

# Attachment Theory and Psychotherapy: Basic concepts

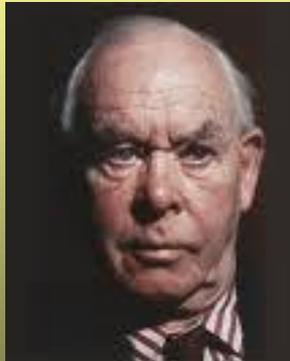
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International Attachment Network

## Aims of this lecture:

- To define attachment theory as a psychoanalytic paradigm.
- To indicate, that – as such – it is applicable to individual psychoanalytic psychotherapy as well as to other forms of intervention, such as group psychotherapy, couple therapy and family therapy.
- To outline a mode of intervention in psychoanalytic psychotherapy, that I have developed over the years.

Attachment Theory  
was essentially and originally formulated  
by  
a psychoanalyst  
as a **psychoanalytic paradigm**



Bowlby (1982) said:

Without good theory as a guide, research is likely to be difficult to plan and to be unproductive, and findings are difficult to interpret. Without a reasonably valid theory of psychopathology, therapeutic techniques tend to be blunt and of uncertain benefit. Without a reasonably valid theory of aetiology, systematic and agreed measures of prevention will never be supported. My hope is that, in the long term, the greatest value of the theory proposed may prove to be the light it throws on the conditions most likely to promote healthy personality development.

Bowlby accepted most aspects of psychoanalytic theory.

However, the main variants of his theorising are:

- (1) to postulate a new concept of motivation, within which the need to form and sustain attachment relationships is primary and distinct from feeding and sexual needs; and
- (2) to borrow from modern biology a control theory or cybernetic model to understand psychic organization.



Attachment Theory is a theory of normal  
developmental processes and of  
psychopathology

Instead of “libidinal stages”,  
Bowlby talked about  
“developmental pathways”.



Attachment theory is  
a theory of  
intersubjectivity



Bowlby (1988):

When I qualified in psychoanalysis in 1937, members of the British Society were preoccupied in exploring the fantasy world of adults and children, and it was regarded as almost outside the proper interest of an analyst to give systematic attention to a person's real experiences.

To me, this contrast of internal with external, of organism with environment, never appealed. Furthermore as a psychiatrist engaged in work with children and families... I was daily confronted with the impact on children of the emotional problems from which their parents suffered.

Patients' narratives about interpersonal events were mainly understood as by-products or epiphenomena of internally generated processes, unconscious fantasies and projections, rather than as the result of the interplay between interaction and representation.

Nicola Diamond:

Bowlby broke away from a one-person psychology, which takes the individual as the primary unit of analysis. In so doing, he dispensed of the Cartesian model (Descartes made a split between the individual and the world).

From a philosophical point of view, Bowlby saw the intersubjective relationship as the primary unit of experience.





Attachment theory  
is a theory of  
representation of experience  
(internal working models)  
within memory systems

# Attachment theory is a theory of affects and emotions

Emotions play an intermediary role between the evaluation of danger and the activation of attachment behavior, acting as signs that highlight and magnify salient interactions of the organism with the internal and external environment.





Attachment theory  
is a theory of  
emotional regulation.

*Sensitive responsiveness (empathy and tact) facilitate the other's capacity to feel positive emotions as well as to regulate emotions (negative and positive) and emotional states.*

Attachment theory  
is a theory of  
empathy  
and  
sensitive responsiveness  
as psychic organizers





According to Bowlby, some of the strongest and most significant emotions are rooted in and linked to attachment-relevant events, such as the formation, break-up and renewal of attachment relationships as well as feeling sensitively or insensitively understood and responded to.





Attachment theory  
is a theory of  
intergenerational  
transmission of  
patterns of attachment



Attachment theory  
is a theory of  
interpersonal trauma.

Attachment theory  
is a theory of  
reflective thinking.



- Thinking.
- Metacognition.
- Reflective function (or “mentalization”).
- Reflective dialogue = co-thinking.



