10.1 Introduction to psychoanalytic approaches based in developmental research

A range of psychoanalytic theories have profited from observations of infant behavior. As we have seen, ego psychological approaches, self-psychology, even the Kleinian approach, and particularly the British Independent tradition, inspired research on infancy based on observations from adult clinical work. By contrast, a far more restricted group of psychoanalytic theories were inspired by infancy research and some of their findings were then extended to the understanding of clinical psychotherapy with adult patients. Both these ways of proceeding have flaws. There are many contributors in this area and covering them all would require a book in itself. Included in those whose work we sadly cannot cover is a giant amongst these theoreticians: Robert Emde, who has done perhaps more than any other scientist to bring together thinking about early development, particularly on affect, and psychoanalytic and psychotherapeutic approaches (Emde, 1980b, 1980c, 1988a, 1988b, 1990; Emde and Robinson, 2000). Another major figure, from France, is Serge Lebovici whose work on infant psychopathology gave rise to a powerful international movement of infant mental health (Lebovici and Widlocher, 1980; Lebovici, 1982; Lebovici and Weil-Halpern, 1989). Many others have assisted in the integration of early developmental research and psychoanalysis. A key figure promoting the developmental psychopathology approach in psychoanalytic theory is Donald Cohen, who as Director of the Yale Child Study Center was a powerful intellectual and political force behind developmental research-based theory-building (Mayes, Cohen and Klin, 1991; Mayes and Cohen, 1992; 1993; Cohen et al., 1994; Cicchetti and Cohen, 1995a; Cohen, 1995).

In this and the following two chapters, we will focus mainly on four approaches: first we shall consider John Bowlby's attachment theory model, then the work of Daniel Stern and his colleagues, the development of cognitive-analytic therapy by Anthony Ryle, and finally our own line of work which has focused on the development of awareness of mental states in the self and others, rooted in early attachment relationships.

10.2 Bowlby's developmental model

Attachment theory is almost unique among psychoanalytic theories in bridging the gap between general psychology and clinical psychodynamic theory. John Bowlby's work on attachment theory started when, at the age of 21, he worked in a home for maladjusted boys. Bowlby's clinical experience with two boys, whose relationships with their mothers had been massively disrupted, made a profound impact on him. A retrospective study he carried out ten years later, examining the history of 44 juvenile thieves (Bowlby, 1944), formalized his view that the disruption of the early mother-child relationship should be seen as a key precursor of mental disorder. The one factor that distinguished the thieves from the clinic children was evidence of prolonged separation from parents, particularly striking among those whom he termed 'affectionless'. In the late 1940s Bowlby extended his interest in mother-infant relations by undertaking a review of research findings on the effects of institutionalization on young children (Bowlby, 1951). Children who had been seriously deprived of maternal care tended to develop the same symptoms as he had identified in his 'affectionless' young thieves. While giving central place to parenting in general and the infant-mother relationship in particular, the 1951 monograph was silent on the mechanisms by which maternal deprivation might be expected to generate adverse consequences. The maternal deprivation literature was itself wide-open to alternative interpretations, particularly ones that de-emphasized the mother-infant bond (e.g. Rutter, 1971). At about the same time, James Robertson, with Bowlby's encouragement, spent four years documenting on film the impact on 18-48 month olds of separation from the parents during admission to hospital or residential nursery (Robertson, 1962). Later, Christopher Heinicke more systematically collected observations that fully confirmed the Robertson material (Heinicke and Westheimer, 1966).

Bowlby was dissatisfied with prevailing views in the first half of the twentieth century concerning the origin of affectional bonds. Both psychoanalytic and Hullian learning theory stressed that the emotional bond to the primary caregiver was a secondary drive, based on feeding. Yet evidence was already available that in the animal kingdom at least, the young of the species could become attached to adults who did not feed them (Lorenz, 1935).
Bowlby (1958) was among the first to recognize that the human infant enters the world predisposed to participate in social interaction. Developmental psychology has made this discovery something of a truism (e.g., Watson, 1994; Meltzoff, 1995). Around the mid-point of the last century, however, Bowlby's determination to give central place to the infant's biological proclivity to form attachments to initiate, maintain and terminate interaction with the caregiver and use this person as a 'secure base' for exploration and self-enhancement, flew in the face of his psychoanalytic training.

Bowlby's critical contribution was his unwavering focus on the infant's need for an unbroken (secure) early attachment to the mother. He thought that the child who does not have this was likely to show signs of partial deprivation - an excessive need for love or for revenge, gross guilt and depression - or complete deprivation - listlessness, quiet unresponsiveness and retardation of development, and later in development signs of superficiality, want of real feeling, lack of concentration, deceit and compulsive thieving (Bowlby, 1951). Later (Bowlby, 1969, 1973), he placed these interactions into a framework of reactions to separation: protest → despair → detachment. Protest begins with the child perceiving a threat of separation and can proceed for up to a week. It is marked by crying, anger, attempts at escaping and searching for the parent. It lasts as long as a week, and intensifies at night. Despair follows protest. Movement diminishes, crying becomes intermittent, the child appears sad, withdraws from contact, is more likely to be hostile to another child or a favorite object brought from home and appears to enter a phase of mourning the loss of the attachment figure (Bowlby, 1973). The final phase of detachment is marked by a more or less complete return of sociability. Attempts by other adults to offer care are no longer spurned, but the child who reaches this stage will behave in a markedly abnormal way upon reunion with the caregiver. In the Heinicke and Westheimer (1966) study of separations that ranged from 2 to 21 weeks, two of the children appeared not to recognize their mothers upon reunion, and eight turned or walked away. They alternately cried and looked expressionless. The detachment persisted to some degree following the reunion and alternated with clingy behavior suggesting intense fear of abandonment.

Bowlby's attachment theory, like classical psychoanalysis, has a biological focus (see especially Bowlby, 1969). Attachment readily reduces to a 'molecular' level of infant behaviors, such as smiling and vocalizing, that alert the caregiver to the child's interest in socializing, and bring him or her close to the child. Smiling and vocalizing are attachment behaviors, as is crying, which is experienced by most caregivers as aversive, and engage the caregiver in caretaking behaviors. Bowlby emphasized the survival value of attachment in enhancing safety through proximity to the caregiver in addition to feeding, learning about the environment and social interaction as well as protection from predators. It was the latter that Bowlby (1969) considered the biological function of attachment behavior. Attachment behaviors were seen as part of a behavioral system (a term Bowlby borrowed from ethology). This is key to understanding the heated nature of the controversy between psychoanalysis and attachment theory. A behavioral system involves inherent motivation. It is not reducible to another drive. It explains why feeding is not causally linked to attachment (Harlow, 1958) and why attachment can occur to abusive caretakers (Bowlby, 1956).

