CHAPTER 6

The Varieties of Attachment Experience

Our first relationships of attachment provide the original blueprint of the mind. The patterns of interpersonal communication in these relationships are internalized as the collection of structured patterns known as the self. At the level of implicit enactive representations—i.e., internal working models—the medium is the message. The structure of our developmental dialogues with those upon whom our survival depends becomes the initial structure of our inner world (Lyons-Ruth, 1999; Main & Goldwyn, 1984–1998; van IJzendoorn, 1995).

At the simplest level, whatever in the infant’s nonverbal communication evokes an attuned response from the parent is ruled in, so to speak, while whatever evokes an aversive response (or goes unrecognized) is ruled out. As Main’s research reveals, the rules infants derive from these earliest exchanges govern not only how they behave but also what they will allow themselves to feel, want, think, and remember. These rules are encoded in children’s internal working models that preserve knowledge of their attachment histories, and shape their current and future relationships to others and to themselves (Main et al., 1985).

But exactly how stable are the attachment patterns of infancy? Summarizing the results of the major longitudinal studies, Fonagy states that secure versus insecure Strange Situation classifications at 12 months accorded with AAI classifications in adulthood 68–75% of the time: “This is an unparalleled level of consistency between behavior observed in infancy and outcomes in adulthood” (Fonagy et al., 2002, p. 40). The current findings of Mary Main’s original study demonstrate a level of consistency from infancy to 19 years that is well over 80%—but only so long as participants with intervening trauma were removed from the analysis. Trauma (for these participants, not abuse but other forms of trauma such as the death of a parent) can apparently change everything, and usually not for the better (Main et al., 2005). On the other hand, there are adults with histories that predict insecurity, but coherent AAI narratives that reflect the achievement of what is called “earned secure” attachment. Promisingly for psychotherapy, evidence like this, as well as a study showing that marriage can transform insecure into securely attached adults, suggests that the individual’s working model(s) of attachment can be favorably affected by changes in the nature of the individual’s attachment relationships (Hesse, 1999; Crowell, Treboux, & Waters, 2002).

For patients who are insecurely attached, the new attachment relationship with the therapist may be essential in order to integrate experiences that could not be accommodated in their first relationships. While the attachments of childhood initially structure the self, the patient’s attachment to the therapist may later restructure it, changing an insecure working model to an earned secure one. For psychotherapy to be transformative in this way, it must simultaneously make room for the dissociated past and offer the patient a fresh model of relationship in the present. Importantly, integrating old experiences and creating new ones can turn out to be two sides of the same coin (Lyons-Ruth, 1999; Amini et al., 1996).

As clinicians attempting to foster change by providing a new attachment relationship, knowledge of the varieties of attachment experience—secure and insecure—can help us to identify and eventually make room for the feelings, thoughts, and ways of being with others that were denied a place in the patient’s earliest relationships. Such knowledge can also strengthen our ability to imagine, understand, and empathically resonate with the subjective experience, as well as the childhood histories, of our patients. Moreover, it can cue us with regard to the specific therapeutic stance most likely to be in synch with the particular patient’s developmental needs.

ATTACHMENT PATTERNS IN INFANCY AND BEYOND

Mary Main’s pioneering longitudinal research began in the mid-1970s and followed a group of families as their infants developed through childhood and adolescence into early adulthood. Five years after the infants were involved in two Strange Situation assessments—one with mother, one with father—Main conducted two-hour videotaped evaluations of their families, structured, like the Strange Situation itself, around separation and reunion.
Attempting to move attachment research beyond the Strange Situation, Main not only focused on attachment behavior beyond infancy but also and more significantly sought to illuminate the mental representations—the internal working models—thought to shape attachment behavior across the entire lifespan. Like an archeologist who gathers excavated artifacts in the effort to envision civilizations that can no longer be seen, Main culled “representational artifacts” from her subjects (e.g., the parent’s AAI transcripts and the children’s family drawings) in order to make their invisible inner worlds visible.

Her findings (Main et al., 1985) regarding the experience and representation of attachment in infants, six-year-olds, and adults illuminate in evocative detail the development, characteristics, and consequences of each of the four primary states of mind with respect to attachment. It is the intent of the summary that follows, in recognition of the pervasive influence of attachment models/rules, to highlight the structural continuity of representational patterns that emerge in infancy, evolve over time, and find expression in multiple modalities (including nonverbal behavior, language, imagery, etc.). That continuity across the various dimensions of the self is what makes our patients’ attachment patterns (and our own) so vital to recognize and understand.