Attachment theory  
is a theory of  
anxiety



# Anxiety

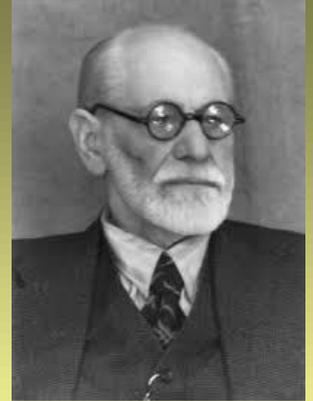


*Anxiety* is at the core of the psychoanalytic theory of *affects* (or emotions). It is central to an understanding of mental conflict.

In his early work, Freud, in keeping with his early discharge model of mental function, considered anxiety to be a "toxic transformation" of non-discharged libido.



# Freud, 1926



Anxiety becomes mobilized in danger situations that are reminiscent of situations where a child felt helpless in the past.



# Kleinian point of view

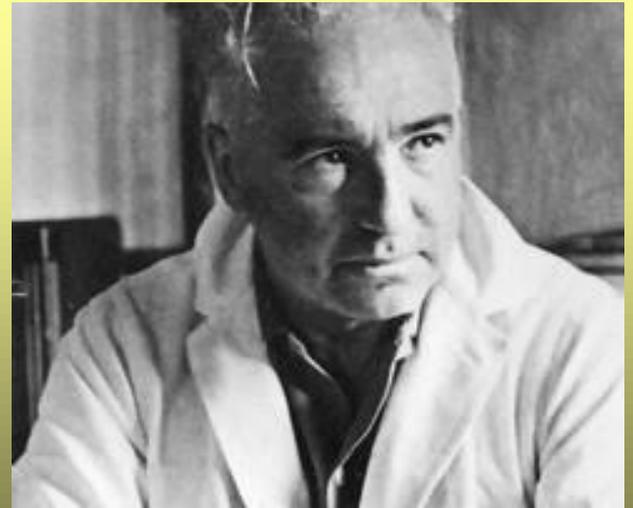


Anxiety has internal sources and arises out of the perception of the danger that the “death instinct” poses.



# Wilhelm Reich

Anxiety is caused by the frustration of sexual gratification and is internally anchored by the fear of dammed-up sexual excitation.



# Bowlby

## Anxiety

Anxiety and fear are signs that accompany evaluations of danger (particularly danger of losing or disrupting an attachment relationship).



Attachment Theory has made  
an important contribution to the  
understanding of motivation.



# Developmental model

- Secure attachments give a basic feeling of confidence in relation to the world.
- Secure attachments (past and present) facilitate the regulation of emotion, stimulation, tension and impulse control.
- Conscious and unconscious appraisals of others and of the world (that are interwoven with emotional content) are based on past attachment experiences.
- Social and emotional development: The capacity of the child to explore the world with confidence has direct (and indirect) effects on the capacity to feel effective and competent in the interpersonal world.

# Conditions for a secure base

- Sensitive responsiveness.
- Continuity.
- Reflective dialogue = co-thinking  
(Diamond and Marrone, 2003)



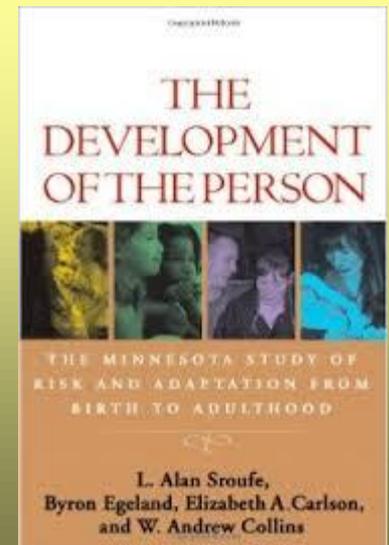
# From the dyad to the group

Many anxiety-provoking and traumatic experiences take place as the result of complex group and family interactions. Similarly, experiences of joy can also take place in a group context.