There is a subtle but important difference between Bowlby's formulations and those of object relations theorists (e.g., Fairbairn, 1952b) at this molecular behavioral level. The goal of the child is not the object, e.g. the mother. The goal that regulates the system is initially a physical state, the maintenance of a desired degree of proximity to her. This physical goal is later supplanted by the more psychological goal of a feeling of closeness to the caregiver. Because the goal is not an object but a state of being or feeling, the context in which the child lives, i.e. the response of the caregiver, will strongly influence the attachment system because, if the child perceives the attachment goal to have been attained, this will affect the system of behaviors.

Attachment theory from the beginning concerned more than attachment. In fact, as a developmental theory it only makes sense in the context of a number of key distinctions about what is not as well as what is attachment. The exploratory behavioral system is subtly interlinked with attachment, with the attachment figure providing the essential secure base from which to explore (Ainsworth, 1965). The child's exploratory behavior is facilitated by a warning system which provides a source of protection and safety, begins to explore. Thus secure attachment could be expected to be beneficial in terms of a range of cognitive and social capacities. By contrast, the fear system activates the attachment systems and the availability of the caregiver reduces the child's reaction to stimuli that would otherwise be perceived as dangerous (Bowlby, 1973). When the fear system is aroused by what Bowlby (1973) called 'natural' cues to danger (e.g. unfamiliarity, sudden noise, isolation), the child immediately seeks a source of protection and safety, the attachment figure. Thus separation involves two stressors: unprotected exposure and the sense of being cut off from the critical source of protection. Bowlby reserves the term anxiety for the situation where the fear system is aroused in the experienced absence of the attachment figure. The three behavioral systems, attachment, exploration and fear regulate the
In the second volume of the trilogy, Bowlby established the set goal of the attachment system as maintaining the caregiver's accessibility and responsiveness that he covered with a single term: 'availability' (Bowlby, 1973, p. 202). In fact it was not until the third section of the book that he addressed the critical role of appraisal in the operation of the attachment system. Here he asserts that availability means confident expectation, gained from 'tolerably accurately' (p. 202) represented experience over a significant time period, that the attachment figure will be available. The attachment behavioral system thus came to be underpinned by a set of cognitive mechanisms, discussed by Bowlby as representational models or following Craik (1943) as internal working models. Bowlby's views were actually quite 'Piagetian'. (The influence of Piaget on Bowlby is less frequently recognized than that of ethologists like Konrad Lorenz and Robert Hinde. Yet both Lorenz and Piaget attended the discussion groups that Bowlby organized at the World Health Organization in Geneva on parental care and personality development.)

Bowlby's original concept has been thoughtfully elaborated by some of the greatest minds in the attachment field (Main et al., 1985; Crittenden, 1990; Sroufe, 1990, 1996; Bretherton, 1991; Main, 1991; Bretherton and Munholland, 1999; 1994). It might be helpful to summarize the four representational systems that are implied in these reformulations: (1) expectations of interactive attributes of early caregivers created in the first year of life and subsequently elaborated; (2) event representations by which general and specific memories of attachment-related experiences are encoded and retrieved; (3) autobiographical memories by which specific events are conceptually connected because of their relation to a continuing personal narrative and developing self-understanding; (4) understanding of the psychological characteristics of other people and differentiating these from those of the self.

In the late 1970s Alan Sroufe and Everett Waters (Sroufe and Waters, 1977) redefined the set goal of the attachment system as 'felt security' rather than physical distance regulation. Thus internal cues such as mood, illness or even fantasy could be seen as relevant to the child's response to separation as well as external events and the social environmental context. Felt security as a concept extended the applicability of the concept of attachment from early childhood to older children and even adults (Gicchetti et al., 1990). Sroufe (1996) was able to reconceptualize attachment theory in terms of affect regulation. Securely attached individuals, who have internalized the capacities for self-regulation, are contrasted with those who precociously either down-regulate (avoidant) or up-regulate (resistant) affect. This is a substantial extension of the Bowlbian notion because the range of experiences that could contribute to felt security is in no way restricted to caregiver behavior. However, as Ainsworth (1990) pointed out, Bowlby's view may be reconciled with the notion of felt security, if the latter term is restricted to feelings that accompany appraisals of an attachment figure's current likely availability. Actual closeness of the attachment figure is frequently the means by which the child is able to feel secure (Ainsworth and Bowlby, 1991). Thus, the past influences expectations but does not determine these. Both older children and adults continue to monitor the accessibility and responsiveness of the attachment figure. Internalized aspects of the personality may be thought to interact with the quality of the current attachment relationships.

Potential external threats to availability take up a considerable portion of the 1973 book. Bowlby is impressed by symbolic communication of abandonment such as threats of suicide, threats of leaving or sending the child away. While such experiences are posited as 'actual', in this domain the reality of a threat and the child's psychic reality clearly overlap. Bowlby, for example, refers to metaphorical communications by the parent (e.g. 'you will be the death of me') interpreted concretely by the child as threatening availability. Domestic violence is a particularly potent source of developmental problems precisely because the fear of harm coming to the parent leads to anticipations of unavailability, confirmed by the inaccessibility of the mother at times of acute marital conflict (Davies and Cummings, 1995, 1998).

The consistent observation that open communication can reduce the extent to which disruptive events, such as parental anger, are perceived as threatening (Allen and Hauser, 1996; Allen, Hauser and Borman-Spurrell, 1996) implies a reduced role for fantasy as a source of bias in the appraisal of availability.

In his later works, Bowlby (1979; 1980; 1987) was increasingly influenced by cognitive psychology and particularly by the information processing model of neural and cognitive functioning. Just as cognitive psychologists defined representational models in terms of access to particular kinds of information and data, Bowlby suggested that different patterns of attachment reflect differences in the individual's degree of access to certain kinds of thoughts, feelings and memories. For example, avoidant insecure models of attachment permit only limited access to attachment-related thoughts, feelings and memories whereas others provide exaggerated or distorted access to attachment-related information. Thus for Bowlby cognitive as well as emotional access to attachment-relevant information emerges as a function of the nature of the past relationship between infant and caregiver.
10.3 Other psychoanalytic views of Bowlby’s theory

So how does attachment theory differ from more traditional psychoanalytic ideas (Rapaport and Gill, 1959)? The genetic or developmental viewpoint that Bowlby took forward involved the structural point of view, elaborated substantially in the context of modern cognitive psychology. The adaptive point of view also has a clear central place within the caregiver-child relationship. All three of these psychoanalytic principles are evident in work in Bowlby’s original formulations, and are still at work in more recent adaptations of attachment theory. However, two aspects were explicitly discarded. These were economic and the dynamic considerations. To most psychoanalysts of the 1950s and 1960s these features of psychoanalytic models were far more critical to the definition of the discipline than the first three. To make matters worse, Bowlby added a number of new perspectives to psychoanalytic thinking that at the time were hard to digest. These were: an ethological (what we now recognize as a socio-biological) perspective on mental function, an object-relations perspective with relationships rather than bodily drives as motivators, an epistemological perspective that privileged the external environment, and a research perspective that challenged traditional clinical reports as the sole data source of psychoanalysis. It is hardly surprising that he was less than popular with his analytic colleagues.

