



Unresolved attachment and agency in women victims of intimate partner violence: A case–control study

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Objectives. Women victims of IPV are more likely insecurely attached and have experienced childhood abuse, which according to the attachment theory is deeply related to disorganized attachment. This case–control study was performed with the aim to compare the attachment status and the defensive processing patterns of women victims of IPV (cases) with women with no experiences of IPV (controls).

Methods. Cases were 16 women with an age range from 26 years to 51 years. The control group included 16 women with an age range from 26 years to 59 years. Women's states of mind in regard to attachment were evaluated with the Adult Attachment Projective Picture System, which allows classifying attachment status and defensive mechanisms.

Results. Compared with control group, most IPV women resulted having an unresolved attachment status and describing characters less capable to draw upon internal resources, that is, internalized secure base, and less capable to act than controls. Women victims of IPV used significantly more words referring danger and failed protection than controls.

Conclusions. The results evidenced the strong effectiveness of the AAP on analysing the psychological attitudes of women victims of IPV. The dramatic events lived by the women victims of IPV are so dominant in their minds that they invade their stories. This could represent a clue of emotional dysregulation.

Practitioner points

- The use of AAP improves the understanding of the agency of self and of the specific levels of trauma experienced by IPV victims, on clarifying their frightening/frightened dynamic, typical of the disorganized attachment relationship, which undermines their activity of mentalization.
- The therapist will assume the stance of a secure base and then both promoting exploration and contrasting impotence, humiliation, and subordination that IPV women have experienced.
- This therapeutic interpersonal context will be functional to reach two different but related therapeutic goals: (1) to facilitate the rebuilding of agency (through an activation of subject to explore concrete strategies for exiting from IPV), (2) to explore attachment-related segregated systems from awareness, and to integrate them in memory.

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The term intimate partner violence (IPV) refers to those behaviours by an intimate partner or ex-partner that cause physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours (World Health Organization, 2002). IPV against women is a worldwide phenomenon: While in the United States it is estimated that more than a third of women experience rape, physical violence, and/or stalking by an intimate partner in their lifetime (Black *et al.*, 2011), in the European Countries the phenomenon of intimate partner violence against women has risen from one-fifth to one-quarter of the women (Council of Europe, 2011).

Research and theory in the field of attachment regarding women victims of IPV have enlightened two important attachment-related aspects. First, women victims of IPV are more likely insecurely attached (Alexander, 2009; Henderson, Bartholomew, Trinke, & Kwong, 2005; Kuijpers, van der Knaap, & Winkel, 2012), and second, they are more likely to have experienced childhood abuse, which according to the attachment theory is strongly related to disorganized attachment (Barnett, Ganiban, & Cicchetti, 1999; Cyr, Euser, Bakermans-Kranenburg, & van IJzendoorn, 2010).

Insecure attachment status and IPV

Regarding the relationship between insecure attachment status and IPV, on the one hand, women with secure attachment status who were victims of IPV can develop an insecure one (Alexander, 2009; Feeney, 2008). On the other hand, it is thought that women who have experienced an insecure attachment in their childhood develop an internal working model (IWM) of the self as unacceptable and unlovable, and their partner as unavailable, untrustworthy, or rejecting (Bowlby, 1973; Feeney, 2008). They may have failed in the development of self-reliance, may select partners congruent with these IWMs, and furthermore display emotions, thinking, and behaviours that do not allow them to effectively manage the challenges that arise in relationships.

There are two research perspectives for the adult attachment's assessment: the social psychology perspective and the developmental psychology perspective (George & West, 2012). The first uses self-report questionnaires for measuring perceptions and expectations regarding adult attachment relationships. The latter uses autobiographical interviews (Adult Attachment Interview, AAI, Main, Goldwyn, & Hesse, 2003) or projective tests (e.g., Adult Attachment Projective, AAP, George & West, 2012) for exploring the ways that people mentally organize their childhood attachment experiences, under conditions in which attachment is activated (Bowlby, 1980; George & West, 2012; George, Kaplan, & Main, 1996).

From the social psychology perspective, a review by Dutton and White (2012), concluded that a broad spectrum of attachment insecurities, assessed with self-report questionnaires, constitutes the major psychological predictor of IPV. Regarding women victims of IPV, for example, Henderson *et al.* (2005) and Kuijpers *et al.* (2012) found similar results.

From the developmental psychology perspective, the AAI and AAP allow a deeper understanding of mental processes and of defensive mechanisms related to attachment status, and specifically to unresolved attachment. Alexander (2009), using the AAI, found that women who reported multiple abusive relationships were significantly more likely to be categorized with an unresolved/disorganized attachment.

IPV and unresolved/disorganized attachment

Main and Solomon (1990) proposed that infants are categorized as disorganized when they lacked any organized strategy for dealing with the stress of separation, and, approaching their parent, they showed contradictory intentions or behaviours that involved disorganization, disorientation, and fear. Disorganization in childhood is analogous to unresolved attachment in adolescents and adults (Lyons-Ruth & Jacobvitz, 2008). According to Main *et al.* (2003), unresolved classification is assigned to adults who show signs of disorientation and disorganization during discussions of potentially traumatic events (i.e., deaths, physical abuse, or sexual abuse). According to West and George (1999), unresolved attachment is characterized by marked disorganization, confusion, and the use of defensive exclusion of painful and unbearable experiences, resulting in systems of representations that are segregated from awareness. Theoretical considerations (West & George, 1999) and empirical research (Alexander, 2009; Obsuth, Hennighausen, Brumariu, & Lyons-Ruth, 2014) suggest that IPV is associated with childhood abuse, and both are associated with disorganized attachment in infancy and unresolved attachment at the adult age.