Secure/Autonomous Attachment: Free to Connect, Explore, and Reflect

In the Strange Situation an infant classified as secure typically displayed a flexible balance between seeking comfort in proximity to his mother and exploring the toy-filled room on his own: There appeared to be no demand or expectation from mother that she either would or would not be the object of the infant’s attention.

Now notice the continuity: As a six-year-old, the same child generally appeared to be emotionally open. Upon being shown an evocative photo depicting separation, he could comfortably discuss the pictured child’s feelings and imagine their origins. Moreover, he could envision a constructive solution to the crisis—paralleling the behavior of the secure infant who, after the “crisis” of separation, approached his mother with pleasure, succeeded in finding comfort there, then resumed exploration and play. Similarly, his behavior upon reunion with his parents was immediately warmly welcoming, while his verbal exchanges with them were judged to be “fluent”—fluid rather than stilted, balanced in terms of conversational turn taking, and markedly unrestricted in focus. The secure six-year-old’s family drawing was typically realistic, often portraying parents and children standing close to each other with arms outstretched, as if open to contact. Upon being handed a family Polaroid taken at the start of the evaluation, the six-year-old showed pleasure, smiled, or casually commented, then handed the snapshot back. Main’s colleague, Nancy Kaplan, described children like this one as “secure-resourceful” (Main et al., 1985; Main, 1995, 2000).

What does the research reveal about the parents of such secure children? To begin with, their AAI transcripts were typically placed in the “secure-autonomous” category. The content and form of these transcripts demonstrated the parents’ capacity to both freely value and objectively reflect upon their attachment relationships. Main described the “mode of discourse” of these parents as coherent and collaborative; their attention seemed to shift flexibly between the interviewer’s questions and probes and their own memories, feelings, and thoughts. Revisiting the highly evocative terrain of their attachment histories, these parents appeared to be fully “present,” thoughtful, and open to their emotions without being pushed around by them. Even while recalling very troubling experiences with their own parents, they seemed capable of maintaining a balanced perspective that reflected their efforts to understand their parents and sometimes to forgive.

In this connection, Main later identified a subgroup of secure parents—termed “earned secure”—who described problematic and painful childhood histories of the kind ordinarily associated with insecure attachment, but who nonetheless spoke coherently and collaboratively about their histories (Main & Goldwyn, 1984–1998). Very encouragingly for psychotherapy, these “earned secure” adults often have had emotionally significant relationships with close friends, romantic partners, and/or therapists (Siegel, 1999).

The parents of secure children were also seen to be capable of considering—and reconsidering—their attachment experiences in the very process of recalling them. This crucial capacity both to have experience and to reflect on it—to stand both inside and outside one’s experience—is what Main (1991) calls metacognitive monitoring. Along with the secure parents’ ability to be aware of and to integrate a wide range of attachment-related memories, feelings, and thoughts, their capacity for metacognitive monitoring was seen to reflect secure working models or states of mind regarding attachment.

Main proposed that such models or states of mind—precisely because they were open, flexible, and self-monitoring, rather than restricted by particular attentional rules—were what made possible the sensitive responsiveness that enabled secure parents to raise secure children. With little or no need to censor or edit the internal “news” related to attachment, these parents could afford to be receptive to the full spectrum of their child’s interpersonal communications and signals. The inclusiveness of the developmental dialogue here provides the relational substrate for the psychological integration—the balance between attachment and exploration, relatedness
and self-definition—that may be the welcome legacy of the child’s secure attachment history.

As we are about to see, the offspring of insecure parents appear not to have been so fortunate.

Avoidant/Dismissing Attachment: Not-So-Splendid Isolation

The avoidant infant typically lacked the flexibility and resourcefulness of his secure counterpart. In the Strange Situation, he engaged in exploration to the virtual exclusion of attachment behavior. At 12 months he could be seen to actively avoid his mother, presumably in response to her consistent rejection of his earlier bids for physical and emotional contact—or her intrusive, controlling, and overarousing parenting, as other researchers have suggested (Sroufe, 1996). As if his entire song were made up of a single note, the avoidant infant’s display of emotion was restricted to the interest he showed in objects. Yet while appearing unfazed during separation and ignoring mother upon reunion, the avoidant infant was nonetheless reacting physiologically in ways that made his actual distress undeniable (Sroufe & Waters, 1977b). He has learned to suppress the automatic expression of emotions associated with separation and attachment—but that does not mean that he has not felt them.