In the early 1960s a number of major psychoanalytic figures turned on Bowlby following the publication of his article in the Psychoanalytic Study of the Child (Bowlby, 1960). Attachment theory was criticized as mechanistic, non-dynamic and involving basic misunderstandings of psychoanalytic theory (Freud, 1960; Schur, 1960; Spitz, 1960). Opposition to his views provided one small area of common ground for the followers of Anna Freud and Melanie Klein (Grosskurth, 1986), and for the next decades Bowlby was a relatively isolated figure in psychoanalysis. These critiques, which were added to by major figures such as Engel (1971), Rochlin (1971), Roiphe (1976) and Hanley (1978), raise a variety of issues but they boil down to relatively few simple disagreements. Bowlby is seen as having renounced drives, the Oedipus complex, unconscious processes, particularly unconscious phantasy, complex internalized motivational and conflict-resolving systems. He is further seen as having discarded the richness of human emotions, be these affects experienced by the ego and involving socialization or sources of pleasure rooted in the baby’s body. Attachment theory is seen as ignoring biological vulnerabilities other than those rooted in the caregiver’s behavior and as blaming all pathology on physical separation. Bowlby is accused of failing to consider the impact of the developmental stage of the ego on the child’s ability to make attachments and react to loss. He is also accused of ignoring negative attachment related to fear of the mother and trauma other than physical separation. Bowlby is seen to be reductionist in his emphasis on evolution at the expense of recognition of complex symbolic functioning.

A rapprochement has become possible because of a number of changes. These are: (1) A shift within attachment theory from a focus on behavior and environment to concern with internal representations in the infant and the parent. (2) Increasing concern within psychoanalysis with systematic observation and empirical research, together with a severe shortage of paradigms that are both scientifically acceptable (reliable and valid) and provide information of interest to psychoanalytic clinicians and theorists. (3) The breakdown of the theoretical hegemony that governed psychoanalysis in the United States (and to a lesser extent in Europe) that led to more plurality in theory, where clinical usefulness and intellectual appeal are the primary criteria for the acceptability of new ideas. (4) A growing recognition within attachment theory of ‘paradigm boundedness’, recognition of the limitations of a purely cognitive science approach in clinical work and a need for alternative theoretical frames of reference to enrich research and theory building of relevance to clinicians.

10.4 Empirical developments in attachment theory

In research-based psychoanalytic theories, unlike the theories discussed in previous sections, the developments of theory are not principally based on conceptual advances derived from clinical experience. Advances are made in both clinical and laboratory settings. We do not have space to offer a comprehensive summary of the findings of three decades of attachment research. Here we shall briefly overview selected findings that have contributed to the development of attachment theory and/or that are likely to have a bearing on its evolving relationship to psychoanalysis. For an excellent recent review of this work, the edited volume by Cassidy and Shaver (1999) represents a definitive summary.

10.4.1 Patterns of attachment in infancy

The second great pioneer of attachment theory, Mary Ainsworth (1969; 1985; Ainsworth et al., 1978), developed the well-known laboratory based procedure of the Strange Situation for observing infants’ internal working models in action. When infants are briefly separated from their caregiver in a situation unfamiliar to them, they will show one of four patterns of behavior. Infants classified as Secure explore readily in the presence of the primary caregiver, are anxious in the presence of the stranger and avoid her, are distressed by their caregivers’ brief absence, rapidly seek contact with the...
Avoidantly attached children are presumed to have had experiences where the caregiver's presence or attempts at comforting fail to reassure, and the infant's anxiety and anger appear to prevent him from deriving comfort from proximity. Secure infants' behavior is based on the experience of well-coordinated, sensitive interactions where the caregiver is rarely over-arousing and is able to restabilize the child's disorganizing emotional responses. Therefore, they remain relatively organized in stressful situations. Negative emotions feel less threatening, and can be experienced as meaningful and communicative (Sroufe, 1979; 1996; Grossman, Grossman and Schwan, 1986). Anxious/Avoidantly attached children are presumed to have had experiences where their emotional arousal was not restabilized by the caregiver, or where they were over-aroused through intrusive parenting; therefore they over-regulate their affect and avoid situations that are likely to be distressing. Anxious/Resistantly attached children under-regulate, heightening their expression of distress possibly in an effort to elicit the expected response of the caregiver. There is a low threshold for threat, and the child becomes preoccupied with having contact with the caregiver, but frustrated even when it is available (Sroufe, 1996).

A fourth group of infants who show seemingly undirected behavior are referred to as 'Disorganised/Disoriented' (Main and Solomon, 1990). They show freezing, hand clapping, head-banging, the wish to escape the situation even in the presence of the caregiver (Lyons-Ruth and Jacobovitz, 1999; van IJzendoorn et al., 1999). It is generally held that for such infants the caregiver has served as a source of both fear and reassurance, and thus arousal of the attachment system produces strong conflicting motivations.

10.4.2 The attachment system as a determinant of interpersonal relationships

Prospective longitudinal research has demonstrated that children with a history of secure attachment are independently rated as more resilient, self-reliant, socially oriented (Waters, Wippman and Sroufe, 1979; Sroufe, 1983), empathic to distress (Kestenbaum, Farber and Sroufe, 1989), with deeper relationships and higher self-esteem (Sroufe, 1983; Sroufe et al., 1990). Secure/Autonomous, Insecure/Dismissal, Insecure/Preoccupied or Unresolved with respect to loss or trauma, categories based on the structural qualities of narratives of early experiences. While autonomous individuals value attachment relationships, coherently integrate memories into a meaningful narrative and regard these as formative, insecure individuals are poor at integrating memories of experience with the meaning of that experience. Those dismissing of attachment show avoidance by denying memories, and by idealizing or devaluing (or both idealizing and devaluing) early relationships. Preoccupied individuals tend to be confused, angry or passive in relation to attachment figures, often still complaining of childhood slights, echoing the protests of the resistant infant. Unresolved individuals give indications of significant disorganization in their attachment relationship representation, this manifests in semantic or syntactic confusions in their narratives concerning childhood trauma or a recent loss.

Fourteen studies have so far demonstrated that the AAI administered to mother or father will predict not only the child's security of attachment to that parent but, even more remarkably, the precise attachment category which the child manifests in the Strange Situation (van IJzendoorn, 1995). Thus dismissing AAI interviews predict avoidant Strange Situation behavior while preoccupied interviews predict anxious-resistant infant attachment. Lack of resolution of mourning (unresolved interviews) predicts disorganization in infant attachment (see below). Temperament (child to parent effects) seems an inadequate account of the phenomena since the AAI of each parent, collected and coded before the birth of the child, predicts the attachment classification of the infant at 12 and 18 months (Fonagy, Steele and Steele, 1991; Steele, Steele and Fonagy, 1996).

