely affected, and children's capacity to develop functional internal working models is threatened (Bosquet Enlow, Egeland, Carlson, Blood, & Wright, 2014).

A primary caregiver may be preoccupied, distant, unpredictable or punitive in a way that means s/he is either reactive and/or inconsistently responsive, resulting in children becoming emotionally distressed.

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Children may then be unable to restore internal equilibrium, and lack the trust necessary to elicit support from others, rendering them vulnerable to developing ongoing issues with emotion regulation, impulse control, cognition and interpersonal relationships (Cook et al., 2005).

Children seek and maintain proximity to their primary caregiver in ways that have been classified as secure or insecure (avoidant or ambivalent), based on their experience of their attachment figure as either responsive and consistent, or inconsistent, unpredictable, non-responsive or reactive (Ainsworth, Blehar, Waters, & Wall, 1979).

A fourth category of an insecure attachment style, called disorganised, was added to describe a child who displays behavioural disorganisation or disorientation such as freezing, undirected movement, or contradictory patterns of interaction with a caregiver (Main & Hesse, 1990). Disorganised attachment is thought to occur where a caregiver's unresolved traumatic experiences causes them to engage in either frightened or frightening caregiving behaviour which may be confusing or alarming to a child (Solomon & George, 2011).

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This means that the caregiver is both the source of and solution to danger, and this paradox creates an unresolvable conflict for the child, resulting in their inability to mobilise behavioural or attentional coping strategies (Main and Hesse, ibid). Disorganised attachment is therefore a more severe and disturbed attachment pattern than the more organised ambivalent or preoccupied strategies, and has been associated with psychopathology including Reactive Attachment Disorder, depression, anxiety, behavioural problems, and dissociative symptoms (Liotti, 2004; Lyons-Ruth, Yellin, Melnick, & Atwood, 2005).

The disorganised attachment construct has informed the development of a Complex Posttraumatic Stress Disorder diagnosis (Cook et al., 2005), currently being considered for inclusion in the International Classification of Disease, 11th revision (Brewin et al., 2017).

Attachment theory may therefore be extended to consider abnormal development and psychopathology where more extreme strategies may function self-protectively to ensure safety and comfort within a threatening environment.

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Crittenden’s dynamic-maturational model of attachment provides a theoretical explanation for why current maladaptive behaviour or psychiatric symptoms become meaningful when considering the patient’s developmental history (Crittenden, 2009). Crittenden suggests that insecure attachment strategies will be amenable to change only when the individual is offered another way to be self-protective, and believes that it is safe to use alternative strategies (Crittenden, 2006b).
Within this model, attachment strategies are viewed as having an adaptive function beyond puberty, most notably in sexual relationships in order to ensure reproduction and protection of offspring.

From an attachment perspective, achieving autonomy and developing positive internal representations of self and others is necessary in order to navigate the individual and interpersonal demands of adolescence are most successfully supported by secure attachment and emotional connection to parents (Moretti & Holland, 2003).

Parents who as a result of interpersonal trauma may have had insecure attachment relationships, may struggle to provide consistent and regulated emotional support to their adolescent, to support the adolescent’s needs for increasing autonomy, and to tolerate conflicts that emerge during the adolescent’s increasing assertion of differing viewpoints (Diamond, Diamond, & Levy, 2014).