Again, notice the continuity: At age six, the same child who as an infant had behaved as if hopeless about being comforted by mother was capable of naming the sadness experienced by the children in the separation photos but could imagine no solution whatever to the pictured crisis of separation. And just as the infant had ignored mother in the Strange Situation reunion, the six-year-old ignored her now, only more subtly. Their interaction upon reunion was described as “restricted”: Leaving all initiative to the parent, the avoidant child responded only minimally; conversation was halting and the topics discussed were impersonal. The family drawing—described by researchers as “insecure—invulnerable”—typically depicted undifferentiated figures, each with a stereotypical “happy face,” distant from one another, often floating in the air, and frequently armless. (Here Main asks us to recall the dismissing mother’s aversion to physical contact with her infant.) When presented with the family photograph, the avoidant six-year-old turned away, refused it, or casually dropped it to the floor (Main, 1995, 2000).

Almost invariably the parents of avoidant children were classified as “dismissing”—in part, because they seemed so regularly to minimize the importance and influence of attachment relationships. In the AAI context, where the mode of discourse of these parents was neither coherent nor collaborative, their twin signatures were an insistence on lack of recall for childhood experience and the contradiction between the idealized relation-

ships they claimed to have had and the more problematic ones they seem actually to have lived.1

Most striking in the AAI transcripts of dismissing parents was the discrepancy between the glowing descriptors they initially chose in characterizing their relationship with their own parents—at worst, “normal,” mostly between “very good” and “excellent”—and the often dispariting recollections they later offered in explaining their choices. Their idealizing or normalizing descriptions were either unsupported (“I don’t remember”) or actually belied by experience alluded to later in the interview.

Main illustrates such inconsistency with the example of a parent who characterized her mother as “caring, loving . . . and supportive”:

One time I broke my arm playing around in the yard. Things like that would make my mother angry, she hated episodes like that. It hurt a long time but I never told her, she found out from some neighbor, must have been the way I was holding my arm. . . . She didn’t like cry-babies. I always tried not to cry because she was a really strong person. (Main, 2000, pp. 1084–1085)

As a child, the parent Main describes had apparently learned to inhibit her attachment-related feelings, impulses, and behavior. As an adult, she avoids such feelings and impulses through idealizing her “caring, loving, supportive” mother. When painful recollection threatens that idealization, she bolsters it through reframing her mother’s shortcomings as strength: “I always tried not to cry because she was a really strong person.” In this way, dismissing adults frequently “justify” the emotional isolation of their childhoods, explaining that their parents’ rejection, neglect, or anger, made for a hard school—but a good one—that fostered self-sufficiency and determination.

The parents of the avoidant children in Main’s research appeared actively, if unconsciously, to maintain this emotional isolation. They minimized the evocative potential of past attachment-related experiences through idealization (or devaluation), selective inattention, and insistence on lack of recall. In the here and now of the interview relationship they preserved emotional distance through a stance that bore traces both of their rejecting parents and of their own avoidant infants. Appearing more interested in getting the interview over with than in genuinely collaborating, these parents seemed subtly (or not so subtly) to reject the interviewer: “My mother? A nobody. No relationship. Next question?” (Hesse, 1999, p. 403). And like their infants, they experienced—or else felt they could afford to express—no distress, vulnerability, or anger. Yet as subsequent research using physiological measures of distress has shown, the lack of affect in dismissing adults—like that in avoidant infants—is merely apparent (Dozier & Kobak, 1992).2
The avoidant children and dismissing parents shared a mode of experience in which attention to attachment-related matters was radically restricted. Both groups seemed to occupy a representational world governed by rules that minimized awareness of feelings in general and of feelings bearing on attachment, in particular. The “news” about this emotionally flattened world, as registered internally and “broadcast” publicly, all tended to be good—as if reflecting exclusively the requirement to feel (or appear to feel) strong, self-sufficient, and independent. Yet Main’s research also pointed to features of this internal landscape that were, so to speak, cloaked in shadow. We can see clinical evidence of such shadowy, hard-to-access experience in dismissing patients who appear to project onto (or into) others their own disavowed needs, vulnerability, and anger.