Recent evidence by Slade and her colleagues provided an important clue about the puzzle of intergenerational transmission of attachment security. They demonstrated that autonomous (secure) mothers on the AAI represented their relationship with their toddlers in a more coherent way,
conveying more joy and pleasure in the relationship, than did dismissing and preoccupied mothers (Slade et al., 1999). That the mother’s representation of each child is the critical determinant of attachment status is consistent with the relatively low concordance in the attachment classification of siblings (van IJzendoorn et al., 2000). We believe that the parent’s capacity to adopt the intentional stance toward a not yet intentional infant, to think about the infant in terms of thoughts, feelings and desires in the infant’s mind and in their own mind in relation to the infant and his or her mental state, is the key mediator of the transmission of attachment and accounts for classical observations concerning the influence of caregiver sensitivity (Fonagy et al., 1991). Those with a strong capacity to reflect on their own and their caregiver’s mental states in the context of the AAI were far more likely to have children securely attached to them – a finding which we have linked to the parent’s capacity to foster the child’s self-development (Fonagy et al., 1993). We have also found that mothers in a relatively high stress (deprived) group characterized by single-parent families, parental criminality, unemployment, overcrowding and psychiatric illness would be far more likely to have securely attached infants if their reflective function was high (Fonagy et al., 1994).

During the late 1970s and 1980s, attachment research came to be increasingly concerned with child maltreatment, physical and sexual abuse. The disorganized/disoriented classification of Strange Situation behavior marked by fear, freezing and disorientation (Main and Solomon, 1986) was linked to maltreatment of the child (e.g. Cicchetti and Barnett, 1991) and unresolved trauma in the history of the parent (Main and Hesse, 1990b). The frightened/frightening behavior of the parent is assumed to undermine the child’s attachment organization (Main and Hesse, 1992). The attachment figure being at once the signal of safety and of danger can be readily seen to potentially undermine the entire attachment behavioral system. Childhood maltreatment accounts for some but not all attachment disorganization observed in infancy. The potential reasons for the disorganization of the attachment system were therefore extended to include experiences that were more subtle but nevertheless deeply unsettling from an infant’s point of view. Moments of dissociation or strange, frightenened experiences have been observed in parents of infants whose Strange Situation behavior was classified as disorganized (Schuengel, Bakermans-Kranenburg and van IJzendoorn, 1999; Schuengel, Bakermans-Kranenburg, van IJzendoorn and Blom, 1999). Infant disorganization has been linked to later psychopathology in a number of longitudinal investigations (Shaw, Owens, Vondra et al., 1996; Lyons-Ruth, 1996b), including dissociative symptoms in particular (Carlson, 1998). While attachment is still seen as all-pervasive, research and theory on attachment disorganization offers a more satisfactory theoretical link between early attachment experience and personality disturbance than has thus far been available and is therefore the cutting edge of current clinical attachment research (Lyons-Ruth and Jacobovitz, 1999; Solomon and George, 1999).

Evidence linking attachment in infancy with personality characteristics is stronger in some studies than in others. In a Minnesota Study, pre-schoolers with secure attachment histories were consistently rated by teachers as higher in self-esteem, emotional health, agency, compliance and positive affect and this persisted to age 10 (Elicker, Englund and Sroufe, 1992; Weinfield et al., 1999). The most recent findings from this cohort still show a prediction from infancy to adult measures of psychiatric morbidity with many potential confounding factors controlled for (Carlson, 1998; Weinfield et al., 1999). However, not all studies are able to replicate these findings (e.g. Feiring and Lewis, 1996). In contrast to Bowlby’s prediction, the secure, avoidant and resistant classifications tend not to be strongly related to later measures of maladaptation, it is the disorganized/disoriented infant category which appears to have the strongest predictive significance for later psychological disturbance (Lyons-Ruth, Alpern and Repacholi, 1993; Lyons-Ruth, 1996a; Ogawa, Sroufe, Weinfield et al., 1997; Carlson, 1998).

More generally, associations between secure infant attachment and personality characteristics such as ego resilience appear in some samples and not others and the prediction of behavioral problems from insecurity when observed appears to be moderated by intervening experiences such as gender differences, environmental stress or the child’s intellectual capacity (Erickson, Sroufe and Egeland, 1985; Fagot and Kavanagh, 1990; Lyons-Ruth et al., 1993). Evidence which suggests that attachment is the foundation for later adaptation is neither reliable nor consistent. It is precisely these kinds of gaps between theory and evidence which in our view should call attachment theorists’ attention to the need to open dialogue with other theoretical approaches, including numerous psychoanalytic ideas.

10.5 Attachment and psychopathology

Numerous studies of low-risk samples failed to identify the simple relationship between insecure attachment in the first two years of life and emotional or behavioral problems in middle childhood (e.g. Feiring and Lewis, 1996). By contrast, studies with high-risk samples are more likely to find a relationship between insecure attachment in infancy and particularly externalizing problems in the school and pre-school years. For example, in a sample drawn from a high social risk population, children who showed early insecure relations were also consistently observed to be more prone to moodiness, poor peer relations and symptoms of depression and aggression,
right up to pre-adolescence (Weinfield et al., 1999). Two recent follow-ups of this sample showed powerful prediction to psychopathology in adolescence. Anxiety disorder in adolescence was most likely to be associated with ambivalent attachment in infancy (Warren et al., 1997). Overall, avoidant infants showed the highest rate of disorders (70%) and resistant infants were no more likely to have diagnosable psychiatric disorder than secure ones. In the same sample, dissociative symptoms at 17 and 19 years were predictable from avoidant classification and disorganized behavior scores (Ogawa et al., 1997).

A number of studies (Lyons-Ruth et al., 1989; Lyons-Ruth, 1995; Shaw and Vondra, 1995; Shaw, Owens, Vondra et al., 1996) suggest that disorganized attachment is a vulnerability factor for later psychological disturbance in combination with other risk factors. A recent study with a large sample (n = 223) confirmed that those whose attachment classification was disorganized in infancy or atypical at age 24 months were most likely to be rated high on externalizing behavior at 3.5 years (Vondra, Shaw, Swearingen et al., 2001). In addition, a rich body of literature reviewed by Greenberg (1999) shows strong associations between concurrent measurement of attachment and psychopathology. However, cross-sectional investigations always leave open the possibility that non-secure attachment is but a further indication of the child's psychological disturbance.

There is general agreement that attachment security can serve as a protective factor against adult psychopathology, and that it is associated with a wide range of healthier personality variables such as lower anxiety (Collins and Read, 1990), less hostility and greater ego resilience (Kobak and Scerey, 1988), and greater ability to regulate affect through interpersonal relatedness (Simpson, Rholes and Nelligan, 1992; Vaillant, 1992). Insecure attachment appears to be a risk factor and is associated with such characteristics as a greater degree of depression (Armsden and Greenberg, 1987), anxiety, hostility and psychosomatic illness (Hazan and Shaver, 1990) and less ego resilience (Kobak and Scerey, 1988).