Children who have been maltreated by their parents show particularly high levels of disorganized attachment (Barnett *et al.*, 1999; Cyr *et al.*, 2010). If parents fail to provide care and protection and have the inclination to lose control and become violent with their children, these children experience their caregiver as their source of comfort as well as their source of fears (Hesse & Main, 2000). This results in the disorganization of attachment.

Several studies found that the risk of IPV in adulthood increases in women who in childhood were either witness to IPV (Ehrensaft *et al.*, 2003; Godbout, Dutton, Lussier, & Sabourin, 2009) or victims of physical or sexual abuse (Coid *et al.*, 2001; Kwong, Bartholomew, Henderson, & Trinke, 2003; Turner, Finkelhor, & Ormrod, 2006). According to the Adverse Childhood Experiences Study, conducted in a large health maintenance organization, violent childhood experiences increased the risk of the most serious form of IPV (Whitfield, Anda, Dube, & Felitti, 2003). More recently, Widom, Czaja, and Dutton (2014) showed similar results in a prospective cohort design study. Women who in childhood have had a caregiver alternatively representing a source of care and a source of danger can repeat the same disorganizing experience in the violent relationship with a romantic partner, thus perpetuating the cycle of violence (Walker, 1979). Likely, they can be characterized by unresolved attachment.

The use of AAP for exploring IPV

West and George (1999) discussed regarding IPV in terms of attachment disorganization, as the more profound form of relational insecurity, but whereas numerous AAP studies have examined defensive processing in victims of traumatic experiences (Benoit, Bouthillier, Moss, Rousseau, & Brunet, 2009; Buchheim *et al.*, 2008; George & Buchheim, 2014; Juen, Arnold, Meissner, Nolte, & Buchheim, 2013), a few studies have examined the unresolved/resolved status in maltreated adolescents, analysing exclusively the role of cognitive mediators (Joubert, Webster, & Hackett, 2012; Webster, Hackett, & Joubert, 2009). But, in our knowledge, no study has specifically examined attachment in women victims of IPV using the AAP.

The AAP includes a standardized set of projective attachment stimuli. Similar to the AAI, the responses to the AAP stimuli are considered to be reflective of the individuals' internal working models of attachment (George & West, 2012). The novelty of this

instrument is to offer the possibility to investigate the concept of agency of the self, which George and West (2012) considered as an adult evolution of the activity of exploration from a secure base, typical of the securely attached children, for whom the trust in the availability and sensitiveness of the attachment figure facilitates exploration. In adults, the experience of the availability of the attachment figure is internalized; that is, secure adults do not need to appeal to a present caregiver, but, rather, may engage in thoughtful self-exploration (George & West, 2012). In the face of difficulties, adults with high agency utilize the reflective function in the same way that they used their parents as a secure base and a safe haven in childhood. Agency indicates the efficacy of the self on acting in the world, on using the relationships to re-establish attachment equilibrium, and on reorganizing attachment-related experiences through reflection. This attitude contrasts with feelings of helplessness and hopelessness. It is thought that agency could be compromised in women victims of IPV. According to Craparo, Gori, Petruccioli, Cannella, and Simonelli (2014), for example, these women have more difficulty in coping than do control groups. They perceive themselves as helpless and at the mercy of their partners, who use violence to impose their will (West & George, 1999).

Another major advantage of using the Adult Attachment Projective Picture System (George & West, 2012) is the possibility to infer the presence of defensive processes such as the deactivation, cognitive disconnection, and segregated systems, in line with Bowlby's conceptualization. Deactivation characterizes dismissing narratives and refers to the attempt to shift attention away and/or to stop the experience of attachment need or emotions. According to Bowlby's original vision (1980), deactivation is a defensive mechanism through which the more a person's attention, time, and energy are concentrated on one activity and information concerning it, the more information concerning another activity will be excluded. Cognitive disconnection is typical of the preoccupied attachment status and regards the disconnection of the attachment feelings or needs from their source of response. According to Bowlby (1980), this form of exclusion occurs when an individual shifts attention away from the true source of distress and mistakenly identifies another person (including the self) or situation as the cause of the distress. This strategy results in replacing one form of distress with another (George & West, 2012).

Finally, segregated systems (SS) according to West and George (1999) are the hallmark of attachment disorganization; they are typical in unresolved attachment status and refer to those processes in which trauma or unbearable emotions are separated or removed from conscious awareness. When attachment is activated, defences begin to fail and there is both the breakthrough of traumatic imagery and the inability to manage segregated attachment-related affect and experience (George & West, 2012). According to Bowlby (1980), segregated systems are associated with the painful and chronic distress experiences, such as those that accompany loss or traumatic experiences, when no attachment figures were available. If the emotions, thinking, and behaviours related to painful or traumatic experiences are not amenable to processing and integration, they could be segregated from consciousness (Bowlby, 1980), and when stimulated by attachment-related clues, they could emerge in an uncontrolled way (George & West, 2012). AAP assessment allows the surfacing of the segregated systems, and this allows the therapist a deeper understanding of the patient's experiences of fear, danger, isolation, and growing helplessness. Buchheim and colleagues (see Buchheim *et al.*, 2006, 2008), who investigated the neural correlates of attachment status, underlined the role of AAP system on reactivating unresolved traumatic attachment experiences or losses.