The motivated inattention to such attachment-related experience imposed significant limitations on the dismissing parents and their avoidant children. Turning their focus away from attachment, these parents had to distance themselves both from others and from their own deepest yearnings. In the process, they hobbled not only their capacity to reflect on (internal and interpersonal) experience, but also their ability to sensibly respond to the signals of their infants. To preserve the dismissing state of mind that made their own emotional survival possible, dismissing parents had to ignore or suppress their infants’ attachment needs. In response, avoidant infants—their needs blocked—learned to live as if they had none.

Foreshadowing later research into the co-constructed nature of attachment relationships, Main theorized that this kind of “dyadic cooperation” might explain how the dismissing parents’ models and rules come to be adopted by their avoidant offspring (Main et al., 1985). Essentially, she was suggesting that what is enacted in relationship with the parents is internalized by the child. Dismissing parents generate developmental dialogues that exclude the expression of needs for physical and emotional contact. In turn, their children internalize these dialogues in the form of unintegrated working models that make no room for the desire, much less the attempt, to satisfy such needs.

Yet the need for comfort and connection in the face of threat or pain is built in by evolutionary design. It cannot be extinguished but only defended against. This is the purpose of avoidant/dismissing strategies that aim to minimize awareness of internal or external attachment-related cues in order to deactivate the attachment behavioral system (Main, 1995).

These “minimizing” or “deactivating” strategies are woven through the contradictory working models—conscious and unconscious—that shape the inner and interpersonal experience of avoidant/dismissing individuals. One model is consciously embraced and involves a sense that the self is good, strong, and complete, while others are untrustworthy, needy, and inadequate. The second model, which is unconscious and feared, entails a disturbing sense that the self is flawed, dependent, and helpless, while others are likely in response to be rejecting, controlling, and punitive. Deactivating strategies support the first model as a defense against the second (Mikulincer & Shaver, 2003). More specifically, these strategies promote distance, control, and self-reliance (the essence of the conscious model) while inhibiting emotional experience that might activate the attachment system (as it is dispiringly represented in the unconscious model).

As therapists, we often see clinical evidence of these contradictory models in dismissing patients who seem to “relocate” their own apparent vulnerability and need in others, whom they then experience as weak, burdensome, and undesirable. More generally, the inflated self-esteem of these patients appears to be secured at the considerable cost of finding fault with those they might otherwise depend upon and love.

Ambivalent/Preoccupied Attachment: No Room for a Mind of One’s Own

The counterpart of the deactivating strategy Main observed in the avoidant infant is the “hyperactivating” strategy she found in the ambivalent infant. While avoidance was marked by an overregulation of affect, ambivalence involved underregulation. And whereas, in the Strange Situation, the avoidant infant focused exclusively on the toys, the ambivalent infant could focus only on his mother.

Alternately clinging and angrily resistant, on the one hand, or reduced to helpless passivity on the other, the ambivalent infant was extremely hard to soothe. Chronically anxious about mother’s whereabouts, he seemed too overwhelmed to explore. This pattern of amplified affect—as expressed in ambivalence and/or helplessness—was seen as the infant’s predictable response to a mother who was unpredictably responsive. To the extent that such a response helped secure his mother’s erratic attention and curbed the autonomous exploration she seemed to discourage, it could be seen as a necessary and adaptive compromise.

Now consider the typical ambivalent six-year-old in Main’s study who—like his infant counterpart—alternated between intense expressions of need and anger. In response to the separation photos, for example, one said the pictured child would buy flowers for his parents but then hide their clothes. Similarly, the ambivalent reunions were characterized by behavior that communicated mixed messages: One child sat obligingly on mother’s lap only to wriggle away, while a second ostentatiously expressed affection for the parent, then abruptly broke contact. The ambivalent children’s family drawings—described as “vulnerable”—were peopled by very large or very small figures, always placed very close together, and often prominently featuring vulnerable or intimate parts of the body. When handed the family
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habit a representational world shaped by multiple, unintegrated working models. These models were thought to be the outcome of contradictory experiences with unpredictable attachment figures. Relatively responsive in one encounter, intrusive or unavailable in the next, such attachment figures evoked in their offspring an abiding preoccupation with the promise of closeness on the one hand and the likelihood of its loss on the other. Presumably, closeness was associated with favorable experience that generated the model of a distressed self in interaction with a sometimes responsive other—while abandonment was linked to problematic experience that resulted in a model of an autonomous self in interaction with an unresponsive other (Mikulincer & Shaver, 2003).