Sroufe at al:

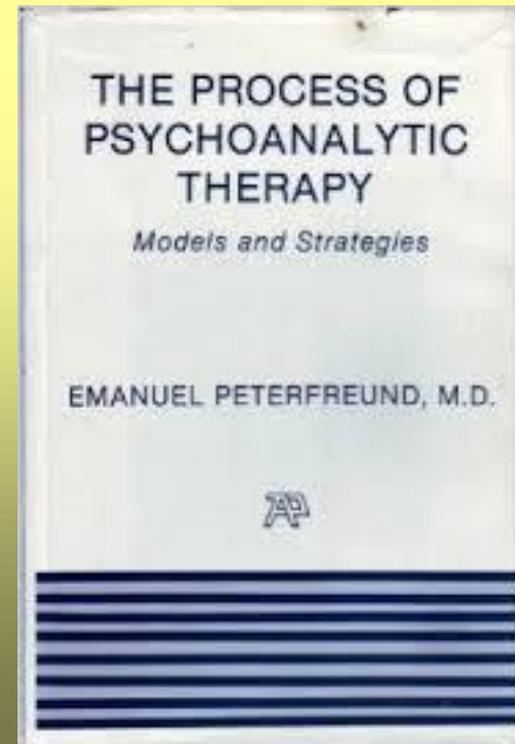
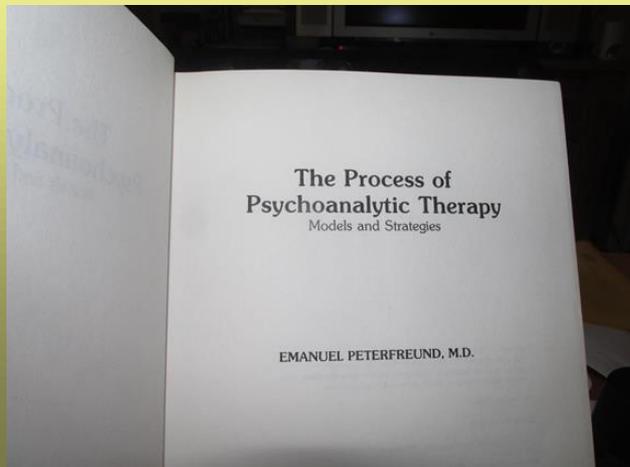
There is a vast body of data on the ways in which individuals' strengths and vulnerabilities are shaped by multiple influences, including early experiences, family and peer relationships throughout childhood and adolescence, variations in child characteristics and abilities, and socio-economic conditions.