Five studies have linked attachment patterns and adult psychiatric illness (Dozier, Stovall and Albus, 1999). Psychiatric disorders are nearly always associated with insecure states of mind and unresolved status highly over-represented in this group. In one longitudinal study (Allen et al., 1996), derogation and lack of resolution of abuse predicted criminal behavior and hard drug use in a high-risk sample. Although it has been suggested that a dismissing state of mind might be associated with antisocial personality disorder, eating disorders, substance abuse and dependence, and preoccupied states of mind would be linked with disorders that involve absorption in one's own feelings such as depression, anxiety and borderline personality disorder, the available studies do not support this kind of simplistic model (e.g., Fonagy et al., 1996). Eagle (1999) cites evidence that while preoccupied/enmeshed individuals experience more psychological distress, avoidantly attached individuals show a greater incidence of somatic symptoms and illnesses.

There are several problems with these kinds of studies. First, the co-morbidity of Axis I disorders, particularly in relatively severe clinical groups where co-morbidity is extremely high, preclude any simple links between attachment classification and a unique form of psychiatric morbidity. Secondly, the coding systems for establishing attachment classes are not truly independent of clinical conditions and some consistent associations might be simple cases of item overlap. (For example, if lack of ability to recall early (attachment) experience is a criterion for a dismissing attachment classification (Ds) and memory problems are part of the diagnostic criteria for major depression (MD), any association between Ds and MD could only be taken seriously if the memory deficit in relation to attachment was shown to be something beyond the general memory problems reported by MD patients.) Thirdly, the adult attachment coding systems were not developed with clinical groups in mind, and therefore it is not clear if or how the severity of psychiatric morbidity per se might distort the assignment of an attachment classification. Currently we are lacking the validity studies necessary to establish the usefulness of currently available attachment measures for categorization of psychopathology.

More recently a line of work linking attachment classification and treatment outcome has emerged where attachment classification is used as a predictor within specific diagnostic groups. Dismissing adults appear to be relatively resistant to treatment and within the context of therapy. Arguably, they deny their need for help in order to protect themselves from the possibility that the caregiver will be eventually unavailable. They might be rejecting of treatment, rarely asking for help (Dozier, 1990). Preoccupied adults have a more general inability to collaborate with and take in the therapist's words and support, but then become dependent and call therapists between hours (Dozier et al., 1991).

A synthetic view of this literature has been suggested by Sidney Blatt and colleagues (Blatt et al., 1995; Blatt and Blass, 1996; Blatt, Zuroff, Bondi et al., 1998). Blatt and his coworkers have proposed a dichotomy that overlaps in a highly informative way with the Bowlby-Ainsworth-Main categorization. They envision a dialectic between two developmental pressures that define the evolving representations of self-other relationships: the needs for (a) a sense of relatedness, and (b) a sense of autonomous identity (Blatt and Blass, 1996). These developmental needs are thought to be in synergistic inter-
action throughout ontogeny and a lack of balance implies psychopathology. ‘Anacritic pathology’ (an exaggerated need for relatedness - preoccupation/entanglement) is present in dependent, histrionic or borderline personality disorder. ‘Introjective pathology’ (an exaggerated quest for identity - dismissing or avoidant pathology) is thought to characterize schizoid, schizotypal, narcissistic, antisocial or avoidant individuals. John Gunderson (1996) writing about BPD from an attachment theory perspective, for example, identifies precisely the anacritic pathology of these patients when pointed to their total incapacity to tolerate aloneness.

The person-centered approach of the attachment theory perspective thus has the potential greatly to deepen our understanding of psychiatric disturbance, as categorized by DSM-IV, by adding a dynamic developmental standpoint. For example, Blatt and colleagues, using the relatedness-autonomy dialectic, can differentiate two types of depression: a dependent (anacritic) and a self-critical (introjective) type (Blatt and Bers, 1993). Thus depression in individuals with borderline personality disorder is characterized by emptiness, loneliness, desperation vis-à-vis attachment figures and tabule, diffuse affectivity. For non-borderline individuals with major depression, these aspects correlate negatively with the severity of depression, whereas for borderline individuals, the same symptoms correlate almost perfectly with severity within the limits of the reliability of measurement (Westen et al., 1992; Rogers, Widiger and Krupp, 1995).

Response to treatment is powerfully predicted by this distinction. For example, in the NIMH trial of psychotherapy for depression (Elkin, 1994; 1989; Blatt et al., 1998), perfectionist individuals (introjective type), were unlikely to improve after the first few sessions, whereas patients with a high need for approval (anacritic types) improved significantly in the second half of the treatment (Blatt et al., 1995). In general, it is possible that dismissing patients will tend to do poorly in most short-term treatments (Horowitz, Rosenzweig and Bartholomew, 1996). The value of the psychoanalytic approach is highlighted by the fact that the majority of studies of depression neither explores nor differentiates between these groups, although the experience of psychological distress in the two groups is critically different. The person-centered attachment theory approach that takes the representational world as its focus can help to refine our predictions about psychological disturbance.

10.5.1 The disorganization of attachment

The most promising current area of attachment research is undoubtedly the study of disorganized/disoriented attachment behavior. Disorganized/disoriented attachment is marked in the Strange Situation by displays of contradictory behavior, patterns sequentially or simultaneously: undirected, incomplete or interrupted movements, stereotypes, anomalous postures, freezing, fear of the parent or disoriented wandering (Main and Solomon, 1986; 1990). Main and Hesse's (1990b) now classical contribution linked disorganized attachment behavior to frightened or frightening caregiving: infants who could not find a solution to the paradox of fearing the figures from whom they wanted comfort (Main, 1995). In the intervening decade, a great deal has been learned about disorganized attachment. A meta-analysis of studies of disorganized attachment based on 2,000 mother-infant pairs (van IJzendoorn et al., 1999) estimated its prevalence at 14% in middle income samples and 24% in low income groups. Similarly, adolescent mothers tend to have an over-representation of disorganized infants (23%) as well as fewer secure (40% vs. 62%) and more avoidant (33% vs. 15%). The stability of the classification of disorganized attachment is fair (r = .36) (van IJzendoorn et al., 1999), with some indication that lack of stability may be accounted for by increases in the number of disorganized infants between 12 and 18 months (Barnett, Ganiban and Cicchetti, 1999; Vondra, Hommerding and Shaw, 1999).

Quite a lot is known about the causes of disorganized attachment. The prevalence of attachment disorganization is strongly associated with family risk factors such as maltreatment (Carlson, Cicchetti, Barnett and Braunwald, 1989), and major depressive disorder (Lyons-Ruth, Connell and Grunebaum, 1990; Teti et al., 1995). In addition, there is an extensively proven association between disorganization of attachment in the baby and unresolved mourning or abuse in the mother's Adult Attachment Interview (van IJzendoorn, 1995). Three studies have helped to clarify this superficially mysterious association between slips in the mother's narrative about past trauma, and bizarre behavior by the infant in the Strange Situation with her. Jacobovitz and colleagues reported a strong association between such slips in the AAI before the child was born and observations of frightened or frightening behavior toward the baby at eight months (Jacobovitz, Hazen and Riggs, 1997). These behaviors included extreme intrusiveness, baring teeth, entering apparently trance-like states, etc. If the trauma around which there was lack of resolution happened before the mother was aged 17, her frightened or frightening behavior was more evident. Interestingly, these unresolved mothers did not differ from the rest of the sample in terms of other measures of parenting such as sensitivity, warmth, etc.