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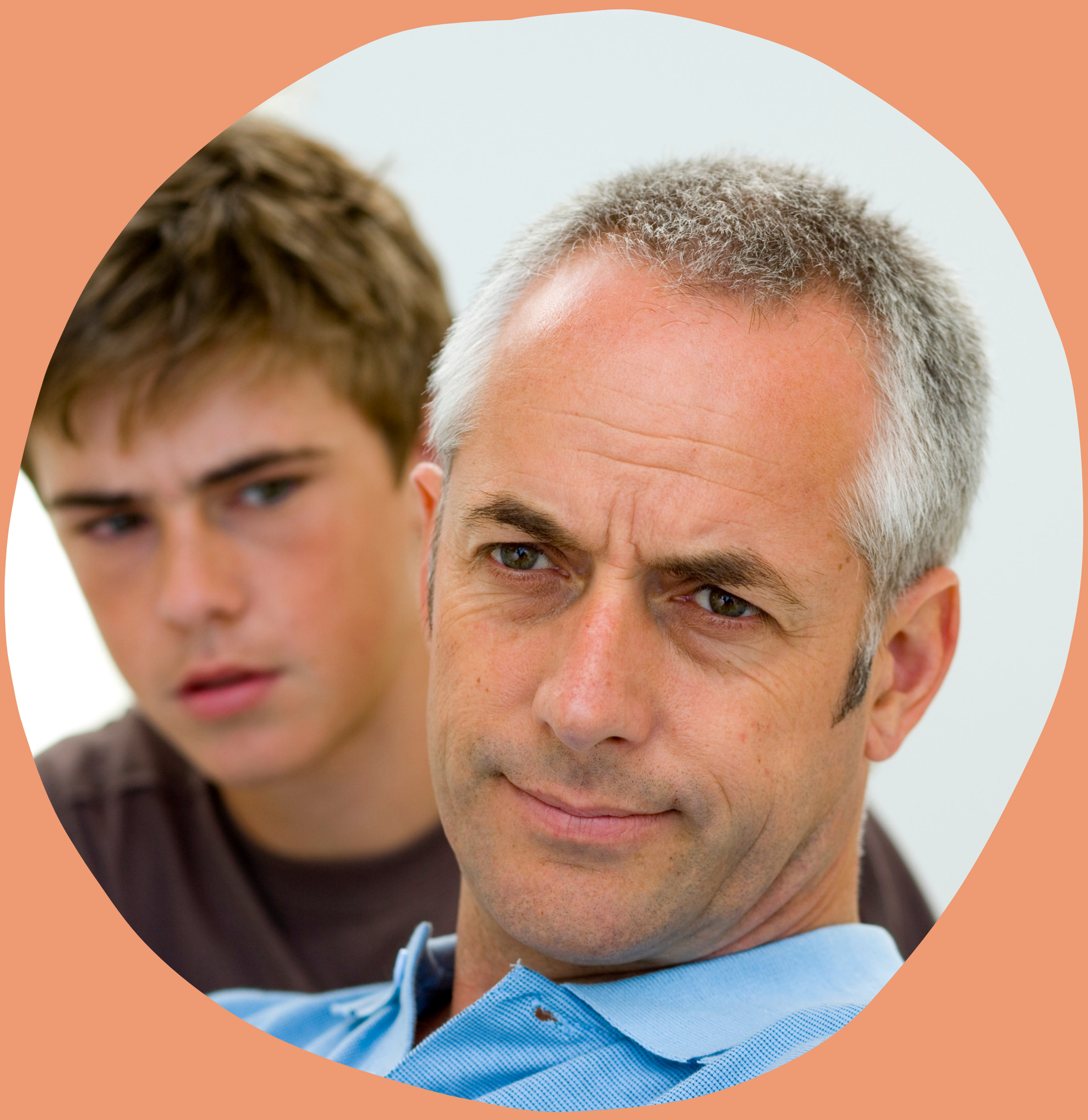

2.

Impact of parents' insecure attachment strategies on parenting

Where parents have had to employ insecure or disorganised self-protective attachment strategies in order to cope with an abusive or neglectful caregiver in childhood, the experience of danger is central in organising their own caregiving behaviour (Crittenden, 2008).

Crittenden suggests that caregiving responses are guided by ways of ensuring safety that were learned early in life and operate outside of awareness, and by early experiences where reflective processing of information created risk of exposure to danger.

Crittenden's dynamic maturational model of attachment (Crittenden, 2006b) proposes that parents' unresolved trauma symptoms can be understood as functioning to create the experience of safety where this was not available, either by being dismissive (and therefore unresponsive to a child's cues signalling distress), or preoccupied (and therefore reacting to a child's nondistressed cues as though they indicated imminent threat).

These symptoms mean that a parent may show disrupted patterns of interaction that induce a sense of fear in their child (Riggs, 2010).

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Symptoms may also mean that parents are less able to respond sensitively and contingently (Casanova et al., 1994) or to provide optimal socialisation of their children's socio-emotional development and relational functioning (DeOliveria, Neufeld Bailey, Moran, & Pederson, 2004).