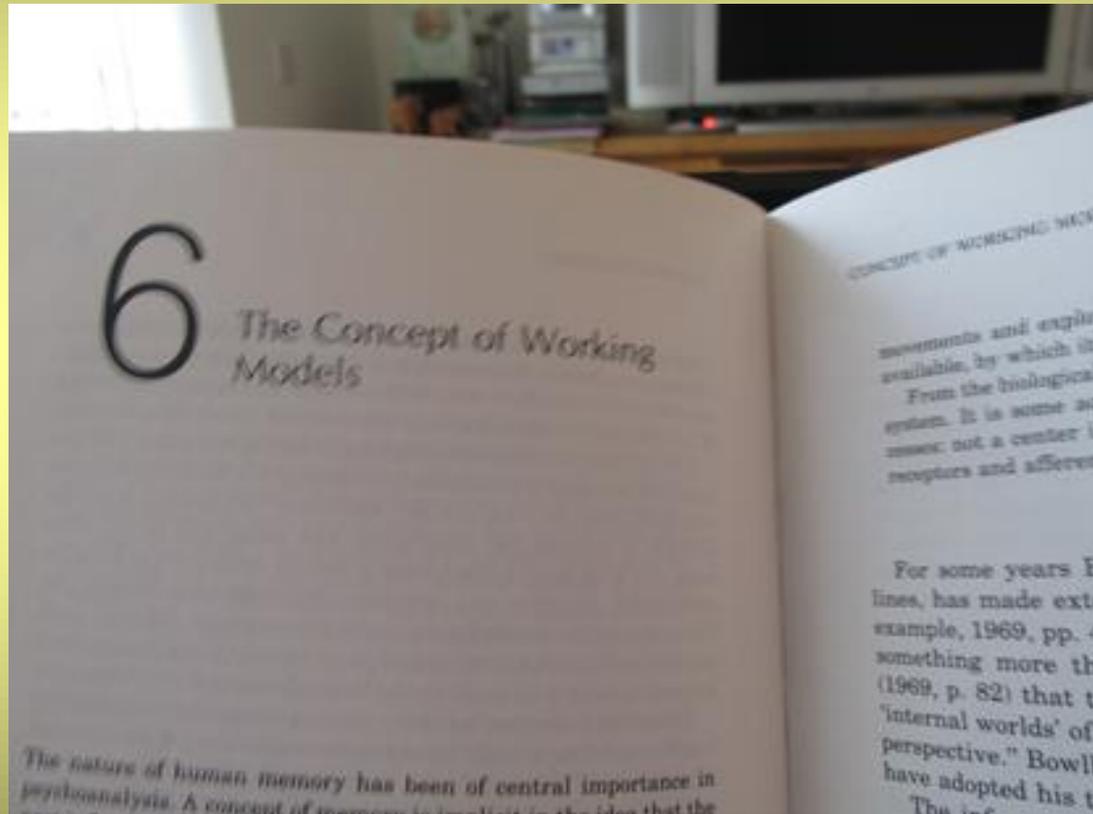
# Bowlby and Peterfreund

Dr. Peterfreund (1934 – 1990) graduated from the University of Chicago Medical School in 1950 and completed his psychiatric training at the New York Psychoanalytic Institute in 1961.

He wrote several books, including "The Process of Psychoanalytic Therapy," published in 1983 by Analytic Press.



# Internal working models



According to attachment theory, psychopathology is regarded as due to a person having suffered or still be suffering the consequences of disturbed patterns of attachment, leading the person to having followed a deviant pathway of development any time from birth to adolescence.



A vicious spiral seems to arise from the mixed feelings of anxiety and anger aroused by parental threats of desertion.

For, while on the one hand a child is made furiously angry by a parent's threat to desert, on the other, he dare not express that anger in case it makes the parent actually do so.



This is the main reason why in these cases anger at a parent usually turns repressed and is then redirected to other targets: spouses, siblings, children, friends, profession, institutions, armies, or even more vulnerable targets: feeble schoolmates, feeble couples, feeble friends, parents, relatives, institutions, nations, and so on.



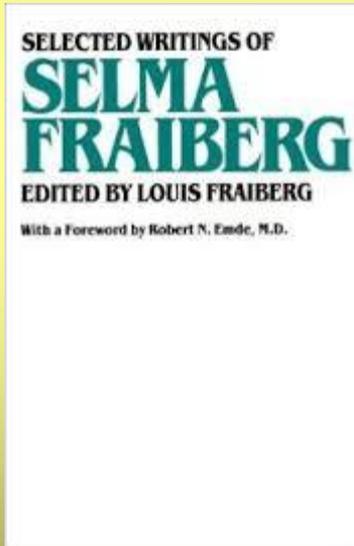
Bowlby (1988) On knowing what you are not supposed to know and feeling what you are not supposed to feel.

Disconfirming perceptions.

Invalidating subjective experience.



Bowlby (1988) On identification: treating the other as one has been treated.



# Bowlby



The psychotherapist's tasks

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1. To show empathy and create a secure base from which to promote trust in the therapeutic relationship and explore the inner and interpersonal life of the patient.



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Interpretation of resistance is less necessary when the therapist is able to enlist the patient's cooperation.

# The psychotherapist's tasks

2. To assist the patient in exploring and understanding in what situation he find himself, what role he has played in creating it, how he chooses the people he forms bonds with and how he interacts with them.



# The psychotherapist's tasks

3. To assist the patient to explore and understand what internal models he uses to interpret other people's behaviour.



# The psychotherapist's tasks

4. To assist the patient to explore his internal working models in a developmental and historical context.



# The psychotherapist's tasks

5. To facilitate the emergence of emotions and act as a emotional regulator.



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5. To facilitate the emergence of emotions and act as a emotional regulator.

