Attachment Informed Psychotherapy

*Psychotherapy with Attachment and the Brain in Mind*

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**Goals of Lecture**

- Brief historical context
- Bowlby’s conceptualization of theory
- Contemporary conceptualizations
- Infant attachment
- Memory and attachment
- Adult attachment
- Neurobiology of attachment
- Affect and the brain
- Attachment and treatment

**Historical Context**

- Early 20th century: Psychoanalysis
- Slowly replaced by other model, such as behaviorism, social learning, attitudes (expectancy models).
- Focus on behavior rather than mental processes.
- Today, few students know of Freud, other than his being sex-obsessed theoretical web spinner who devalued women and disbelieved his patients stories of sexual abuse by parents.
- There are still many who believe, that like Elvis, Freud is far from dead.

**Historical Context**

- Unconscious cognitive, affective, and motivational processes;
- Ambivalence and the tendency for affective and motivational dynamics to operate in parallel and produce compromise solutions;
- The origins of many personality and social dispositions in childhood;
- Mental representations of the self, others, and relationships;
- Developmental dynamics.

**Historical Context**

- An enormous body of research in cognitive, social, developmental, infant and personality psychology and the cognitive neurosciences that now supports many of these propositions.
- Psychoanalysis has come back into vogue for several reasons:
  - Cognitive theories which have brought back the concept of the unconscious;
  - Contemporary theories of motivation
  - Psychologists researching psychoanalytic concepts

**Historical Context**

- Less emphasis on Freud’s mechanistic drive theory and more on speculation on the role of human evolution in creating motivational processes.
- The emphasis now is on mental representations of self and others, and the importance of close interpersonal relationships and their developmental residues.
### Historical Context

- The links between psychodynamic and neurological processes have been made less speculative by the advent of neuroscience, which provides a more realistic picture of the ways in which implicit mental processes, emotions, and emotion regulation work.
- Moreover, there has been a move away from fantasy-oriented conceptions of mental processes, such as that of Melanie Klein, toward intersubjective perspectives stressing actual social experiences.

### Five Prepositions of Psychodynamic Theories

- Much of mental life—including thoughts, feelings, and motives—is not conscious, which means that people can behave in ways or develop symptoms that are inexplicable to themselves.
- Mental processes, including affective and motivational processes, operate in parallel so that, toward the same person or situation, individuals can have conflicting feelings that motivate them in opposing ways and often lead to compromise solutions.

### Five Prepositions of Psychodynamic Theories

- Stable personality patterns begin to form in childhood, and these experiences play an important role in personality development, particularly in shaping the ways people form later social relationships.
- Mental representations of the self, others, and relationships guide people’s interactions with others and influence the ways they become psychologically symptomatic.
- Personality development involves not only learning to regulate emotions but also moving from a socially dependent state to an interdependent one.

### Attachment Theory

- John Bowlby was a psychiatrist, a child analyst and researcher.
- Was trained by Freudian disciples but came to disagree with a number of fundamental concepts and was ostracized from the psychoanalytic community for many years.
- His son was issued an apology after Bowlby’s death.

### Bowlby and Ainsworth

- Were dissatisfied with the conventional psychoanalysis of their time, especially the ideas generated by Anna Freud and Melanie Klein.
- These theorists viewed human motivation in terms of drives and explained a child’s ties to its mother in terms of benefits associated with feeding and other forms of drive reduction.
- Bowlby and Ainsworth viewed human motivation as guided by innate behavioral systems that facilitate adjustment and survival.

### Bowlby and Ainsworth

- They explained the infant–mother bond in terms of basic needs for protection and security.
- Although B&A retained an emphasis on dynamic unconscious processes, they also paid considerable attention to actual relationship experiences and their cognitive residues as influences on later behavior.
- Human beings are born with an innate psychobiological system (the attachment behavioral system) that motivates them to seek proximity to significant others in times of need.
Bowlby and Ainsworth

- The goal of the system is the attainment of actual or perceived protection and security; hence, the system is automatically activated when a potential or actual threat to one’s sense of security is appraised.
- Under these conditions, a person tends automatically to turn for protection and comfort to actual attachment figures or to internalized representations of them, and to maintain actual or symbolic proximity to these figures until a state of protection and security is attained.

Bowlby and Ainsworth

- Whereas Bowlby assumed that age and development result in an increased ability to gain comfort from symbolic representations of attachment figures or self-structures linked to such representations, he also assumed that no one of any age is completely free of reliance on actual others and that the attachment system remains active over the entire life span.

Attachment Theory

- Attachment is governed by three important principles:
  - Alarm activates an attachment behavioral system that seeks out soothing from attachment figure.
  - Only physical contact with the attachment figure will terminate it.
  - When the system has been activated for a long time without soothing and termination, angry behavior appears.
  - If soothing and protection is not eventually found, the system can then become suppressed.

Attachment Theory

- Bowlby reported observations he made of young children separated for the first time from their mothers. He witnessed a three phase behavioral display: anger, despair, and detachment.
- He concluded from these observations that the primary function of anger was to generate displays that would lead to the return of the absent mother.

Attachment Theory

- Anger is thus an attempt to recapture the person that can soothe tension and anxiety at a developmental stage where the child cannot yet self soothe itself. And through the signaling convey to the caretaker that she is wanted and/or needed.
- Anger is an emotion “born of fear” of loss. Dysfunctional anger, occurring later in adult affectional bonds, was defined as anger that distanced the attachment object instead of bringing (her) closer.

Patterns of Attachment

- “Happy families are all alike; every unhappy family is unhappy in its own way.”

Tolstoy’s Anna Karenina, 1917
Bowlby’s Central Proposition

- Beginning in early infancy, an innate component of the human mind -- called the “attachment behavioral system” -- in effect asks the question: Is there an attachment figure sufficiently near, attentive and responsive?

Attachment Categories

- Secure (B)
- Insecure
  - Resistant, ambivalent (C) (preoccupied)
  - Avoidant (A) (dismissing)
  - Disorganized (unresolved/disorganized)

Continuum of Attachment

Who is an attachment figure?