Objectives

The current case–control study was performed with the aim to compare the attachment status and to analyse the defensive processing patterns, including SS, of women victims of IPV (cases) to women who reported no experiences of IPV, but with a good dyadic adjustment with their romantic partners (controls). Many studies in the literature based on self-report questionnaires have stated the association between IPV and insecure attachment (Henderson *et al.*, 2005; Kuijpers *et al.*, 2012). Other studies based on the AAI have found a relationship between unresolved attachment and IPV (See Alexander, 2009), but further research about the defensive mechanisms and the attachment processes of women victims of IPV is needed. Specifically, to reach this goal, we compared the Adult Attachment Projective Picture (AAP) narratives between the two groups. This procedure allows for an increased understanding how attachment status is related to the quality of intimate relationships. To our knowledge, this is the first study exploring attachment status and defensive processing patterns in women victims of IPV using the AAP. The latter is the only measure that can identify the attachment status, defensive patterns, and resolved/unresolved segregated systems (Delvecchio, Pazzagli, Di Riso, Chessa, & Mazzeschi, 2013). We expected that most women experiencing IPV would develop insecure attachment status, and display fewer clues of agency, and more clues of segregated systems, when compared to controls. We tested the following hypotheses: (1) Women experiencing IPV have more likely an unsecure attachment status when compared to controls; (2) women experiencing intimate partner violence (IPV) are expected to display fewer clues of agency, when compared to controls; and (3) women experiencing IPV more likely have an unresolved/disorganized attachment, and their narratives would evidence the presence of segregated systems (George & West, 2012).

Methods

Participants and procedure

Participants were 16 female victims of IPV with an age range from 26 years to 51 years (mean = 34.81; *SD* = 6.99). All the 16 women were victims of IPV for at least 2 years and had suffered physical violence and brutality by their partners to such an extent that they were afraid for their life and were compelled to seek for a shelter far away from their partners. The majority of participants were Italian ($N = 13$), well-educated (mean = 13.56, *SD* = 0.51 years of school), and of middle–high socio-economic status (mean = 59.87, *SD* = 11.19), as assessed by the Hollingshead scale for parental occupation (1975). The control group included 16 women with no history of IPV ranging ages from 26 years to 59 years ($M = 39.56$; *SD* = 11.14). Similar to the IPV group, the participants in the control group were Italian, all married, well-educated (mean = 13.43, *SD* = 0.52 years of school), and of middle–high socio-economic status (mean = 56.18, *SD* = 14.46). A series of *t*-tests did not reveal any differences between the two groups in terms of age, years of education, and SES ($t(30) = 1.44$; $p = .16$; $t(30) = -0.69$; $p = .49$; $t(30) = -0.81$; $p = .43$, respectively). Women who had experienced IPV were recruited from ‘Differenza Donna’ Center (a shelter for the protection and care of battered women who escape away from their violent partners). Inclusion criteria included: (1) being 18 years of age or older and (2) being a victim of physical aggressions during the past 6 months from an intimate partner. Eligibility for participation in the control group included: (1) being 18 years of age or older, (2) being married or cohabitating with a significant other for at least 2 years, and (3) absence of IPV, good perceived quality of

romantic involvement. The Dyadic Adjustment Scale (DAS, Locke & Wallace, 1959) was used to test the control group for checking the level of their dyadic adjustment. All participants obtained a score above the mean (mean = 121.44; $SD = 9.72$; range: 108–142) of the normative sample ($M = 109.79$, range: 46–142; $SD = 19.77$). All control group participants were native Italian speakers.

Main outcome measures

Adult Attachment Projective Picture System (AAP, George & West, 2012)

Women's states of mind in regard to attachment were assessed with the Adult Attachment Projective Picture System (AAP), that, analogous to the Adult Attachment Interview, identifies the four-group classification status: three organized (secure, F; dismissing, Ds; preoccupied, E) and one disorganized (unresolved, U). Convergent validity was evidenced between the AAP and the Adult Attachment Interview, which is considered the gold standard in the measurement of adult attachment (George & West, 2012). The assessor asks the subjects to tell a story based on the characters depicted in the projective stimuli, which include one neutral scene and seven attachment scenes. Four drawings depict characters alone and three drawings have characters in interpersonal relationships. The stimuli progressively activate attachment distress (George & West, 2012). Attachment group classification is based on (1) the story content, (2) the defences, and (3) the self/other boundaries, which is utilized by the characters across the set of seven attachment stories. Story content is coded with respect to three aspects: agency, connectedness, and synchrony.

Scores on agency include internalized secure base (ISB), haven of safety (HOS), and capacity to act (CTA). ISB refers to the capacity to engage in self-reflection and actively explore one's own IWMs (George & West, 2012). ISB is evident when individuals are alone, exploring their own thoughts and accessing to their internal world. HOS is the use of relationships for re-establishing attachment equilibrium and refers to the circumstances in which people receive sensitive care and/or reintegrate or repair interpersonal relationships. Finally, CTA implies the capacity to engage in behaviour that produces change, to constructively and factually operate in attachment situations, and to effectively cope with the source of distress.

The connectedness regards if the character has been drawn alone (connectedness 1), or if he actually engages with others (connectedness 3). The synchrony dimension is recognizable if the narratives about dyadic scenes describe a reciprocal and enjoyable interaction or an interaction characterized by the caregiver's sensitivity to the other character's distress and vulnerability (affective synchrony). Synchrony is considered to be functional, if the attachment figure responds practically, but not affectively, to expressions of need, or care (functional synchrony). The self/other boundaries are evaluated if, instead of telling a story about characters, the participant speaks about herself. This phenomenon is named personal experience (PE) (George & West, 2012).

The coding also reflects the use of defensive mechanisms such as deactivation, cognitive disconnection, and segregated systems. The presence of segregated systems (SS) are inferred in the narratives of participants who mention images or statements of being frightened/endangered, helpless, isolated, or having a spectral quality (unreal or dissociated imagery), in the absence of representational reorganization/containment. SS can be resolved if characters react to the projective test with some type of agency (George & West, 2012). Secure status is characterized by both agency and synchrony, regardless of

whether the transcripts contain clues of cognitive disconnection and deactivation. Verbatim narratives are analysed according to the George & West manual, illustrated in the book of George and West (2012).