Mothers with unresolved childhood interpersonal trauma experienced lower levels of attachment to and bonding with their child (Schwerdtfeger & Nelson Goff, 2007), and were poorly bonded with their adolescent according to adolescent report in two studies (Field et al., 2013; Marsanic et al., 2014).

Children of parents with unresolved trauma may be vulnerable to developing disorganised patterns of attachment and problems with emotion regulation as the result of parents behaving in a frightening or frightened manner (Brenning & Braet, 2012; Lyons-Ruth & Block, 1996).

Disorganised attachment is considered to be a risk factor for developing a range of social and cognitive difficulties and psychopathology, though causal mechanisms between these are yet to be determined conclusively (Belsky & de Haan, 2011).

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A longitudinal research study utilising observational measures has found a relationship between parents' posttraumatic symptoms and their children's development of insecure attachment strategies (Bosquet Enlow et al., 2014), with a further study finding that PTSD moderates the relationship between a child's insecure attachment status and insensitive parenting (van Ee, Jongmans, van der Aa, & Kleber, 2016).

Others, however, have either not established a link between parents' posttraumatic symptoms and children's insecure attachment representations (Lyons-Ruth & Block, 1996), or found that parents' posttraumatic symptoms may even be protective against an insecure attachment with their children where intrusive trauma re-experiencing and hypervigilance prevent dissociation (Hughes, Turton, McGauley, & Fonagy, 2006).

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How can music therapy help?

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The ability to send and receive nonverbal communication messages is an important part of effective interpersonal functioning that supports the development of secure attachment relationships, and therefore may be regarded as a target for therapeutic intervention. Current dyadic and family therapy interventions with parents and preschool children address these directly via nonverbal modalities such as play therapy (Lieberman et al,, 2005).

Parenting interventions may include psycho-education about the importance of nonverbal communication when conveying awareness, acceptance and empathy towards children’s emotions (Duncan, Coatsworth, & Greenberg, 2009; Havighurst, Wilson, Harley, Prior, & Kehoe, 2010); however, where parents lack these skills more guidance may be required (Asen & Fonagy, 2017b).

Treatments for parents and older children privilege talking based therapy, which may activate patterns of conflict that characterise insecure or disorganised attachment relationships for parent-child dyads where a parent has experienced childhood interpersonal trauma. Other methods that actively engage parents and adolescents, and are effective with parents with an interpersonal trauma history may be required.

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Creative arts and experiential modalities provide opportunities to work systemically with nonverbal processes in a similar way that play is utilised in family therapy with parents of younger children (Asen & Fonagy, 2012b; Jacobsen & McKinney, 2014).

Young people use music to communicate and to express emotions nonverbally, and therefore music may be an accessible medium when working with parent-child relationships (Hallam, 2010). Music may be considered a ‘bottom-up’ approach in that it has the capacity to directly activate and regulate emotional and autonomic arousal, support emotional processing, and induce positive affective states during parent-child interaction (Fancourt et al., 2014; Panksepp & Bernatzky, 2002).

Music therapy is the intentional use of music by a trained therapist, utilising a range of music making methods in order to improve health, functioning and wellbeing within and through a therapeutic relationship (AMTA, 2018).

Music therapy with parents and children utilises musical interplay to enhance clients’ ability to accurately notice, receive and interpret the nonverbal affective communication of others, and to connect with and then express their own emotions nonverbally (Jacobsen et al., 2014).

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A small number of studies have examined the effectiveness of music therapy with traumatised populations, and with parents and their children (Hernandez-Ruiz, 2005. Jacobsen et al, 2014, Nicholson, Berthelsen, Abad, Williamson, & Bradley, 2008 and Thompson, McFerran, & Gold, 2013).

Dr Vivienne Colegrove is a couple and family counsellor, and music therapist. She has many years experience working in mental health and trauma recovery services, and in private practice. She specialises in supporting individuals, couples and families to achieve relational healing where traumatic events have caused relationship wounds.

If you'd like to learn more you can find Dr Colegrove's online tutorial 'Tuning relationships with music: Working systemically to reduce conflict and restore relationships in families who have experienced trauma' at www.musictherapyonline.org

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