- A caregiving figure who provides protection from danger or threat
  - Parents or parent figures
  - In adulthood, can be one’s spouse or partner
- Humans form all types of attachment relationships throughout their life, but some are more significant than others. In the first few years of life when children are learning about relationships, their primary attachment figures are parents and caregivers; in adulthood, that is usually a spouse or significant other.

Bowlby’s central proposition...

- ....that beginning in early infancy, an innate component of the human mind -- called the “attachment behavioral system” -- in effect asks the question: Is there an attachment figure sufficiently near, attentive and responsive?

If the answer is yes.....

- ...then certain emotions and behaviors are triggered, such as playfulness, less inhibited, visibly happier and more interested in exploration.
If the answer is consistently no...

- A hierarchy of attachment behaviors develop due to increasing fear and anxiety (visual checking, signaling to re-establish contact, calling, pleading, moving to reestablish contact).
- If the set of attachment behaviors repeatedly fails to reduce anxiety (get the caregiver to respond appropriately) then the human mind seems capable of deactivating or suppressing its attachment system, at least to some extent, and defensively attain self reliance. This leads to detachment.

If the answer is inconsistently no...

- The attachment behaviors described previously become exaggerated as if intensity will get the attachment figure to respond (which may or may not work). Like the dynamic between a gambler and the slot machine, the attachment figure will pay off or respond in sufficient frequency that the infant becomes preoccupied or anxious or hypervigilant about the attachment figure’s availability.

The Development of Attachment

![Diagram of attachment development]

- Secure infants (about 60%) become upset when the parent leaves the room, but, when he or she returns, they actively seek the parent and are easily comforted by him or her.
- Resistant children (about 20% or less) are ill-at-ease initially, and, upon separation, become extremely distressed. Importantly, when reunited with their parents, these children have a difficult time being soothed, and often exhibit conflicting behaviors that suggest they want to be comforted, but that they also want to "punish" the parent for leaving.

Strange Situation

- The child becomes ambivalent with the attachment figure, clinging, and anxious about separation and exploration.
- The "Strange Situation" is a laboratory procedure used to assess infant attachment style.
- The procedure consists of eight episodes.
- The parent and infant are introduced to the experimental room.
- Then the parent and infant are left alone. Parent does not participate while infant explores.
- The stranger enters, converses with parent, then approaches infant.
- The parent leaves inconspicuously.
- During the first reunion episode the parent greets and comforts infant, then leaves again.
- During the second separation episode the infant is alone.
- During the second separation episode the stranger enters and gears behavior to that of infant.
- At the second reunion episode the parent enters, greets infant, and picks up infant; and stranger leaves inconspicuously.
- The infant’s behavior upon the parent’s return is the basis for classifying the infant into one of three attachment categories.

Patterns of Attachment

- The child becomes detached and unresponsive.
- A hierarchy of attachment behaviors leads to increasing fear and anxiety.
- The child becomes detached and unresponsive.
- The child becomes ambivalent with the attachment figure, clinging, and anxious about separation and exploration.
- Strange Situation
Patterns of Attachment

- Avoidant children (about 20%) don't appear too distressed by the separation, and, upon reunion, actively avoid seeking contact with their parent, sometimes turning their attention to play objects on the laboratory floor.

Attachment disorganization

- Originally researchers described three categories (secure, anxious-avoidant and anxious-resistant) and a final category termed “can not classify.” Main and Solomon looked more closely at these unclassifiable infants and found an interesting and consistent pattern that emerged. Some children were particularly ambivalent upon reunion with their attachment figure, both approaching and avoiding contact. Upon reunion some of these infants would walk toward their parent and then collapse on the floor. Others would go in circles and fall to the floor. Some would reach out while backing away.

Attachment disorganization

- These infants appeared to demonstrate a collapse in behavioral and attentional strategies for managing attachment distress. They didn’t display an organized strategy for coping with attachment distress like the other categories (secure would cry and get soothed, avoidant would ignore the parent, resistant would cling), so these infants were termed, disorganized. Bowlby, in his book Attachment and Loss, (1969) described some children in their caregiver’s arms as “arching away angrily while simultaneously seeking proximity.”

Attachment disorganization

- When researchers asked why these children were both seeking protection from their caregivers while at the same time pulling away, they discovered that a large percentage of these infants were experiencing abuse by their caregiver. In other words, the person who was supposed to be a haven of safety for the infant was also the source of fear. Main and Hesse wrote that these infants were experiencing "fear without solution.”

Attachment disorganization

- Another subgroup of disorganized infants, however, were not experiencing abuse by their caregivers, which the researchers found to be a curious anomaly. It was discovered that these caregivers had experienced abuse by their parents, but that abuse was still unresolved. It was discovered that when the infant was in need of protection, the caregiver became frightened (may turn away or make subtle frightening faces at the infant). It is believed that attachment disorganization occurs when a parent acts either frightening or frightened in response to the infants need for protection.

What’s so great about attachment security?

- Engage in more elaborate make-believe play
- Display greater enthusiasm,
- Are flexible and persistence in problem solving
- Have higher self-esteem,
- Are socially competent,
- Cooperative with peers
- Liked by peers
- Empathic
- Have closer friendships
- Have better social skills.
Cross Cultural Studies

• In summary, the distribution of secure attachment classification in different countries shows a striking similarity.
  • U.S. 67%
  • Western Europe, 66%
  • Africa 57-69%
  • China, 68%
  • Japan, 61-68%

Cross Cultural Studies

• The distribution of types of insecure (avoidant and resistant) and disorganized attachment classifications, if measured, are less consistent. Differences have been attributed to the over-riding expression of a cultural value, such as dependency or independence, and to differences in perceived stress generated by the strange situation methods between mother-infant dyads with different cultural experiences.