Dyadic Adjustment Scale (DAS, Locke & Wallace, 1959)

The DAS is a widely used instrument for the evaluation of couple adjustment (Piotrowski, 1999). According to Sabourin, Valois, and Lussier (2005), standard scoring of the DAS reveals marital adjustment, covering a wide range of behaviours and situations representative of the multiple aspects of relationship quality, and discriminating dyadic adjustment from distressed/low dyadic adjustment, using the diagnostic cut-off of 105. The Italian version of the scale (Gentili, Contreras, Cassaniti, & D'Arista, 2002) has been used in this study to discriminate high dyadic adjustment from distressed/low dyadic adjustment only in the control group in order to have a standardized measure of dyadic adjustment of the control group. The scale consists of 32 items measuring several aspects of committed romantic relationships, such as satisfaction, cohesion, agreement/disagreement, and expression of affection. The overall score is calculated by adding the score for each item. This study used the total adjustment scale, which has demonstrated concurrent and predictive validity and test–retest reliability. Informed consent was obtained before allowing participants to complete the questionnaires.

Inter-rater reliability

Beyond the final classification obtained with the Adult Attachment Projective Picture System (AAP), we considered the number of times in which participants utilized in each narrative a typology of content, defences, and self/other boundaries. Inter-rater agreement was established between two independent judges, authors of the article, trained and certified as reliable by Carol George. Reliability, established on the basis of 75% of the interviews, was on the four-way classification 87.5% ($\kappa = .803$, $\phi = 1.318$; $p < .001$). Specific inter-rater agreement on agency, connectedness, and synchrony, established on the basis of 50% of the interviews, was adequate (ISB $\kappa = .88$, $\phi = 1.32$, $p < .001$; CTA $\kappa = .800$, $\phi = 1.179$, $p < .001$; HOS $\kappa = 1$, $\phi = 11$, $p < .001$; PE $\kappa = .75$, $\phi = .77$, $p < .001$; connectedness 1 $\kappa = .78$, $\phi = 1.09$, $p < .001$; connectedness 2 $\kappa = .79$, $\phi = 1.11$, $p < .001$; connectedness 3 $\kappa = .69$, $\phi = 1.058$, $p < .001$; affective synchrony $\kappa = .52$, $\phi = 0.81$, $p < .05$; functional synchrony $\kappa = .43$, $\phi = 0.76$, $p < .05$). Disagreements between the two coders on narratives were resolved by conferencing.

Data analysis

Due to the small number of participants, a continuous normal distribution could not be assumed. Thus, nonparametric statistical analyses were used. Mann–Whitney *U*-tests were computed to examine group differences in content variables and defensive mechanisms.

Results

Preliminary analyses

Chi-square analyses revealed no significant associations between socio-demographic variables (age, maternal education, and socio-economic status, and APP classifications in

each group; similarly, no significant correlations between socio-demographic variables and all AP traditional scales were found).

Attachment classification

The distribution of the four attachment classification groups is presented in Table 1. Consistent with our hypothesis, no women experiencing IPV had secure attachment representations; for the control group, there were no women classified as unresolved and the majority had a secure attachment status. Because some categories had frequencies <5, we were not able to use chi-square to evaluate significant differences between the two groups.

Content and defensive mechanisms variables

Mann–Whitney *U*-tests were conducted on content variables and defensive mechanisms. There were significant differences between the two groups on agency and synchrony, where the control group obtained higher scores than the IPV group, as reported in Table 2. Regarding the three dimensions of *agency*, victims of IPV described characters with fewer capacities to draw upon internal resources (ISB) and with minor CTA than do controls. Interestingly, the difference in the capacity to repair or reintegrate a relationship was not statistically significant (HOS). Regarding connectedness among characters, no significant differences were found between cases and controls. It is worthwhile to note that IPV women experienced difficulty with self/other boundaries, resulting in more frequent and often lengthy descriptions of personal experiences (PE) in their stories than did controls.

Regarding defensive mechanisms, Mann–Whitney *U*-tests revealed significant differences for danger and segregated systems total score, as reported in Table 3: Women experiencing IPV used significantly more words referring to SS than controls do. Notably, these words regard danger and failed protection, experiences typical in IPV women.

To highlight the distinctive features of cases' narratives, we consider one fragment of narrative pertaining to the child in the corner. This woman, aged 41 years, in her childhood witnessed her mother's suicide attempt and, in the course of her 2-year marriage, had been repeatedly brutally battered by her husband.

Story 1

... He stays in a corner, therefore he stays in a cage, he does not know where to escape, he cannot escape, the only defence are the hands extended ahead, therefore he is caged and cannot escape and can be chas. . . he can, that is, in this scene that suddenly a blow might

Table 1. Frequency distribution of attachment classification for IPV and control group

	Attachment				Total
	Secure (F)	Dismissing (Ds)	Preoccupied (E)	Unresolved (U)	
IPV group	–	2 (12.5)	–	14 (87.5)	16
Control group	12 (75)	3 (18.75)	1 (6.25)	–	16

Note. Percentages of frequencies are reported in parentheses.

Table 2. Differences between IPV and control group: content variables

AAP content variables	IPV group	Control group	U
	Mean (SD) N = 16	Mean (SD) N = 16	
Agency internalized secure base	0.56 (0.63)	1.50 (0.82)	50.50**
Agency haven of safety	0.06 (0.25)	0.31 (0.60)	103.50
Agency capacity to act	0.88 (0.72)	2.06 (0.77)	38.50**
Personal experience	1.94 (2.05)	0.50 (0.89)	69.00*
Connectedness 1	0.75 (0.77)	0.63 (0.72)	117.00
Connectedness 2	0.63 (0.62)	0.31 (0.48)	93.50
Connectedness 3	0.63 (0.72)	1.0 (0.89)	98.00
Synchrony			
Failed	2.19 (0.66)	1.56 (0.81)	64.00*
Reciprocal	0.75 (0.68)	1.50 (0.63)	58.00**

Note. * $p < .05$; ** $p < .01$.