The emotional static created by such conflicting models compromised the capacity of these parents to accurately perceive their infant's signals and respond consistently to their needs. It also interfered with their metacognitive capacity to freely and usefully reflect upon their own experience. For the rules of attachment—amplify distress, inhibit autonomy—that originated in the behavioral strategy of the ambivalent infant continued to impede competent and independent exploration, including self-exploration.

Main concluded that these same rules of attachment were responsible both for the confusing, emotionally overwhelmed AAI responses of the parents and for their inconsistent sensitivity to their infant's nonverbal cues. These parents were simply too distressed by past and present conflicts to effectively process attachment-related information whether it arose from within (memory) or without (their infant's signals). Main's research—as well as clinical experience—suggests that this kind of distress is so welded to the "false but felt" security, it produced in infancy that it remains in adulthood a burden that is hard to lay down (Main et al., 2005, p. 292). As a result, the hyperactivating strategy of preoccupied parents (like the deactivating strategy of dismissing parents) tends to be enacted with—and adopted by—their children.

Disorganized/Unresolved Attachment: Scars of Trauma and Loss

The disorganized/disoriented infant sporadically exhibited behavior with mother in the Strange Situation that appeared inexplicable, bizarre, overly conflicted, or dissociated. Thought to arise in response to a parent who was frightening to the infant—or whose frightened or dissociated response evoked the infant's fear—such behaviors were understood to reflect the breakdown of an organized attachment strategy when the infant, feeling endangered, faced the irresolvable paradox that his biologically channeled haven of safety was simultaneously the source of his alarm.

Here once again, Main found continuity: The very features of behavior that originally marked the infant as disorganized characterized the "repre-
sentational artifacts” of the typical six-year-old, who appeared “inexplicably afraid and unable to do anything about it” (Kaplan, 1987, p. 109). Upon being shown the separation photos, for example, such children fell silent, too disturbed to respond; or imagined catastrophic outcomes; or else displayed disorganization in language or behavior. Similarly, their family drawings often included disturbing and/or bizarre elements (such as disembodied body parts, skeletons, or figures simply scratched out). When presented with the family snapshot, these six-year-olds became wordless, irrational, or distressed (one child, previously cheerful, bent silently and unhappily over the photograph for a full 12 seconds) (Main et al., 1985; Main, 1995).

Strikingly, however, the children assessed as disorganized in infancy now seemed during the reunions to be making use of a fresh behavioral strategy. Whereas their Strange Situation response had revealed an apparent collapse of strategy, their behavior five years later appeared to reflect a systematic effort to control their parents either through reversing roles and taking care of them (“Are you tired, Mommy? Would you like to sit down and I’ll bring you some [pretend] tea?”) or through being aggressively directive and punitive (“Sit down and shut up, and keep your eyes closed! I said, keep them closed”) (Hesse & Main, 2000, p. 1107). In either case, it was as though these children were taking on a parental role in order to maintain proximity to their parents while also dealing with the threat they posed. This controlling/role-inverting strategy was very much in evidence during the reunion discourse in which the “dysfluent” conversations (marked by stammering and false starts) were dominated by six-year-olds who either punitively dismissed or solicitously “scaffolded” their parents’ communication (Main et al., 1985; Main, 1995).

Main’s study showed that parents of disorganized children had experienced trauma and/or losses that were unresolved. Critically, what appeared to be decisive here was not problematic life experience per se, but how that experience had (or had not) come to be integrated and understood. That is, it was not the parents’ history of loss or trauma that bore a statistical relationship to their children’s attachment status; it was specifically the parents’ lack of resolution in relation to such history that predicted disorganized attachment in their offspring (see also Ainsworth & Eichberg, 1991). In the AAI context, this lack of resolution was discernible in disruptions in the parents’ capacity to recall and reflect upon potentially traumatic events, such as the death of a close family member or episodes of sexual or physical abuse. When parents revealed “lapses in the monitoring of reasoning or discourse” while attempting to discuss such events, they were classified as unresolved/disorganized.³

Lapses in the monitoring of reasoning were noted when a parent made statements that either reflected incompatible views of the same reality (suggesting, for example, that someone was both dead and alive) or violated consensual assumptions about causality or space/time relations (asserting, for example, that a death resulted from a thought). In response to probes inviting discussion of loss or abuse, the unresolved parents appeared to have been temporarily flooded by the intrusion, into a predominant state of mind, of trauma-related memories or beliefs that were normally confined to a separate, dissociated state of mind.