Attachment Terminology

<table>
<thead>
<tr>
<th>Child Terms</th>
<th>Adult Terms</th>
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<tbody>
<tr>
<td>Secure/Autonomous</td>
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</tr>
<tr>
<td>Anxious-Resistant</td>
<td>Preoccupied</td>
</tr>
<tr>
<td>Anxious-Avoidant</td>
<td>Dismissing</td>
</tr>
<tr>
<td>Disorganized/Can not classify</td>
<td>Unresolved/Fearful/Can not classify</td>
</tr>
</tbody>
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Is attachment a real and independent phenomenon?

• Attachment and temperament are separate phenomenon
  • Different attachment to each parent
  • Can be predicted pre-birth
  • Discontinuity
• Intelligence
  • Attachment status can not be predicted by IQ
• Disability
  • Attachment can be assessed in autistic infants
• Culture
  • Same rates of secure/insecure

Parent–Infant Attachment Correspondence (3–way)

• 75% secure vs. insecure agreement: If a parent was secure as assessed by the AAI, there was a 75% chance that their child would be securely attached. This was true for insecure parents as well.
• 70% three-way agreement: When taking into account all three organized categories (secure, dismissing, preoccupied), there was a 70% prediction of the attachment of the child based on the parent’s attachment status.
• Prebirth AAI show 60% three-way agreement: When pregnant parents’ attachment status was assessed, researchers were able to predict the attachment status of their children by age 12 months with 60% certainty.

Parent–Infant Attachment Correspondence (4–way)

• 63% four-way agreement. Which means that the researchers could predict with 63% certainty whether the infant will be secure, avoidant, ambivalent or disorganized, based on the attachment status of the parent (secure, dismissing, preoccupied or disorganized) using the AAI.
• Prebirth (similar to last slide) the AAI showed 65% predictability based on all four attachment categories.
**What does these data suggest?**

- The attachment status (or state of mind regarding attachment) of the parent, is going to have a direct effect on the attachment of the infant to that parent – as high as 75% predictability.
- Secure adults engender security in their children, dismissing adults tend to engender avoidant relationships with their children, pre-occupied adults engender ambivalent attachment in their children and adults with unresolved trauma or disorganization may act frightening or confusing with their children, causing disorganized attachment in their children.

**Neurobiology of attachment**

- The right hemisphere is dominant in early development.
- A brain growth spurt occurs from the last trimester of pregnancy through the second year.
- Infant MRI studies show that the volume of the brain increases rapidly during the first 2 years.
- Normal adult appearance is seen at 2 years. All major fiber tracts at age 3.
- Attachment experiences overlap the brain growth spurt – first two years is a time of opportunity but also a time of vulnerability.

**Neurobiology of attachment**

- Alan Schore discusses the links between the right brain and self-regulation and the implicit self, which are shaped by attachment experiences.
- Peter Fonagy states that attachment relationships are formative because they facilitate the development of the brain's self-regulatory mechanism. The enhancement of self/other emotion regulation is key to healthy development.

**From The Developing Mind**

- “In childhood, particularly the first two years of life, attachment relationships help the immature brain use the mature functions of the parent’s brain to develop important capacities related to interpersonal functioning. The infant’s relationship with his/her attachment figures facilitates experience-dependent neural pathways to develop, particularly in the frontal lobes where the aforementioned capacities are wired into the developing brain.”

**From The Developing Mind**

- “When caretakers are psychologically-able to provide sensitive parenting (e.g. attunement to the infants signals and are able to soothe distress, as well as amplify positive experiences), the child feels a haven of safety when in the presence of their caretaker(s). Repeated positive experiences also become encoded in the brain (implicitly in the early years and explicitly as the child gets older) as mental models or schemata of attachment, which serve to help the child feel an internal sense of what John Bowlby called “a secure base” in the world. These positive mental models of self and others are carried into other relationships as the child matures.”
Pruning of Pathways

- While this sculpting of neural pathways is occurring, there is a simultaneous process of pruning of pathways.
  - High levels of stressed induced cortisol
  - Focused on regulating fear and terror
  - Dissociation

What is memory?

- Memory is the way the brain learns and anticipates the future.
- It makes for efficient processing of information.
- Without memory every act would be a novel experience.
- On a biological level, memory consists of ingrained patterns of neural activation called neural net profiles.

Understanding Memory

- There are two types of memory: implicit and explicit
- Implicit consists of emotional, behavioral, perceptual and mental models (somatic?)
- Explicit – Semantic or factual memory
- Explicit – Episodic or autobiographical memory (sense of self)

Implicit Memory

- During the first two years of life, while the brain is still developing, the only type of memory is implicit memory. This type of memory is mediated via brain circuits independent of hippocampus (which is not yet online until about age 2). Two important characteristics of this type of memory:
  - focused attention not necessary for implicit memory to occur and,
  - there is not a sense of remembering, but experiencing, when implicit memory is recalled.

Explicit Memory

- Explicit attachment memories are mediated primarily through the hippocampus, which is developed by the second year of life. There are two types of explicit memories.
- Semantic memory consists of events, data or facts and is typically mediated by the left brain, the left hippocampus in particular.
- Episodic memory includes autobiographical memory and is mediated by the right brain. When episodic memory is recalled, there is usually a sense of self included.

Implicit Memory

- Many attachment related memories are these implicit memories. Implicit memory occurs throughout our life. We learn about our world even when were are not focused on learning. When we are experiencing implicit memory, we are not aware that we are experiencing a form of memory. There is just a sense of experiencing.
- Procedural versus Declarative Memory
  - How versus What
Attachment Patterns are Implicit Memories

- Emotional, Cognitive and Behavioral memories
- Emotional – negative or positive affect
- Cognitive – internal working models of self and others.
- Behavioral – rigid proximity-seeking or avoidance, or a flexible approach to self and dyadic soothing (affect regulation).

Learning How To Love

- It’s like riding a bike or driving a car – after a while, it’s done without much thought or having to remember.
- Ingrained patterns of cognition, affect and behavior that tend to repeat themselves unless something happens that brings about a change in those patterns.
  - Am I the kind of person others are likely to respond to? Are others likely to respond to me?
  - How do I regulate my emotions?
  - When in distress, do I seek proximity or avoid?

How is explicit memory processed?