Table 3. Differences between IPV and Control group: defensive processes (DF) and segregated systems (SS) variables

AAP segregated systems	IPV group	Control group	U
	Mean (SD) N = 16	Mean (SD) N = 16	
DF: Deactivation	3.0 (1.79)	2.94 (1.48)	116.00
DF: Cognitive Disconnection	6.44 (0.73)	6.06 (1.12)	108.50
SS: Danger/Fear/Failed protection	6.88 (4.57)	1.69 (1.82)	28.00*
SS: Out of control/helpless	1.50 (2.28)	0.50 (0.73)	90.00
SS: Emptiness/isolation	0.75 (1.00)	0.31 (0.60)	99.00
SS: Spectral	1.69 (2.41)	0.81 (0.83)	119.50
SS: Constriction	0.19 (0.40)	0.00 (-)	-
Total SS	10.50 (6.08)	3.31 (2.09)	28.00*

Note. * $p < .001$.

be struck, a slap, whatever. . . [INTERVIEWER: *What do you think led up to that scene?*] . . . yes, intolerance of whom is close to him, and deep insensitivity. . . it is a, a thing bigger than him, and he is not able to defend himself, he does it in, in the only manner outstretching his hands and creating this invisible wall . . . he wants to keep himself out from what he sees, that is that, those hits that he does not deserve, absolutely, because he is little. . . [INTERVIEWER: *What is he thinking or feeling?*] terror, he is scared, he is caged so. . . mmm he cannot do anything, so he is scared [INTERVIEWER: *What do you think might happen next then?*] either he is going to receive a slap or some, something, that is, of violent. . . and he will stay alone, I do not know, I see him in a deep loneliness, because this corner is just, he stays in a corner, no way out.

This narrative exemplifies feelings of fear and the perception that it is not possible to do anything to escape and be safe. These two aspects, helplessness (no perception of agency) and fear (presence of segregated systems), well describe the psychological condition of women victims of IPV. Furthermore, both the word fear (referring to a danger

content) and the expression 'feeling trapped' have a traumatic quality and then they are considered by Buchheim and George (2012) traumatic dysregulation markers. These words suggest how women feel in abusive relationships.

Far different is the same picture narrative of this woman, aged 40 years, who lives since 10 years with her husband, DAS total score = 113.

Story 2

A child in a hole . . . it seems he has to protect himself from the blows . . . so . . . likely there is somebody very angry, before there has been some trigger . . . eee that he will likely be beat . . . [INTERVIEWER: *What is he thinking or feeling*] mmmmmm . . . Again . . . this! Scared [INTERVIEWER: *What do you think might happen next then?*] He will calm down, after having cried, he will go and play with his friends.

In this case, she sees the possibility for the boy to calm himself down and she is able to change the situation, imagining that the boy will solve the situation through interpersonal relationship, going to play with his friends. Both women bring up words related to SS, but the IPV woman names, notably, more words with a traumatic content than the control does. The control is able to protect herself (capacity to act). We can remember that the word *protection*, used by this woman, is a core concept in Bowlby's theory of attachment (1969/1982). This woman sees the possibility of assuagement and solving the situation actively, and leaves the corner (capacity to act) using interpersonal relationship for a constructive action. The woman victim of IPV remains in the traumatic dimension and leaves the character desperately powerless and alone.

Conclusions

The results evidence the strong effectiveness of the AAP in analysing the psychological state of mind of women victims of IPV. The narratives' content of the women victims of IPV, compared to controls, refers to a more insecure attachment status, characterized by a lack of agency, including both low ISB and CTA. Consistent with literature (e.g., Levendosky, Lannert, & Yalch, 2012; West & George, 1999), these results display very clearly the feeling of powerlessness and the perceived inability to cope with difficult situations. It is important to note that the AAP allows clinicians to discriminate the intimate relationship representation. The cases' narratives evidence more failed and instrumental synchrony and less reciprocal and contingent synchrony than the controls' narratives, while there were no differences regarding connectedness. These results are highly consistent with the controls' high scores of DAS about dyadic cohesion, satisfaction, and affection in their family. Surely, while high-dyadic-adjustment women can use their interpersonal relationship as a secure base, the women victims of IPV cannot, and this luckily influences the levels of agency.

Similarly to Juen *et al.* (2013), significant differences were also found between cases and controls regarding personal experiences: Cases' narratives often blurred the boundaries between the self and the story characters. It is hypothesized that the dramatic events lived by the women victims of IPV were so dominant in their minds that they invaded their stories. This could represent a clue of emotional dysregulation (George & West, 2012).

Interestingly, the cases did not differ significantly from the controls for the use of deactivation or cognitive disconnection. These results are consistent with George and

West's (2012) rationale about secure attachment: Secure classification depends on the presence of agency in the narrative, that is, the expression of secure IWMs influencing the quality of the new affective relationships (Bowlby, 1973). Secure expectations regarding relationships and secure representations of self as lovable are compatible with the use of deactivation or cognitive disconnection. However, there were strong differences between cases and controls in the use of SS. IPV women mention significantly more than controls words referring to danger, fear, and failed protection. These words can be considered, according to Buchheim and George (2012), traumatic dysregulation markers, because they are particularly frightening and bizarre (e.g., Murder, hanging oneself) and seem descriptions of women's personal trauma (e.g., 'abuse', 'violence', 'beaten', 'humiliated', 'abandonment'). This is evident in the first story which allows to better clarify the frightening/frightened dynamic of women victims of IPV, typical of the disorganized attachment relationship, described by Main and Hesse (1990).