In a similar study, Schuengel and colleagues found that mothers classified as unresolved and insecure displayed significantly more frightened or frightening behavior than those classified unresolved secure (Schuengel et al., 1999). Maternal frightened or frightening behavior predicted infant attachment disorganization, but the strongest predictor was maternal dissociated behavior. In an independent investigation, Lyons-Ruth and colleagues
also found that frightened and frightening behavior predicted infant disorganization (Lyons-Ruth, Bronfman and Parsons, 1999), particularly when the mother strongly misinterpreted the baby's attachment cues and when the mother gave conflicting messages that both elicited and rejected attachment.

There is general agreement based on both cross-sectional and longitudinal investigations that disorganized infant attachment shifts into controlling attachment behavior in middle childhood (van IJzendoorn et al., 1999). Observational studies suggest that disorganized children are less competent in playing with other children and in conflict resolution (Wartner et al., 1999), and in consistency of interaction with different peers (Jacobovitz and Hazen, 1999).

10.5.2 Pathways from infancy to adult pathology

Attachment theory gives a model for the integration of early childhood experience with later development, particularly the emergence of psychopathology. As this brief review has demonstrated, there is considerable although not overwhelming evidence for the continuity of interpersonal experience. There are several research-based models to account for observed continuities.

The simplest model (Lamb et al., 1985; Lamb, 1987; Belsky, 1999; Thompson, 1999), is in terms of continuity not of mental structures, but merely of social environments, especially of the quality of care. Several large scale studies have shown that, at least for high levels of deprivation, early experience does not require continuity to have its impact (Chisolm, 1998; Marvin and Britner, 1999; O'Connor, Rutter and Kreppner, 2000).

A second mechanism that explains continuity involves the representation of relationships. In this framework, responsive parenting during infancy generates a working model of relationships in which positive expectations of intimacy and care from others are deeply encoded, affecting perception, cognition and motivation (Bretherton and Munholland, 1999). A growing literature of pervasive attributional biases (Crick and Dodge, 1994; Cole and Dodge, 1998; Matthys, Cuppers and van Engel, 1999) is consistent with this view, and there is some direct support (Cassidy, Kirsh, Scoffon and Parke, 1996).

A third explanation is at the level of continuity of neural organization and underlying gene expression. Myron Hofer's work with rodent pups has shown that the evolutionary value of staying close to and interacting with the mother goes way beyond protection, and involves many pathways for regulation of the infant's physiological and behavioral system (Hofer, 1995; Polan and Hofer, 1999). Hofer's reformulation provides a very different way of explaining the range of phenomena usually discussed under the heading of attachment. The traditional attachment model is clearly circular: separation disrupts a social bond, the existence of which is inferred from the separation response. In Hofer's model, what is lost is 'loss' is not the bond but the opportunity to generate a higher-order regulatory mechanism. Attachment may mark changes in neural organizations that are involved in later psychological disturbance. For example, emotion regulation established in early childhood may substantially alter fear conditioning processes in the amygdala (LeDoux, 1995) or connections between the prefrontal cortex and the limbic system (Schoen, 1997a). Animal studies have offered good evidence of permanent changes to the stress mechanisms following adverse attachment experiences (Meany et al., 1988; Plootsky and Meany, 1993).

Animal models document the effects of early stress on a range of neurobiological systems including the hypothalamic-pituitary-adrenal axis, the dopaminergic, noradrenergic and serotonergic systems (Bremner and Vermutten, 2001). Additionally, adverse early experiences in non-human primates resulted in raised corticosterone releasing factor in the cerebrospinal fluid as well as long-term effects on behaviors (Coplan et al., 1996).

Animal models also show that certain interventions reduce the negative effects of early stress, indicating a degree of plasticity in the brain. Thus postnatal handling of rat pups has been shown to increase Type II glucocorticoid receptor binding that persisted throughout life along with increased feedback sensitivity to glucocorticoids (Meany et al., 1988; Meany, Aikken, Sharma and Sarrieu, 1989). This has been hypothesized to be due to a type of 'stress inoculation' from the mothers' repeated licking of the handled pups (Liu et al., 1997). Early stress has been found to be associated with lifelong increases in sensitivity of the noradrenergic system (Francis, Caldi, Champagne et al., 1999). As far as the serotonin system is concerned, a variety of stressors have been shown to result in increased turnover of serotonin in the medial pre-frontal cortex (Pei, Zenerstrom and Fillen, 1990; Inoue, Tsuichiya and Koyama, 1994) and other areas including the locus ceruleus (Kaelner, Singewald, Sinner et al., 2000). Severe stress may result in damage in relation to the hippocampus (O'Brien, 1997). Thus, animal models offer a rich set of potential pathways that could mediate between early psychosocial experience, attachment and psychopathology.

The evidence from studies of clinical populations concerns relatively extreme environments. These results have on the whole been consistent with findings from the animal investigations, although human studies have just begun to consider the effects of early stress on brain structure and function (Rutter, 2000). Studies of adults with a history of childhood trauma have been consistent with long term changes in the HPA axis (Bremner et al.,
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There is a complex relationship between the reactivity of the hypothalamic-pituitary-adrenal (HPA) axis and attachment. Several studies have demonstrated that insecurely attached infants, particularly those with disorganized patterns of attachment, have increased reactivity of the HPA axis (Spangler and Grossman, 1993; Nachmias et al., 1996). It may be argued that increased HPA activity is not part of an integrated physiological response such as the stress response, but rather it is an indication of the absence of the regulatory effect of the prior mother-infant interaction. Loss of the caregiver, at least within the animal model, reflects the withdrawal of a number of different regulatory processes that had been hidden within the attachment relationship. Experimental animal studies in which different elements of the interaction between mother and offspring are manipulated demonstrate that infant animals will show some of the HPA responses to separation but not others.

The implications for humans are naturally far from straightforward. Hofer (1996) argues that inadequate early care leads to disturbance because of the failure of the normal smooth modulation and co-ordination of physiological function, affect, and behavior into a stable pattern. The major difference between human and animal models might be that whereas in infant animals the source of the regulation is probably at the level of behavioral interactions, in the case of mother-infant interaction this also occurs at the level of rapid interchanges of subjective expectations (cognitive representations or models of relationships). Facilitation from social support may operate through the regaining of interactional regulators. An examination of HPA reactivity to the stress of an unfamiliar situation demonstrated that elevated cortisol response occurred only in inhibited toddlers with mothers to whom they were insecurely attached (Nachmias et al., 1996). Inhibited toddlers who were securely attached did not show these elevations, indicating that secure attachment may be a protective factor.