- First there is sensory memory which lasts approximately 1/4 of a second. A portion of this information is placed into...
- ... working memory which can last approximately 30 seconds. Working memory is short-term depending on how much rehearsing occurs. It consists of temporary chemical changes in the brain. Significant changes in synaptic structure begins to occur in...

How is explicit memory processed?

- ...long-term memory which can last hours, days, or even months. In long-term memory a stronger neural activation pattern has been established within the neural network that allows for easier recall. For working memory to become...
- ...permanent memory a process called cortical consolidation needs to occur which is not completely understood, other than rehearsal and REM sleep are needed for this to occur.

Consolidating explicit memory

- Disturbances of REM sleep are very common with individuals who have experienced trauma. Since REM sleep is disturbed with victims, the process of consolidation is impaired.
- Victims also avoid thinking or talking about their experiences with trauma in order to avoid experiencing the associated painful affect.
- Therefore, if people don’t talk, think and dream about their trauma experiences, they never become resolved or integrated into the larger autobiographical narrative of their life and hence are vulnerable to flashbacks and other intrusive thoughts.

Adult Attachment

- Longitudinal studies of infants observed in the strange situation.
- Relationship between adult attachment and infant attachment.
- Social psychologists studying interpersonal relationships (loneliness, couples, family functioning, group bias, etc.)
Mary Ainsworth highlighted the function of the attachment behavior system in adult life, suggesting that a secure attachment relationship will facilitate functioning and competence outside of the relationship.

"There is a seeking to obtain an experience of security and comfort in the relationship with the partner. If and when such security and comfort are available, the individual is able to move off from the secure base provided by the partner, with the confidence to engage in other activities."

**Secure Adult Patterns**
- Highly invested in relationships
- Tend to have long, stable relationships
- Relationships characterized by trust and friendship
- Seek support when under stress
- Generally responsive to support
- Empathic and supportive to others
- Flexible in response to conflict
- High self-esteem

**Preoccupied Adult Patterns**
- Obsessed with romantic partners.
- Suffer from extreme jealousy.
- High breakup and get-back-together rate.
- Worry about rejection.
- Can be intrusive and controlling.
- Assert their own need without regard for partner’s needs.
- May have a history of being victimized by bullies.

Secure adults have mastered the complexities of close relationships sufficiently well to allow them to explore and play without needing to keep vigilant watch over their attachment figure, and without needing to protect themselves from their attachment figures insensitive or rejecting behaviors.

**Preoccupied**
- What begins with attempts to keep track of or hold onto an unreliable caretaker during infancy leads to an attempt to hold onto partners, but this is done in ways that frequently backfire and produce more hurt feelings, anger and insecurity.

**Dismissing**
- What begins with an attempt to regulate attachment behavior in relation to a primary caregiver who does not provide, contact, comfort or soothes distress, becomes defensive self-reliance, cool and distant relations with partners, and cool or hostile relationships with peers.
### Dismissing Adult Patterns
- Relatively un-invested in romantic partners.
- Higher breakup rate than pre-occupied.
- Tend to grieve less after breakups (though they do feel lonely).
- Tend to withdraw when feeling emotional stress.
- Tend to cope by ignoring or denying problems.
- Can be very critical of partner’s needs.
- May have a history of bullying.

### Adult Attachment Development
- **Unresolved/Disorganized/Fearful:**
  What begins with conflicted, disorganized, disoriented behavior in relation to a frightening or frightened caregiver, may translate into desperate, ineffective attempts to regulate attachment anxiety through approach and avoidance.

### Disorganized Adult Patterns
- Introverted
- Unassertive
- Tend to feel exploited.
- Lack self confidence and are self conscious.
- Feel more negative than positive about self.
- Anxious, depressed, hostile, violent.
- Self defeating and report physical illness.
- Fluctuates between neediness and withdrawing.

### Commitment in Relationships
- Attachment bonds are strong, regardless of specific characteristics of the attachment figure. Infants and adults will turn toward abusive attachment figures for comforting and protection.
- Morgan (Morgan & Shaver, 1999) found women who were pre-occupied were more committed to their relationships and experienced more rewards than women who were more secure/less anxious.
- Anxious people are more likely to follow their hearts rather than heads.

### Insecure Attachment & Psychopathology
- Insecure attachment is not the same as psychopathology, rather it is thought that insecurity creates the risk of psychological and interpersonal problems.
- Dismissing: leads to deficits in social competence, conduct disorders, may have higher rates of schizophrenia.
- Disorganized: higher rates of dissociation, PTSD, attention and emotion dysregulation problems, and borderline personality disorder.
- Pre-occupied: high rates affective disorders, particularly anxiety and substance abuse.

### Assessing Attachment Status
- **Interview approaches**
  - Coherence - Main – Adult Attachment Interview
  - Reflective function – Fonagy
  - Adult Attachment Projective – George & West
- **Self-report**
  - Anxiety and Avoidance (Shaver - Experiences in Close Relationships-Revised)
  - Internal working models of self and others (Bartholomew–Relationship Status Questionnaire)
- **Clinical interview**
**Adult Attachment Interview**

- The Adult Attachment Interview is a 20-question interview that asks the subject about his/her experiences with parents and other attachment figures, significant losses and trauma, and if relevant, experiences with their own children. The interview takes approximately 60–90 minutes. It is then transcribed and scored by a trained person (two weeks of intensive training followed by 18 months of reliability testing). The scoring process is quite complicated, but generally it involves assessing the coherence of the subject’s narrative.

**According to Mary Main…**

“…a coherent interview is both believable and true to the listener; in a coherent interview, the events and affects intrinsic to early relationships are conveyed without distortion, contradiction or derailment of discourse. The subject collaborates with the interviewer, clarifying his or her meaning, and working to make sure he or she is understood. Such an subject is thinking as the interview proceeds, and is aware of thinking with and communicating to another; thus coherence and collaboration are inherently inter-twinned and interrelated.”