Despite the fact that these results are very promising for research and treatment of women victims of IPV, some limitations must be acknowledged. First, a limitation of the study was the relatively small sample size: Therefore, further studies with larger samples are necessary to investigate more closely agency and segregated systems. These findings must be viewed as preliminary results that need to be replicated. Furthermore, it could be very useful to consider the attachment variables in relation to other aspects of personality. The lack of agency could be better understood when related to a possible depression, consequent to the difficult situation in which these women live (West & George, 2002).

In conclusion, the use of AAP allows the understanding of the specific levels of trauma experienced by IPV victims (Buchheim & George, 2012) and the feeling of fear, entrapment, and abuse that undermines the activity of mentalization. As George and West (2012) affirm, following the ideas of Bowlby about the association of segregated systems with chronic mourning, women trapped in IPV seem to be 'living within a segregated system' (George & West, 2012, p.251) and, as reflected in the lack of agency, are unable to explore new life possibilities, a condition that is one of the reasons for and one of the consequences of their unresolved status, given that according to the classification, the unresolved status is the result of segregated systems without agency clues of resolution.

The AAP pictures activate in these women disorganized/unresolved attachment, as IPV relationship had activated past memories of abuse and aloneness. Analogously, in the therapeutic relationship, the therapist can be considered as an attachment figure and disorganized/unresolved attachment can be easily triggered. Under the influence of disorganized attachment, the therapist could represent a source of traumatic fear: Patients at the same time will attempt to defend themselves and will feel needy of help and care; so, they will lose the ability to integrate different mental states into a coherent framework.

The therapist, far from being frightened by the patient's fear (see Main & Hesse, 1990), will build an alliance based on trust and sharing (Fassone *et al.*, 2012; Liotti & Gilbert, 2011; Prunetti, Bosio, Bateni, & Liotti, 2013). In this way, he will represent a secure base for patients that will make it possible to delve into the abuse experiences (George & Buchheim, 2014) and to bring to the light memories and feelings segregated from consciousness (West & George, 1999). This collaborative attitude may reactivate exploration and contrast the lack of agency and related impotence, humiliation, and subordination that have been experienced in the violent relationship, and so can create the interpersonal context functional to reach two different but related therapeutic goals: both facilitating the rebuilding of agency (through an activation of subject to explore concrete strategies for exiting from their unbearable interpersonal situations) and integrating attachment-related segregated systems in their memories.

References

- Alexander, P. C. (2009). Childhood trauma, attachment, and abuse by multiple partners. *Psychological Trauma: Theory, Research, Practice, and Policy*, *1*, 78–88. doi:10.1037/a0015254
- Barnett, D., Ganiban, J., & Cicchetti, D. (1999). Maltreatment, negative expressivity, and the development of type D attachments from 12 to 24 months of age. *Monographs of the Society for Research in Child Development*, *64*, 97–118. doi:10.1111/1540-5834.00035
- Benoit, M., Bouthillier, D., Moss, E., Rousseau, C., & Brunet, A. (2009). Emotion regulation strategies as mediators of the association between level of attachment security and PTSD symptoms following trauma in adulthood. *Anxiety, Stress and Coping*, *23*, 101–118. doi:10.1080/10615800802638279
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., . . . Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS), 2010 summary report*. Atlanta, GA: Centers for Disease Control, National Center for Injury Prevention and Control.
- Bowlby, J. (1969/1982). *Attachment and loss. Vol. I: Attachment*. New York, NY: Basic.
- Bowlby, J. (1973). *Attachment and loss. Vol. II: Separation*. New York, NY: Basic.
- Bowlby, J. (1980). *Attachment and loss. Loss. Vol. III*. New York, NY: Basic.
- Buchheim, A., Erk, S., George, C., Kächele, H., Kircher, T., Martius, P., . . . Walter, H. (2008). Neural correlates of attachment trauma in borderline personality disorder: A functional magnetic resonance imaging study. *Psychiatry Research: Neuroimaging*, *163*, 223–235.
- Buchheim, A., Erk, S., George, C., Kächele, H., Ruchow, M., Spitzer, M., . . . Walter, H. (2006). Measuring attachment representation in an fMRI environment: A pilot study. *Psychopathology*, *39*, 144–152. doi:10.1159/000091800
- Buchheim, A., & George, C. (2012). Attachment disorganization in borderline personality disorder and anxiety disorder. In G. Solomon & C. George (Eds.), *Disorganization of attachment and caregiving* (pp. 343–382). New York, NY: Guilford.
- Coid, J., Petrukevitch, A., Feder, G., Chung, W. S., Richardson, J., & Moorey, S. (2001). Relation between childhood sexual and physical abuse and risk of revictimisation in women: A cross-sectional survey. *The Lancet*, *358*, 450–454. doi:10.1016/S0140-6736(01)05622-7
- Council of Europe (2011). Explanatory report. In *Convention on preventing and combating violence against women and domestic violence*. Istanbul, Turkey. Retrieved from <http://www.conventions.coe.int/Treaty/EN/Reports/Html/210.htm>
- Craparo, G., Gori, A., Petruccelli, I., Cannella, V., & Simonelli, C. (2014). Intimate partner violence: Relationships between alexithymia, depression, attachment styles, and coping strategies of battered women. *The Journal of Sexual Medicine*, *11*, 1484–1494. doi:10.1111/jsm.12505
- Cyr, C., Euser, E. M., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2010). Attachment security and disorganization in maltreating and high-risk families: A series of meta-analyses. *Development and Psychopathology*, *22*, 87–108. doi:10.1017/S0954579409990289
- Delvecchio, E., Pazzagli, C., Di Riso, D., Chessa, D., & Mazzeschi, C. (2013). Attachment pattern and cognitive skills: An exploratory study in an Italian non-clinical sample. *Perceptual and Motor Skills*, *116*, 830–846. doi:10.3389/fpsyg.2015.01313
- Dutton, D. G., & White, K. R. (2012). Attachment insecurity and intimate partner violence. *Aggression and Violent Behavior*, *17*, 475–481. doi:10.1016/j.avb.2012.07.003
- Ehrensaft, M. K., Cohen, P., Brown, J., Smailes, E., Chen, H., & Johnson, J. G. (2003). Intergenerational transmission of partner violence: A 20-year prospective study. *Journal of Consulting and Clinical Psychology*, *71*, 741–753. doi:10.1037/0022-006X.71.4.741
- Fassone, G., Valcella, F., Pallini, S., Scarcella, F., Tombolini, L., Ivaldi, A., . . . Liotti, G. (2012). Assessment of interpersonal motivation in transcripts (AIMIT): An inter-and intra-rater reliability study of a new method of detection of interpersonal motivational systems in psychotherapy. *Clinical Psychology & Psychotherapy*, *19*, 224–234.
- Feeney, J. A. (2008). Adult romantic attachments: Developments in the study of couple relationships. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 456–481). New York, NY: Guilford Press.