A fourth potential mediator of continuity is the isomorphism of behavioral disturbance and disordered attachment behaviors. Greenberg (1999) suggests that disturbed behavior may also be viewed as an attachment strategy aimed to regulate the relationship with the parent. For example, oppositional behavior may regulate the caregiver’s closeness and attention to the child. A pathway that up until now has received less attention concerns the capacity to direct and focus attention. This capacity has recently been shown to be related to many of the recognized sequelae of secure attachment, including social competence, empathy, sympathy, levels of aggression, and the development of conscience (Kochanska et al., 1998; Eisenberg, Fabes, Guthrie and Reiser, 2000; Eisenberg, Guthrie et al., 2000; Kochanska, Mursy and Yu, 2000). There is indirect evidence that the mother-infant relationship may be quite relevant to the quality of attentional effortful control (Rothbart and Bates, 1998). For example, mother-child dyads who were mutually responsive in infancy produced children who are more conscientious and better able to follow instructions (Kochanska and Murray, 2000). A further interesting study on a different sample showed that infants insecurely attached at 14 months had greater difficulties in regulating their emotions (Kochanska, 2001). The results clearly indicated that this was not associated with temperament variables. Controlling for the child’s emotional reactions in several set situations at 9, 14 and 22 months, attachment classification at 14 months remained an excellent predictor of the child’s emotionality (fearfulness, anger and more distress in situations designed to elicit pleasure). There may be many accounts of this but the powerful neurophysiological evidence that links attentional mechanisms involved in effortful control with the regulation of emotional reactions (Posner and Rothbart, 2000) suggests that one of the pathways that secure attachment follows is via superior mechanisms for the inhibition of dominant (immature) responses in favor of better socialized but non-dominant responses. Individuals whose mothers were able to model this capacity through early interactions remain more adept at this crucial task for the rest of their life.

Finally, mentalizing is a key human capacity, neuro-physiologically (Frith and Frith, 1999) and developmentally (Carlson and Moses, 2001). Secure attachment is strongly associated with the parent’s capacity to mentalize (Fonagy, Steele, Moran et al., 1991), her understanding of the baby’s behavior in terms of feelings and intentions (Meins et al., 2001), and his later capacity for representing such mental states. Thus, some of the general symbolic superiority of individuals with secure attachment histories (Thompson, 1999) is mediated by a readiness to think in mental state terms, a capacity which carries great advantage in relationships (Dennett and Haid egau, 1987; Bogdan, 1997, 2001).

10.6 Psychoanalytic advances in attachment theories

A number of major authors in attachment theory have been significantly influenced by psychoanalytic ideas and vice versa.

Karlen Lyons-Ruth has conducted ground-breaking research into the nature, causes and consequences of disorganized attachment in infancy (Lyons-Ruth, Bronfman and Atwood, 1999), and her relational diathesis model is the only psychoanalytically inspired explanation currently available to account for these data (Lyons-Ruth, Bronfman and Atwood, 1999). The prediction of the model is that trauma will occur more frequently and will be harder to resolve in an already disorganized caregiving-attachment system.
Lyons-Ruth updates Bowlby by including both direct and later indirect disorganization as potential determinants of later outcome. There is preliminary data consistent with her model (Ogawa et al., 1997).

The model also has many aspects that link research findings with psychoanalytic clinical work. Lyons-Ruth is part of a group of eminent researcher psychoanalysts working in Boston to understand the change process in psychoanalysis. This promises to deliver an integrated psychological model of the encoding of relationship experience as well as the mechanisms whereby these might be therapeutically altered (Lyons-Ruth, 1999). While the relational diathesis model is not yet fully integrated with psychoanalytic ideas, it is perhaps the most sophisticated attachment theory model to be advanced by a psychoanalytic researcher since John Bowlby.

Morris Eagle has focused on the integration of psychoanalysis and attachment theory, from the very broad standpoint of the problems for psychoanalytic theory by incorporating the relational (object-relations) perspective. From Eagle's point of view (1997; 1998; 1999), the most important contribution of attachment theory overlaps with that of object relations theory: the subjective experience in infancy of 'felt security', and its impact on later development. Eagle considers attachment theory to have been a 'reaction against and corrective to' (Eagle, 1997, p. 217) aspects of classical analytic theory, in particular Freudian and Kleinian theory. He emphasizes the radical difference between traditional psychoanalysis and attachment theory in relation to the role of external versus internal factors. He also vigorously challenges attachment theory from a psychoanalytic viewpoint. For instance, Eagle takes issue with Bowlby's assertion that IWMs reflect actual interactions with the caregiver (e.g. Eagle, 1999). Here Eagle is not making the common point that different infants could elicit different reactions from caregivers depending on their temperament (the so-called child to parent effect), but rather that the same caregiver behavior might be experienced differently by different infants depending on their constitution. Unfortunately, while Eagle's logic is sound, modern genetics takes it to an infinite regress since constitution itself is dependent on experience (Kandel, 1998; 1999). Constitution is not an absolute, and it may indeed be Bowlby's IWMs which predict how a particular gene is expressed or not. However, this is a subtle point: Eagle's critique of attachment theory's exaggerated claim to objectivity is well taken.

While Eagle is critical of attachment theory, he also appreciates its strong points, particularly its empirical foundations. He is independent of the main line of research in attachment, and this lets him consider key concepts (such as the link between security and narrative coherence) in a very creative light. While Eagle is by no means a relational theorist (and was quite critical of that tradition in the past), his way of integrating psychoanalytic and attachment theories comes quite close to those of relational theorists such as Mitchell.

Jeremy Holmes' theoretical and clinical integration of psychoanalytic and attachment theory ideas is the fullest exposition to date of an 'attachment theory psychotherapy'. Holmes (2000) suggests that urgent tasks face psychoanalysis if it is to retain any place in science and medicine, and argues that attachment theory might be a useful ally. He points to the disagreement between attachment theorists and psychoanalysts regarding the mother-infant relationship in the first few months of life. Attachment theorists stress the ways in which the mother and the infant seek each other out to relate to one another from the moment of birth. Mahler's classical account, by contrast (Mahler, 1975), holds that there is an undifferentiated symbiosis that covers the first few months. In Holmes' view, Myron Hofer's research (see above) shows that the mother's actions change the infant's physiology. Holmes suggests that affects are part of a human psychological immune system, which alerts the individual to danger. A secure relationship offers the emotional equivalent of the physical protection of the immune system. Trauma overwhelms and disrupts this. Holmes suggests that borderliene personality disorder is the result of disturbance of the early mother-infant psycho-physiological regulatory system following early trauma, maternal depression or a similar experience.

Holmes places attachment theory at the heart of psychotherapy (Holmes, 1993a, 1993b). He profoundly disagrees with Bowlby's off-the-cuff comment that psychotherapy is merely about providing a secure base. Holmes (1998) defines three prototypical pathologies of narrative capacity: (a) clinging to rigid stories (dismissing), (b) being overwhelmed by un-storied experience (preoccupied) or (c) being unable to find narrative strong enough to contain traumatic pain (unresolved). These pathologies of narrative capacity have profound and distinct effects on the clinical process. The first category has inflexible versions of the patient's story which block the way, that need to be reworked and reassembled. By contrast, Holmes proposes a specific therapeutic approach, BABI (Brief Attachment Based Intervention), which is a relatively well-structured intervention for moderately severe psychological disorders. It is time-limited with a strong emphasis on formulation, uses handouts, suggests homework between sessions and it is integrative in using Rogerian, dynamic and cognitive behavioral techniques.