**AAI Questions**

- The AAI begins with the interviewer introducing the general research area.
- There are 18 questions in total, and questions each have various related probes. The first question is an integrative one:
- *Could you start by orienting me to your early family situation, where you lived, and so on? If you could start with where you were born, whether you moved around much, what your family did for a living at various times.*

**AAI Questions**

- 2. I'd like you to try to describe your relationships with your parents as a young child. If you could start from as far back as you can remember.
- 3. I'd like you to choose five adjectives that reflect your childhood relationship with your mother. This might take some time, and then I'm going to ask you why you chose them.
- 4. Question 3 repeated for father.
- 5. To which parent did you feel closest and why? Why isn't there this feeling with the other parent?
- 6. When you were upset as a child, what would you do?

**AAI Questions**

- 7. What is the first time you remember being separated from your parents? How did you and they respond? Are there any other separations that stand out in your mind?
- 8. Did you ever feel rejected as a young child? Of course, looking back on it now, you may realize that isn't really rejection, but what I'm trying to ask about here is whether you remember ever having felt rejected in childhood.
- 9. Were your parents ever threatening with you in any way - maybe for discipline, or maybe just jokingly?
- 10. How do you think these experiences with your parents have affected your adult personality? Are there any aspects of your early experiences that you feel were a set-back in your development?

**AAI Questions**

- 11. Why do you think your parents behaved as they did during your childhood?
- 12. Were there any other adults with whom you were close as a child, or any other adults who were especially important to you?
- 13. Did you experience the loss of a parent or other close loved one while you were a young child?
- 14. Have there been many changes in your relationship with your parents since childhood? I mean from childhood through until the present?
- 15. What is your relationship with your parents like for you now as an adult?
AAI Questions

• 16. How do you respond now, in terms of feelings, when you separate from your child?
• 17. If you had three wishes for your child twenty years from now, what would they be? I'm thinking partly of the kind of future you would like to see for your child.
• 18. Is there any particular thing which you feel you learned above all from your own childhood experiences? What would you hope your child might learn from his/her experiences of being parented?

Grice’s Maxims of Discourse

• One aspect to scoring the interview is looking for examples of and violations of Grice’s Maxims of Discourse. These maxims are:
  • Quality: Be truthful and believable, without contradictions or illogical conclusions.
  • Quantity: Enough, but not too much information is given to understand the narrative.
  • Relevance: Answers the questions asked.
  • Manner: Use fresh, clear language, rather than jargon, canned speech or nonsense words.
• In addition to coherence, there are specific scales related to secure and insecure categories.

AAI Scoring

• Secure/autonomous (F): Coherent and collaborative discussions of attachment-related experiences relationships.
• Valuing of attachment but seems objective regarding any particular event or relationship.
• Description and evaluation of attachment-related experiences is consistent, whether experiences are favorable or unfavorable.
• Discourse does not notable violate any of Grice’s maxims.

AAI Scoring

• Dismissing (Ds): Not coherent.
• Minimizing of attachment-related experiences and relationships.
• Normalizing (“excellent, very normal mother”), with generalized representations of history unsupported or actively contradicted by episodes recounted, thus violating Grice’s maxim of quality.
• Transcripts also tend to be excessively brief, violating the maxim of quantity.

AAI Scoring

• Pre-Occupied (E): Not coherent.
• Preoccupied with or by past attachment relationships or experiences, speaker appears angry, passive or fearful.
• Sentences often long, grammatically entangled or filled with vague usages where something is left unsaid (e.g., “dadadada”, “or whatever”) thus violating Grice’s maxims of manner and relevance.
• Transcripts are often excessively long, violating the maxim of quantity.

AAI Scoring

• Unresolved/Disorganized (U): Not coherent.
• During discussions of loss or abuse, individual shows striking lapses in monitoring of reasoning or discourse.
• 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.
• This speaker will ordinarily otherwise fit Ds, E, or F categories.
Examples: Secure

- Which parent would you say you were closest to?
- Oh I felt, closest to my mother
- And why was that?
- Uhm...[2 secs] simply because she was, she was there, uhm, you know, like I said when I, when I came home from school, she was there (Uh huh), uhm, you know, when I, when I, had a question or a problem, I knew I could talk with her, uhm...[3 secs], and , it’s just, you know, I knew she really cared, and (Uh huh), and uhm, was interested. Even when my father was there he wasn’t really there, you know, uhm, so-- *I understand what you mean* okay.

Examples: Dismissing

- Which parent would you say you were closest to?
- Uhm, I, early on, probably, my mom.
- And why was that?
- Eh, eh, I guess, during the very early years because, eh, she got stuck taking care of us, uhm later on it flipped around and I got probably closer to my Dad because eh, I guess---too much eh, time with my Mom.
- What do you mean by too much time with your mom?
- Eh uhm, I got, I guess, of, of, uhm-- kids get sick of their parents or what they do and, even though it may be quite proper, it’s just that it’s annoying and -- and you just get tired of them.

Examples: Preoccupied

- Which parent would you say you were closest to?
- Neither, and that’s the case today. In fact, last week my son was sent to the principal’s office and they called me at work to pick him up. I wasn’t able to so I had to call my mother. I heard the judgment in her voice. I thought, another narcissist heard from. My son’s father is self-absorbed just like them. Did I tell you that he abused me? Anyhow I had no choice but to call her, if his father got involved there would be another blowup, letters to his attorney and then I’d have to pay my lawyer. It’s non stop. I am not sure if this answered your question.

Clinical Interview and Assessing Adult Attachment Status

- A recent study examined how accurate clinicians are at assessing adult attachment. The results were not very promising.
- Assessing adult attachment via clinical interview alone is not very reliable. However, this doesn’t mean that it’s not possible. It just means that a method has yet to be developed.

Reflective Function

- Term used by Peter Fonagy.
- A cognitive process: How an individual understand the self and others intentions, needs, motivations.
- An emotional process: the capacity to hold, regulate, and fully experience emotion. A non-defensive willingness to engage emotionally, to make meaning of feelings and internal experiences without becoming overwhelmed or shutting down.
- HRF: includes neural capacities such as social cognition, autonoetic consciousness, awareness of and regulation of complex emotional states inherent in social relationships.