Kohut: “Transmuting internalization”.

# The psychotherapist's tasks

6. To explore interpersonal trauma in the recent and distant past.



# The psychotherapist's tasks

7. To promote reflexive dialogue.



# The psychotherapist's tasks

7. Explore intergenerational transmission.



# Bowlby on transference

Interpretation of transference is contextualised.

Transference reflects in the analytic relationship the patient's internal working models of close relationships.



# Bowlby on “informed inquiry”

If we know what may happen in dysfunctional families, we can help the patient retrieve this information about their own life through the interplay between the analyst’s facilitating guidance and the patient’s free associations.



# Intervention settings

- Dyadic context: individual psychotherapy.
- Couple, family and group psychotherapy.

# Long-term memory

Explicit memory.

- Semantic.
- Episodic.

Implicit memory.

- Procedural: implicit relational knowing.

# Semantic memory



# Episodic memory



# Procedural memory



# Bowlby

Historical reconstruction: exploration of semantic and episodic memories and their relation to internal working models.

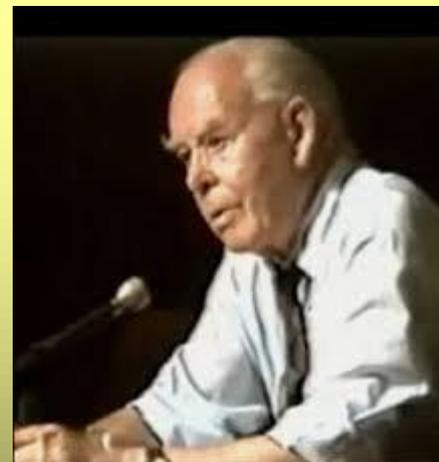


Each individual builds working models of the world and of himself in it, with the aid of which he perceives events, forecasts the future, and constructs his plans.

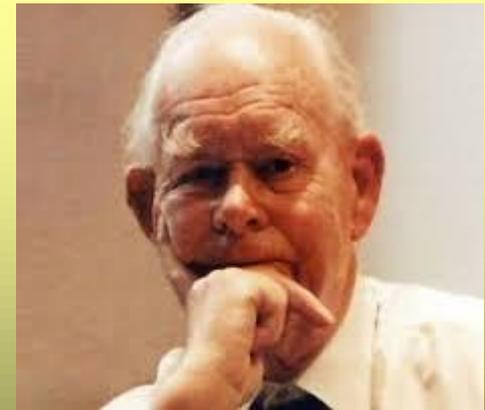
In the working model of the world that anyone builds, a key feature is his notion of who his attachment figures are, where they may be found, and how they may be expected to respond.

Similarly, in the working model of the self that anyone builds, a key feature is his notion of how acceptable or unacceptable he himself is in the eyes of his attachment figures

(Bowlby, 1973 p.203).



In terms of the present theory much of the work of treating an emotionally disturbed person can be regarded as consisting, first, of detecting the existence of **influential models** of which the patient may be partially or completely unaware and, second, of inviting the patient to examine the models disclosed and to consider whether they continue to be valid (Bowlby, 1973, p.205)



# Marrone

Historical reconstruction: exploration of semantic and episodic memories and their relation to the construction and re-activation of representational constelations.



# New developments



# Attachment-based models of psychotherapy

- Bowlby: re-organization of internal working models through historical exploration.
- Boston group: modification of implicit relational knowing.
- Fonagy et al: mentalization-based psychotherapy.
- Others: Beatrice Beebe & Frank M. Lachmann; Hugo Bleichmar & Emilce Bleichmar.

# Implicit relational knowing

The concept of implicit relational knowing emerged in the context of the Boston Process of Change Study Group.



Clockwise left to right: Karlen Lyons-Ruth, Louis Sander, Nadia Bruschweiler-Stern, Daniel Stern, Jeremy Nahum, Alexander Morgan

# Implicit relational knowing

Good part of the information that determines patterns of interaction that we manifest in adult life remains outside awareness and is rooted in implicit or procedural memory.