- Gentili, P., Contreras, L., Cassaniti, M., & D'Arista, F. (2002). La Dyadic Adjustment Scale: Una misura dell'adattamento di coppia [The Dyadic Adjustment Scale: A measure for the evaluation of couple adjustment]. *Minerva Psichiatrica*, *47*, 103–116.
- George, C., & Buchheim, A. (2014). Use of the Adult Attachment Projective Picture System with a severely traumatized patient: A psychodynamic perspective. *Frontiers in Psychology*, *5*, 865. doi:10.3389/fpsyg.2014.00865
- George, C., Kaplan, N., & Main, M. (1996). *Adult attachment interview protocol* (3rd ed.). Unpublished interview. Berkeley, CA: University of California.
- George, C., & West, M. L. (2012). *The Adult Attachment Projective Picture System: Attachment theory and assessment in adults*. New York, NY: Guilford Press.
- Godbout, N., Dutton, D. G., Lussier, Y., & Sabourin, S. (2009). Early exposure to violence, domestic violence, attachment representations, and marital adjustment. *Personal Relationships*, *16*, 365–384. doi:10.1111/j.1475-6811.2009.01228.x
- Henderson, A. J., Bartholomew, K., Trinke, S. J., & Kwong, M. J. (2005). When loving means hurting: An exploration of attachment and intimate abuse in a community sample. *Journal of Family Violence*, *20*, 219–230. doi:10.1007/s10896-005-5985-y
- Hesse, E., & Main, M. (2000). Disorganized infant, child, and adult attachment: Collapse in behavioral and attentional strategies. *Journal of the American Psychoanalytic Association*, *48*, 1097–1127. doi:10.1177/00030651000480041101
- Hollingshead, A. B. (1975). *Four factor index of social status*. New Haven, CT: Department of Sociology, Yale University.
- Joubert, D., Webster, L., & Hackett, R. K. (2012). Unresolved attachment status and trauma-related symptomatology in maltreated adolescents: An examination of cognitive mediators. *Child Psychiatry and Human Development*, *43*, 471–483.
- Juen, F., Arnold, L., Meissner, D., Nolte, T., & Buchheim, A. (2013). Attachment disorganization in different clinical groups: What underpins unresolved attachment? *Psibologija*, *46*, 127–141. doi:10.2298/PSI1302127J
- Kuijpers, K. F., van der Knaap, L. M., & Winkel, F. W. (2012). Risk of revictimization of intimate partner violence: The role of attachment, anger and violent behavior of the victim. *Journal of Family Violence*, *27*, 33–44.
- Kwong, M. J., Bartholomew, K., Henderson, A. J., & Trinke, S. J. (2003). The intergenerational transmission of relationship violence. *Journal of Family Psychology*, *17*, 288–301. doi:10.1037/0893-3200.17.3.288-301
- Levendosky, A. A., Lannert, B., & Yalch, M. (2012). The effects of intimate partner violence on women and child survivors: An attachment perspective. *Psychodynamic Psychiatry*, *40*, 397–433. doi:10.1521/pdps.2012.40.3.397
- Liotti, G., & Gilbert, P. (2011). Mentalizing, motivation, and social mentalities: Theoretical considerations and implications for psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice*, *84*, 9–25. doi:10.1348/147608310X520094
- Locke, H. J., & Wallace, K. M. (1959). Short marital-adjustment and prediction tests: Their reliability and validity. *Marriage and Family Living*, *21*, 251–255. doi:10.2307/348022
- Lyons-Ruth, K., & Jacobvitz, D. (2008). Attachment disorganization: Genetic factors, parenting contexts, and developmental transformation from infancy to adulthood. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 666–697). New York, NY: Guilford Press.
- Main, M., Goldwyn, R., & Hesse, E. (2003). *Adult attachment scoring and classification system*. Unpublished manuscript, Berkeley, CA: University of California.
- Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M. Greenberg, D. Cicchetti & E. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 161–182). Chicago, IL: University of Chicago Press.

- Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. *Attachment in the Preschool Years: Theory, Research, and Intervention, 1*, 121–160.
- Obsuth, I., Hennighausen, K., Brumariu, L. E., & Lyons-Ruth, K. (2014). Disorganized behavior in adolescent–parent interaction: Relations to attachment state of mind, partner abuse, and psychopathology. *Child Development, 85*, 370–387. doi:10.1111/cdev.12113
- Piotrowski, C. (1999). Use of tests and measures in marital and family research. *Psychological Reports, 84*, 1251–1252. doi:10.2466/pr0.1999.84.3c.1251
- Prunetti, E., Bosio, V., Bateni, M., & Liotti, G. (2013). Three-week inpatient Cognitive Evolutionary Therapy (CET) for patients with personality disorders: Evidence of effectiveness in symptoms reduction and improved treatment adherence. *Psychology and Psychotherapy: Theory, Research and Practice, 86*, 262–279.
- Sabourin, S., Valois, P., & Lussier, Y. (2005). Development and validation of a brief version of the dyadic adjustment scale with a nonparametric item analysis model. *Psychological Assessment, 17*, 15–27. doi:10.1037/1040-3590.17.1.15
- Turner, H. A., Finkelhor, D., & Ormrod, R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science & Medicine, 62*, 13–27. doi:10.1016/j.socscimed.2005.05.030
- Walker, L. E. (1979). *The battered women*. New York, NY: Harper & Row.
- Webster, L., Hackett, R. K., & Joubert, D. (2009). The association of unresolved attachment status and cognitive processes in maltreated adolescents. *Child Abuse Review, 18*, 6–23.
- West, M., & George, C. (1999). Abuse and violence in intimate adult relationships: New perspectives from attachment theory. *Attachment & Human Development, 1*, 137–156. doi:10.1080/14616739900134201
- West, M., & George, C. (2002). Attachment and dysthymia: The contributions of preoccupied attachment and agency of self to depression in women. *Attachment & Human Development, 4*, 278–293. doi:10.1080/14616730210167258
- Whitfield, C. L., Anda, R. F., Dube, S. R., & Felitti, V. J. (2003). Violent childhood experiences and the risk of intimate partner violence in adults assessment in a large health maintenance organization. *Journal of Interpersonal Violence, 18*, 166–185. doi:10.1177/0886260502238733
- Widom, C. S., Czaja, S., & Dutton, M. A. (2014). Child abuse and neglect and intimate partner violence victimization and perpetration: A prospective investigation. *Child Abuse & Neglect, 38*, 650–663. doi:10.1016/j.chiabu.2013.11.004
- World Health Organization (2002). *World health report: Reducing risk, promoting healthy life*. (pp. 1–248). Geneva, Switzerland: WHO.

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Appendix I: Two groups comparison of content and defence variables in the AAP

Group	Age	Classification	Int. Secure base	Heaven of safety	Capacity to act	Pers. Exper.	Connect. 1	Connect. 2	Connect. 3	Synchrony Functi.	Synchrony Reciprocal	Deactiv.	Cognitive disconn.	SS
IPV	41	U	0	0	2	0	2	0	0	2	1	4	7	28
IPV	26	U	1	0	1	0	0	0	2	2	1	2	7	9
IPV	37	U	0	0	1	0	0	1	1	3	0	3	7	10
IPV	33	U	0	0	1	3	2	0	0	2	0	0	6	2
IPV	51	U	0	0	2	1	0	2	0	1	2	3	6	22
IPV	35	U	0	0	1	1	1	1	0	1	2	2	7	17
IPV	26	U	1	0	0	0	1	0	1	3	0	0	7	8
IPV	46	U	1	0	0	1	1	1	0	3	0	3	6	5
IPV	30	U	2	0	2	4	0	0	2	2	1	5	7	5
IPV	40	U	1	0	1	3	1	0	1	3	0	5	7	12
IPV	33	U	0	0	0	4	1	1	0	3	0	0	5	3
IPV	29	U	1	0	1	1	0	1	1	2	1	5	7	8
IPV	35	Ds	1	0	1	0	0	1	1	2	1	5	6	10
IPV	29	Ds	1	0	1	2	0	1	1	2	1	3	7	6
IPV	30	U	0	1	0	4	1	1	0	2	1	4	6	17
IPV	36	U	0	0	0	7	2	0	0	2	1	4	5	14
Control	40	F	2	0	2	0	1	0	1	1	2	3	6	1
Control	32	Ds	0	0	3	0	1	1	0	2	1	3	4	1
Control	35	Ds	2	0	3	0	0	1	1	4	0	5	7	1
Control	51	Ds	1	0	2	1	0	0	2	2	1	4	7	3
Control	27	E	0	0	1	0	1	1	0	2	1	2	6	8
Control	26	F	2	0	1	0	1	0	1	1	2	1	7	3
Control	51	F	2	0	1	0	0	0	2	1	2	6	5	4
Control	28	F	1	1	3	2	0	1	1	1	2	5	7	3

Continued

Appendix I (Continued)

Group	Age	Classification	Int. Secure base	Heaven of safety	Capacity to act	Pers. Exper.	Connect. I	Connect. 2	Connect. 3	Synchrony Functi.	Synchrony Reciprocal	Deactiv.	Cognitive disconn.	SS
Control	30	F	2	0	2	0	0	2	2	2	1	2	7	8
Control	40	F	1	0	1	3	2	0	0	1	2	2	5	3
Control	28	F	2	1	2	0	0	2	2	1	2	2	7	2
Control	33	F	1	1	2	0	0	2	2	2	1	3	4	3
Control	49	F	3	0	2	1	2	0	0	2	1	2	6	4
Control	59	F	1	2	3	0	0	2	2	1	2	4	7	3
Control	51	F	2	0	2	1	1	1	0	1	2	2	5	4
Control	53	F	2	0	3	0	1	0	0	1	2	1	7	2