Reflective Function

- Arietta Slade refers to reflective function with regard to parenting as:
  
  *A mother’s capacity to reflect upon and understand her child’s internal experience is what accounts for the relation between attachment status and her child’s sense of security and safety.*
Adult Attachment Projective

- Developed by Carol George and Malcolm West. This test consists of eight drawings (one neutral scene and seven scenes of attachment situations). According to the authors,
- "These drawings were carefully selected from a large pool of pictures drawn from such diverse sources as children’s literature, psychology text books, and photography anthologies. The AAP drawings depict events that, according to theory, activate attachment, for example, illness, solitude, separation, and abuse. The drawings contain only sufficient detail to identify an event; strong facial expressions and other potentially biasing details are absent. The characters depicted in the drawings are culturally and gender representative.”

Self report measures

- Social psychologist, Phil Shaver and his colleagues have studied the relationship between adult attachment and interpersonal relationships.
- They deconstruct attachment into two continuums – anxiety and avoidance.
- Securely attached individuals experience low anxiety and avoidance in relationships.
- They also conceptualize attachment style in terms of dimensional qualities rather than distinct categories that you either belong to or not. For example, one can be slightly preoccupied or dismissing, or extremely preoccupied or dismissing.
- Using their model one can generally be secure, but leaning toward preoccupied or dismissing.

Experiences in Close Relationships

- Shaver, Fraley and colleagues developed a number of self-report measures that assess adult attachment.
- His most recent scale, The Experiences in Close Relationships-Revised (ECR-R) is a 36 question scale that asks about close relationship experiences, thoughts and feelings.
- Answers are based on a 7-point Likert scale from “not at all like me” to “very much like me.”

Affective-Behavioral Dimensions

<table>
<thead>
<tr>
<th>Low Anxiety</th>
<th>High Anxiety</th>
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<tbody>
<tr>
<td>Secure</td>
<td>Pre-Occupied</td>
</tr>
<tr>
<td>High Avoidance</td>
<td></td>
</tr>
<tr>
<td>Dismissing</td>
<td>Fearful</td>
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</tbody>
</table>

Experiences in Close Relationships – R

- I'm afraid that I will lose my partner's love.
- I often worry that my partner will not want to stay with me.
- I prefer not to show a partner how I feel deep down.
- I feel comfortable sharing my private thoughts and feelings with my partner.
Self-report questionnaires

• Kim Bartholomew has also conceptualized adult attachment, but more in line with Bowlby’s ideas.
• Like Shaver, she has created a two dimensional grid representing adult attachment based on internal working models of self and others – positive or negative.
• Her model may be understood as being cognitive in nature, whereas Shaver’s model is more affective/behavioral.
• Here too, attachment style is viewed as dimensional rather than categorical.

Cognitive-Representational or Working-Model Related

<table>
<thead>
<tr>
<th>Positive Model of Others</th>
<th>Negative Model of Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>Pre-Occupied</td>
</tr>
<tr>
<td>Dismissing</td>
<td>Fearful</td>
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</tbody>
</table>

Relationship Status Questionnaire

• I find it easy to get emotionally close to others.
• I want to be completely emotionally intimate with others.
• I am comfortable without close emotional relationships.
• I worry that I will be hurt if I allow myself to become too close to others.

Tasks of attachment-informed psychotherapy according to Bowlby

• Create a safe place, or secure base, for client to explore thoughts, feelings and experiences regarding self and attachment figures;
• Explore current relationships with attachment figures;
• Explore relationship with psychotherapist as an attachment figure;
• Explore the relationship between early childhood attachment experiences and current relationships;
• Find new ways of regulating attachment anxiety (i.e., emotional regulation) when the attachment behavioral system is activated.

Attachment Informed Psychotherapy with the Brain in Mind

• Past, present and future orientation
• Develop empathy and social cognition skills
• Develop self reflective skills
• Develop adaptive emotion regulation strategies
• Develop flexible responses to conflicts
• Address unresolved loss and trauma
• Work with what is in the room
  • Rupture and repair: use the natural separations and ruptures in therapy to help the client develop more adaptive ways of coping with attachment distress.

Secure-base Priming

• The idea of creating a secure base in psychotherapy sounds good, but is this a real concept or just another variation of the therapeutic alliance? Researchers in adult attachment have been able to empirically test the notion that creating a secure base experience for individuals may temporarily alter an individual’s inner working models of others and therefore change behaviors or emotional states. The idea of “secure base priming” has been gaining attention in the adult attachment literature. Mario Mikulincer and Phil Shaver examined the effects of secure base priming on intergroup bias.
Secure-base Priming

- They hypothesized that having a secure base could change how a person appraises threatening situations into more manageable events without activating insecure attachment-like behaviors such as avoidance, fear, or preoccupation. They utilized a series of well-validated secure base priming techniques that have appeared to create in subjects a sense of security one would find in individuals who would might otherwise be assessed as having a secure attachment style. These techniques were quite creative and had powerful effects on subjects.

- In all five of these studies, those subjects exposed to secure base priming acted in the experimental condition similar to securely attached individuals who did not receive priming but were nevertheless exposed to similar conditions assessing intergroup bias. The authors suggest that secure base priming enhances motivation to explore by opening cognitive structures and reducing negative reactions to out-group members or to persons who hold a different world view. The observed effects of secure base priming may reflect cognitive openness and a reduction in dogmatism and authoritarianism.

Other similar studies have found that secure base priming will have a positive effect on cognitive and affective states. Although these studies are not meant to be applied to clinical situations, they have powerful implications for the clinical setting. Aspects of the psychotherapy process are similar to these descriptions of secure base priming and through that process clients may begin to change their internal representations of self and others or attachment status.

According to attachment theory.....

- An attachment is a tie or bond that binds two people that serves a **psychological** and **biological** function across the life span.

Creating a secure base in psychotherapy

- The biological function is both physical protection and the development of neurological capacities in the developing brain of the infant.
Attachment Theory

- The psychological function is the development of a sense of self and an understanding of self in relation to others.