Lapses in the monitoring of discourse were noted when an interviewee suddenly shifted the “discourse register”—for example, switching abruptly from a straightforward description of traumatic experience to an exhaustively detailed one; from a focused account to a prolonged silence, without subsequent recall of what was previously said; or from one “narrative voice” to another (say, from that of someone bereaved to that of someone delivering funeral oratory). Main suggested that during such shifts, an altered state of consciousness had been triggered in which the interviewee was possessed, so to speak, by a particular traumatic experience that had never before been subjected to conscious processing.

These lapses of reasoning and discourse were often brief—punctuating the flow of the interview with an unresolved parent much as the inexplicable or contradictory behavior of disorganized infants had briefly interrupted their usual patterns of interaction in the Strange Situation. Main proposed that the very intrusions of traumatic memory that produced such lapses in the AAI context were responsible for the frightening behavior of unresolved parents that produced disorganized attachment in their infants (Main, 1995, 2000; Hesse & Main, 2000).

The parents’ lack of resolution of past trauma or loss leads to radically discontinuous states of mind that necessitate the rigid denial of disturbing experience. When emotionally evocative AAI queries or childrearing contexts resembling those of the traumatic past disrupt this denial, unresolved adults can find themselves suddenly falling into states of mind that are overwhelming, chaotic, or trance-like.

Unresolved parents in the grip of such states—triggered, for example, by the cries or tantrums of inconsolable or angry infants—can all too easily behave in ways that terrify their children. And the parental rage that erupts in physical or emotional abuse is doubly devastating because it plays havoc with children’s biologically driven responses to fear. Children can neither turn toward nor away from, an attachment figure who is at once the source of perceived danger and the sole haven of safety. Hence, the anomalous behaviors of disorganized infants’ that reflect the “contradiction or inhibition of action as it is undertaken, or freezing as though there is no alternative solution” (Ainsworth & Eichberg, 1991, p. 162; Main, 1995; Hesse & Main, 2000).

Importantly, however, it is not only the parents’ overwhelming affects
and frightening maltreatment that elicit disorganization. Unresolved trauma can also be expressed in signs of fear—such as physical retreat from their infants or dissociation—that are themselves alarming because the secure base is then felt to be anything but secure. And, because infants are incapable of interpreting the motivations that may underlie their parents’ behavior, they are vulnerable to the belief that they are somehow to blame for their parents’ fear, withdrawal, or dissociation.

Such experiences of feeling endangered by—or dangerous to—an attachment figure on whom one’s survival depends are simply too overwhelming to be integrated. They must be kept at bay, therefore, by disorganized infants and unresolved adults alike. Yet these disowned experiences remain a more or less disturbing presence, lurking on the periphery of conscious awareness and erupting periodically onto center stage.

Clinicians know the exorbitant cost of their unresolved patients’ efforts to “exile” past trauma or loss. Such patients feel perpetually threatened from within and without, burdened by an ongoing vulnerability to dissociation, overwhelming emotion, and an external world made dangerous by the projection outwards of unbearable internal experience. In addition, their capacity for metacognitive monitoring is profoundly limited—because looking deeply into themselves or others risks bringing to light what must, of emotional necessity, remain hidden. And finally, as Main’s account confirms, the dissociated and dangerous working models of unresolved parents—and the associated foreclosure of self-reflection—place their children at severe risk for disorganized attachment as well as the psychopathologies with which it is all too often linked.

CAVEATS AND A NOTE ON TERMINOLOGY

While I find it extremely helpful to consider patients in light of their prevailing state of mind toward attachment, the fact is that their complexity as whole people can never be adequately captured by a single descriptor—secure, dismissing, preoccupied, or unresolved. For this reason, among others, there has been an ongoing debate concerning the issue of attachment categories (see Brennan, Clark, & Shaver, 1998).

Indeed, social psychologists have argued that it is less meaningful to think about attachment patterns as categories or “types” than as regions in a two-dimensional space, with one dimension corresponding to avoidance (of closeness and dependency) and the other to anxiety (about abandonment). Note that the term “anxiety” here corresponds to Ainsworth’s “ambivalence” and Main’s “preoccupation.” In this alternative framework, the individual’s attachment pattern is defined by the relative prominence of avoidance and anxiety (Mikulincer & Shaver, 2003).