Arietta Slade is another major figure linking clinical practice and attachment research (Slade, 1999a). Slade's view is not that attachment theory dictates a particular psychotherapeutic approach but rather that an
understanding of the nature and dynamics of attachment informs clinical thinking (Slade, 1996; 2000; Slade et al., 1999). She demonstrates that listening for features such as changes in voice, lapses, irrelevances and more subtle disruptions of the organization of discourse in the attachment and clinical contexts are broadly the same. The therapist, by focusing on the failures of the narrative, is alert to issues where the patient is unable to mentalize an experience. Slade (2000) claims that such gaps in the narrative also hint at the nature of the experience of the patient as a child which might have generated the current deficits. Slade (1999; 2000) also considers the relevance of attachment theory and research for clinical work with children. Two issues are highlighted: first, the child, attachment is not the past but the current context of treatment, defined by the or her own past experience and by the parents’ attachment histories. Secondly, Slade has carried out important research on the mother’s mental representation of the child, the extent to which this is determined by her own attachment experiences and to which it is modifiable in therapeutic work. The conception of a link between the mother’s capacity to represent and recognize her child and the child’s recognition of himself as a thinking and feeling person is at the heart of her clinical work.

Selma Fraiberg (1980) argued that disturbances between the infant and the parent in the first three years of life indicate unresolved conflicts that one or both of the babies’ parents have in relation to important figures in their own childhood. In her paper, ‘Ghost in the nursery’, Fraiberg writes: ‘We examine with the parents the past and the present in order to free them and their baby from old ghosts that have invaded the nursery, and then we must make meaningful links between the past and the present through interpretations’ (Fraiberg et al., 1975, p. 61). Attachment theory and this psychoanalytic infant–parent psychotherapy have recently been powerfully linked by Alicia Lieberman (1991). She recognized the resistances infant–parent therapists are likely to encounter in a direct approach (Lieberman and Pawl, 1993; Lieberman and Zeanah, 1999) conceive of the infant’s behavior in terms of defensive operations along the lines outlined by Ainsworth and colleagues (Ainsworth et al., 1978). Interestingly, the attachment classification of defensive behaviors is almost identical to the dramatic mechanisms of self-protection in the infants that Fraiberg observed in a clinic setting (Fraiberg, 1982). Although Fraiberg mentions Ainsworth in her paper, it seems she does this more to distinguish her ideas from attachment theory than to suggest an integration. Yet the theory she is committed to (modern ego-psychology) has no model for the psychic structure of infancy that could readily accommodate infantile defenses. Only object relations theories, particularly Kleinian developmental theory, equip the infant with sufficient mental structures to consider these as mechanisms of defense.

10.7 Evaluation of attachment theory and research

Bowlby’s work was severely criticized by psychoanalysts committed to a drive discharge model for being insufficiently psychological (Freud, 1960; Schur, 1960) and assuming overly complex representational capacities for the infant (Spitz, 1960). This criticism was also leveled at Klein, and should be reevaluated in the light of recent research, as we have seen. Bowlby, on the other hand, was somewhat disingenuous in his critique of psychoanalysis, arguing that his proposal of a multi-track model of development, with a range of developmental pathways, was in contrast to psychoanalysis, which proposed a single possible developmental pathway, along which regression or fixation could occur. He ignored the work of analysts like Anna Freud and Eric Erikson who posited similar multi-track developmental networks. In essence Bowlby argued against a somewhat caricatured version of psychoanalysis, a position he retained to the end.

There has been little work on discontinuities in children’s behavior in attachment theory terms, or on instances where experience appears to have little effect on the child’s social development. Another limitation is that while psychoanalysis prioritized instincts and bodily processes rather than relationships in the creation of psychic organization, attachment theory has less to say about the bodily self or about sexuality. The attachment relationship may be critical in establishing an integrated sense of the physical and psychological self, also relevant to mature sexual relationships (Holmes, 1993a).
Overall, some of the early hopes of attachment theorists have been fulfilled by the three decades of research that have followed Ainsworth's and Bowlby's research. Attachment has been shown to be independent of temperament and maintained by processes that go way beyond stability of the environment. The determinants of security of attachment are increasingly well understood, and are closely related to the accurate perception of the infant as a psychological being. Secure attachment in infancy does not necessarily continue throughout life, but insecurity makes later security very unlikely. The attachment relationship with the caregiver is specific for both the child and the caregiver. Both can have different types of relationships with other members of the family. Yet the internal working model, assessed by the AAI, does predict the child's attachment class.

In terms of the long-term consequences of attachment classification from childhood, studies only partially confirm initial hopes of theorists and researchers. There can be little doubt that something is carried forward. Prediction from insecure-disorganized attachment is particularly powerful for various adverse outcomes, including psychiatric disorder. The pathways of association are by no means straightforward (Sroufe et al., 1999). For individuals with extremely harsh or chaotic early caregiving, the process of attentional, emotional, and symbolic regulation might be derailed and the integration of self-states across behavioral states may never be fully achieved. Because early attachment disturbance makes itself felt as a dysfunction of self-organization (stress regulation, attention regulation, and mentalization), and because these capacities are needed to deal with social stress, relationship disturbance in the early years together with additional social pressures does predict psychological disturbance.

Chapter 11
Schema theory and psychoanalysis

General systems theory, explicated by von Bertalanffy, removed the study of biological systems from the epistemological world of physics and created a frame of reference more appropriate for human behavior. In contrast to physical forces like gravity and electricity, the phenomena of life are found only in individual entities called organisms...[which] is a system, that is, a dynamic order of parts and processes standing in mutual interaction' (Bertalanffy, 1968, p.208). The mind is an open system, available to influence and modification from outside. Systems theory has been extensively applied to structural psychoanalytic formulations of development (e.g. Peterfreund, 1971; Basch, 1976; Noy, 1977; Rosenblatt and Thickstun, 1977; Boesky, 1988; Tyson and Tyson, 1990) as well as outside this framework (see e.g. Bowlby, 1980).

The motivation for adopting this model is primarily the reification and anthropomorphism of psychoanalytic metapsychological formulations and the inevitable logical contradictions they entail. Systems theory formulations of development address multiple components of developmental processes at several levels of abstraction simultaneously (Tyson and Tyson, 1990, p. 32). Bowlby's attachment theory, considered in the previous chapter, is a comprehensive implementation of general systems theory. Several other, more recent psychoanalytic accounts to some degree build on both attachment theory and general systems theory ideas and are also influenced by British object relations theory and cognitive science research. Some will be discussed in this chapter.

11.1 Horowitz's theory of personal schemas

Horowitz (1989; 1992) has offered a general systems theory reformulation of object relations, strongly influenced by Bowlby's (1980) notion of internal working models, Sandler's notion of role responsiveness (Sandler, 1976a; 1976b) and Kernberg's (1984) model of selfobject dyadic units, as well as by