- For the adult, the biological function can be physical protection from doing things that harm the client. We are involved in changing not just behaviors, but brain patterns as well.

- Just like the parent/child relationship, the goal of attachment is to encourage exploration – of both the outer and inner world.

- Reevaluating working models of self.

- Reevaluating working models of others.

- Just like the child/parent relationship one person is the caregiver and another is the care receiver.

Characteristics of attachment relationships

- Proximity maintenance
  - One wants to be in close proximity to attachment figure.
  - One feels loss when the attachment figure is not available and there may be anger or frustration at reunion.

- Safe haven
  - One retreats to attachment figure(s) when feeling anxious or fearful.

- Secure base
  - The attachment figure serves as a base of security so as to explore the physical and social world. Knowing that you can return when feeling anxious or fearful or needing support or protection.

How does this relate to psychotherapy?

- Most therapists are hoping that their clients will:
  - Want to meet with their therapist to talk about their problems. It is expected that some clients will feel loss during separations and may express anger or frustration upon reunion. (proximity maintenance)
  - Will want to talk to the therapist when they feel distressed (safe haven)
  - Will use the therapist as a secure base from which to explore their physical, psychological and social world.

In other words….

- …form an attachment.

But how does this attachment develop?

- John Bowlby and Mary Ainsworth believed that secure attachments developed due to maternal or paternal sensitivity and cooperation.
### Sensitivity

- This involves the caregiver’s ability to perceive and to interpret accurately the signals and communications implicit in the infant’s behavior, and given this understanding, to respond to them appropriately and promptly.
- Sensitivity has four essential components:
  1. (a) awareness of the signals;
  2. (b) an accurate interpretation of them;
  3. (c) an appropriate response to them; and
  4. (d) a prompt response to them.

### Cooperation

- The extent to which the parents interventions or initiations of interaction break into, interrupt or cut across the child’s ongoing activity rather than being geared in both timing and quality of the child’s state, mood and current interests.

### Facilitating Secure Attachment

- Sensitivity and cooperation is the basis for healthy parent/child interactions. If this process breaks down the child experiences a break in the connection with it’s caregiver or feels ignored or intruded upon. When these mis-attunements occur with considerable frequency, and without repair, the child’s “attachment behavioral system” can become escalated (anxious) or cut off altogether (avoidant).

### Facilitating Secure Attachment in Psychotherapy

- In therapy, sensitivity to verbal and nonverbal communication and cooperation is critical to developing the attachment or connection between the client and therapist.
- Frequent mis-attunements without repair by the therapist will cause a chronic sense of frustration with the client and may lead to their emotional and/or physical withdrawal.

### Facilitating Secure Attachment in Psychotherapy

- Likewise, therapists are also in the position of balancing the therapeutic goals with the material the client brings into the session. When the therapist is too focused on their agenda and not enough attuned the the client’s process, the client may experience the therapy as intrusive or controlling, which may unconsciously remind them of their experiences with the parent(s). This activates attachment distress which the client will regulate in the ways they have learned in their family.

### Understanding your client’s attachment status

- Understanding your client’s attachment status (how they regulate emotion) is critical to breaking long-held beliefs about close relationships or what Bowlby described as internal working models of self and other.
- If the therapist responds in a manner that confirms these schema, the cycle is maintained or even exacerbated.
- If, on the other hand, the therapist acts in a way that disconfirms the client’s expectations, then the cycle can be broken and the door is opened for a different type of relationship.
**Facilitating Secure Attachment in Psychotherapy**

- It's important to state that the parallels between parent/child attachment and therapist/client attachment have their limitations.
- However, the similarities of these two relationships do lend themselves to these comparisons.

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**Emotions and Feelings**

- Due to improved scanning techniques, we have been able to literally peek into the brain and learn more about how cognition, affect and behavior all intersect.
- In particular, the cognitive neurosciences have made great advances in the areas of affect and the brain.
- Scientists such as Damasio, Davidson, Ekman, LeDoux, Panksepp have revolutionized our feelings and thoughts about emotion.

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**What are Emotions?**

- Unlearned reactions to events that cause a change in state of the organism.
- Packages of solutions handed down by evolution to assist organisms to solve problems or endorse opportunities.
- The purpose of emotions is to promote survival with the net result being to achieve a state of wellbeing.
- Doesn’t need to be felt
- 3 types of emotions: Primary, Background and Social.

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**What are Emotions?**

- Dedicated system (C Fibers and A Delta Fibers) that senses our internal chemistry.
- Utilizes dedicated channels in spinal cord.
- Information sent to insula and somatosensory cortex.
- Not a one way system: body – brain – behavior; body can alter signals to brain (fear – freeze or flee); brain can generate emotion; behavior exacerbate or reduce emotional experience.

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**Emotionally competent stimulus**

- It is an event or situation that can trigger an emotion in the organism
- Some are handed over by evolution
- Some are made competent by personal experience
- Some may be made competent by culture.
- Can be external or internal or mental
- Is there a emotionally neutral object?

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**Emotion Process**

- Appraisal or evaluation stage: Sensory input and cognition of emotion, but not necessary. Placed in scanner such as face generating fear and not aware of it, change in brain nevertheless. Rapid alert without having to think about it.
- Source points: Amygdala source point for fear. Social emotions,such as sympathy or embarrassment or shame - VMFC. Different trigger points for different emotions.
- Execution of emotion: The brainstem or hypothalamus is the machinery which causes changes in the body.
### What are feelings? (Damasio, 1999)

- Occurs when a person becomes consciously aware of the fact that they are in the process of experiencing emotion.
- Occurs in the prefrontal cortex, which has a region that is specifically dedicated to body mapping.
- Similar to a sense – smell, hearing, sight, touch and taste.
- Feelings reveal to us the state of the organism at any particular point in time.
- Feelings allow us to make decisions about how to respond to emotions; they allow us the opportunity to make a choice.