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More often than not, patients over time reveal multiple states of mind that are, to some extent, context dependent—meaning that a particular state of mind is more likely to emerge in some contexts than in others. In the context of feeling rejected, for example, a patient of mine who ordinarily appeared to be in a dismissing state of mind came to seem preoccupied. That most people have a multiplicity or “layering” of states of mind partly explains the paradox that as therapy moves along and we presumably know the patient better, we often feel less clear about exactly who the patient is—or, at any rate, that clarity is no longer reducible to a single classification.

Moreover, while a patient’s attachment classification(s) may suggest a host of clinically valuable implications, it is always the particulars of the patient’s life and history that are most telling. So, for example, the yearnings for connection that an apparently dismissing patient has needed to disown will have everything to do with the specifics of his experience with his particular attachment figures.

All the caveats notwithstanding, when I’ve taken a backward look and reviewed summaries of my initial session or two with new patients, I’ve been struck by the power of first impressions. Particularly in the opening hours of treatment, it is usually possible to develop a clinically useful sense of the patient’s predominant state of mind with respect to attachment.

Finally, a note on language. Starting with Main, researchers using the AAI have referred to the individual’s “state of mind with respect to attachment”—an assessment reflecting the coherence of an adult’s discussion of attachment experience and predicting the attachment behavior of that adult’s child. Meanwhile, social psychologists have preferred to describe the adults they study in terms of their “attachment style”—an assessment derived from self-reports discussing their experiences in forming romantic or other close relationships. Despite these differences, both “attachment states of mind” and “attachment styles” are tied to internal working models, attachment strategies, and the histories that produce them. For this reason I use the terms interchangeably in the chapters that follow.

NOTES

1. There is a comparatively rare subcategory of Dismissing—Dx2—marked not by idealization but rather derogation of attachment figures (Hesse, 1999).
2. Dismissing adults show a spike in galvanic skin response specifically in response to AAI queries about separation, rejection, and/or experiences of feeling threatened by their parents (Dozier & Kohab, 1992).
3. Recently developed, a fifth AAI category—“cannot classify”—also appears to predict infant disorganization. Hesse (1996) proposes that whereas unresolved adults exhibit “brief and circumscribed bouts of disorganization in speech or reasoning,” those who cannot be
classified reveal a “global disorganization or collapse of a singular or consistent discourse strategy that runs throughout the interview” (Main et al., 2005, p. 285). Research has shown that the category is associated with adult lives marked by psychiatric disturbance, violence, and sexual abuse (Hesse, 1999).

4. Secure attachment is represented by the upper-left-hand quadrant as securely attached individuals are neither avoidant in their behavior nor anxious about abandonment. Ambivalent/preoccupied attachment is represented by the upper-right-hand quadrant because individuals with this pattern are anxious about abandonment yet seek closeness rather than avoiding it. Avoidant/dismissing attachment is represented by the lower-left-hand quadrant: Adults with this pattern appear to be without anxiety about abandonment, yet their behavior is avoidant. The lower-right-hand quadrant, finally, represents what social psychologists call fearful-avoidant attachment: Overlapping with Main’s disorganized and unresolved classifications, the pattern of fearful avoidance involves both avoidant behavior and abandonment anxiety.

CHAPTER 7

How Attachment Relationships Shape the Self

... one's experiences of relations with others becomes a feature of one's relations with oneself.


The human infant is an extraordinarily vulnerable and dependent creature. Infants are unequipped with the advanced neural gear necessary to manage on their own the bodily, emotional, and environmental challenges of life outside the womb. To survive, they require the protection of what Bowlby (1988) called “stronger and/or wiser” others (p. 121). Beyond physical survival, infants need attachment figures to help them in forming and maintaining that stable point of reference known as the self.

The infant’s utter dependence means that adapting to attachment figures—with their idiosyncratic strengths and vulnerabilities—is mandatory. And because the infant must adapt, the infant will adapt. (Of course, good-enough attachment figures tend to return the favor, by adapting to their infants; hence, the empirical finding that relationships of attachment are co-created.) Ainsworth’s research is essentially a documentation of the variety of adaptive strategies infants develop in order to gain the protection that flows from proximity to their attachment figures.

The infant’s automatic adaptations to attachment figures clearly have roots in survival imperatives and instincts. (Recall that the newborn is pre-equipped at birth with brainstem-based reflexes that jump-start the attachment process.) Yet attachment is driven every bit as much by the need