### What are Feelings

- Feelings are mental readouts of the process of emoting. They are a knowing of the body state in reaction to certain stimulus or situation.
- The ability to take stock – connect object to emotion.
- Feelings reveal (lift the veil) of the state of the organism when it is in the process of reacting to an emotionally competent stimulus.
- Feelings have the possibility of revealing “good for life” and “not-good for life” states.

### How this relates to psychotherapy

- Secure attachment results in adaptive affect regulation.
- Insecure attachment results in affect dysregulation.
- Attachment strategies develop out of the context of repeated interactions with caregivers.
- How caregivers regulate affect will ultimately determine how children will regulation their affect.
- Attachment informed psychotherapy is going to focus on the process of emoting, it’s representation in the mind as feeling and developing new affect regulation strategies.

### Emotion/Feeling & Close Relationships

- The affect regulation strategies that many of our clients learned in childhood don’t ultimately result in feelings of well-being, but more frustration and distress.
- A preoccupied client’s dependency on their partner to soothe their fears of loss and neediness through clinging or preoccupied anger ultimately drives their partners away, producing even greater feelings of loss and anxiety.
- A dismissing client’s over-reliance on independence and apparent devaluing of closeness to deal with their fears of intimacy, only leads to greater feelings of loneliness.

### Focus of Intervention

- Learn how implicit and explicit memory contribute to emotional competence.
- Learn how to anticipate future events.
- Develop appreciation for how past experiences affect the present and how choices today can ultimately change the future (autobiographic consciousness)

### Focus of Intervention

- Connecting with the body is critical.
- Understand the difference between emotion and feeling
- Learn what events are emotionally competent
- Slow down process – involve cognition to consider possibilities (response flexibility)
- Develop emotion identification strategies.
- Develop calming strategies when overwhelmed
- Here/now or core consciousness
**Brain Asymmetry**

- Richard Davidson has found that differences in PFC activation will affect how people perceive situations.
- Left PFC involved in approach emotions.
- Right PFC involved in avoidance emotions.
- Is the glass half empty or half full?
- Depends on which side is primed to respond.
- Can change responsiveness through mindfulness training.

**Change in Psychotherapy**

- Different theories but there is consensus that the therapeutic relationship is a key factor in this process.
- When asked about their therapy 5–10 years afterwards, what people talk about what was special, was not the interpretations or techniques as much as nodal points in the process the brought about a change in the relationship.

**Daniel Stern (The Present Moment in Psychotherapy and Everyday Life)**

- Stern refers to the "attunement" of the caregiver - where the parent is sensitive to the verbal and non-verbal cues of the child, and is able to put him/herself into the mind of the child (intersubjectivity).
- This process occurs in therapy as well.
- The process of therapy moves along in a somewhat spontaneous and sometimes random manner until these moments occur.

**Attachment and Psychotherapeutic Change**

- Tronick (Boston Change Group) writes the mismatch and repair between mothers and their infants.
- Microdissection of films of mother infant interactions.
- Interactions change every few seconds.
- Both participants are actively involved.
- Mothers are correctly attuned only about 30% of the time.
- Misattunements result in appropriate corrections by the mother in about one third of the interactions.
- Successful repair turns despair to wellbeing.
Attachment and Psychotherapeutic Change

- Colwyn Trevarthen writes about the importance of contingent communication in child development (recognizing signals whether intentional or not, interpreting them accurately and responding in a timely manner with the caregivers’ signature).
- This process will result in the patient learning how to recognize their own emotions and new ways of regulating affect.
- It also conveys the importance of repair and that no one is going to be perfectly attuned.

Attachment and Psychotherapeutic Change

- From a neurobiological perspective, I believe that we are ultimately helping the patient develop prefrontal cortex capacities that help in interpersonal functioning.
- Body mapping, reflective function, empathy, response flexibility, social cognition, autobiographical memory and emotion regulation.
- Increase states of emotional wellbeing and decrease states of distress.
- Creating new positive attachment-related memories.

Change in Attachment

- Longitudinal studies showing about 20% discontinuity over time.
- AAI narratives of difficult childhoods that one would expect lead to insecurity, but are rated secure.
- Placement of insecure infants with secure foster parents.
- Different attachment to different caregivers.
- Change in attachment style over the course of psychotherapy.
- Change in couples attachment when an insecure person marries and insecure person.

Earned Security

- “I had a weak father, domineering mother, contemptuous teachers, sadistic sergeants, destructive male friendships, emasculating girlfriends, a wonderful wife, and three terrific children. Where did I go right?”

- Jules Feiffer, illustrator and satirist

Earned Security

- A subset of persons rated secure on the AAI in spite of experiences in childhood that would ordinarily lead us to predict an insecure status.
- Research suggests that these individuals had positive relationships with a relative, close friend, partner or therapist which allowed them to develop out of an insecure status into secure.
- These individuals are almost indistinguishable from “continuous secure” except they have higher depression rates.

Earned Security

- What was it about these relationships that helped these individuals achieve security?
- These individuals found a secure base with someone who was securely attached themselves and who were sufficiently near, attentive and sensitively responsive.
- Insecurity grows out of relationships and therefore so can earned security.
### Does the therapist need to be secure?

- Ideally, yes (or at least earned-secure).
- Secure models of attachment result in an open, flexible, and non-defensive approach to attachment related issues.
- This in turn translates into approaches to others that are open, receptive and collaborative. These characteristics are likely to facilitate a positive therapeutic alliance.

### Therapist insecurity

- Studies report poorer therapeutic alliance with therapists assessed as insecure.
- Insecure therapists tend to intervene in such a way that fails to challenge the client's customary affect regulation strategy.
- Insecure therapists report more problems in their therapy with clients.

**Therapist insecurity**

- Anxious therapists (preoccupied) interpret ruptures in therapy as negative and tend to be less empathic because of their own anxiety about loss.
- Anxious therapists could also become activated by preoccupied clients.
- Dismissing therapists are likely to be overwhelmed by emotional reactivity of preoccupied clients.
- Dismissing therapists can miss the important emotional and relational issues of dismissing clients.
- Complimentary (activating/E with deactivating/D and vice versa) can be better than similar styles.