We could say that psychotherapy is a form of explicit and implicit learning that takes place in and is facilitated by the interaction between two or more participants (be it individual, couple, family or group therapy).



The concept of implicit relational knowing refers to the fact that in the first year of life the infant is learning how to feel many things but especially emotions and their “people connections” implicitly, that is without awareness.

The infant lives in the “present moment” in a conscious or non-conscious realm that is growing, evolving, and reorganizing daily.

For Winnicott as well as Daniel Stern and colleagues (BCPSG) one mind by itself does not exist. The baby and caregiver form a “dyad of two minds” (Stern).

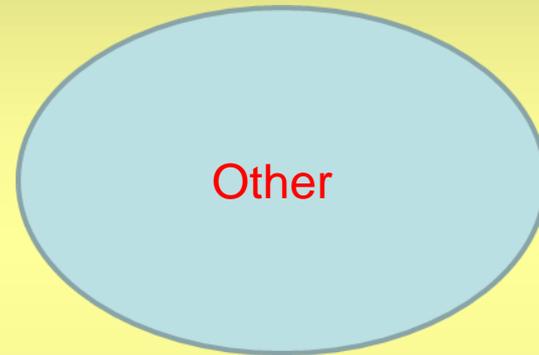
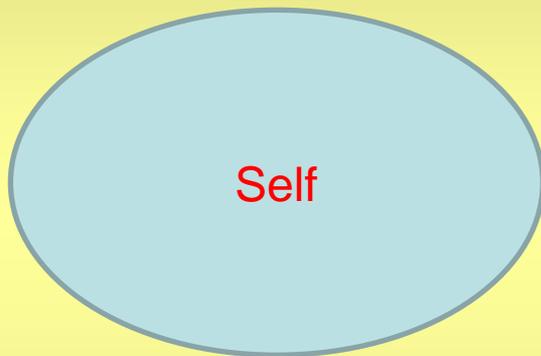
Therefore, change in psychotherapy takes place in a relational context.



Terms such as: “implicit relational knowing,” “unformulated experience” ; “pre-reflective unconscious,” ; “subsymbolic process”; “embodied knowing” and “the unthought known” are emerging from many schools of thought in the fields of psychoanalysis, cognitive science and infant research.



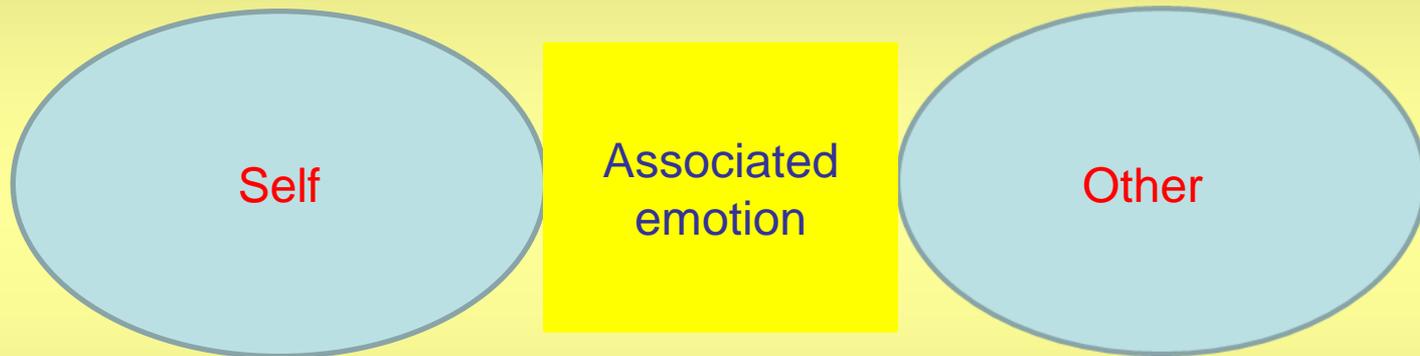
# Internal working models



# Internal working models

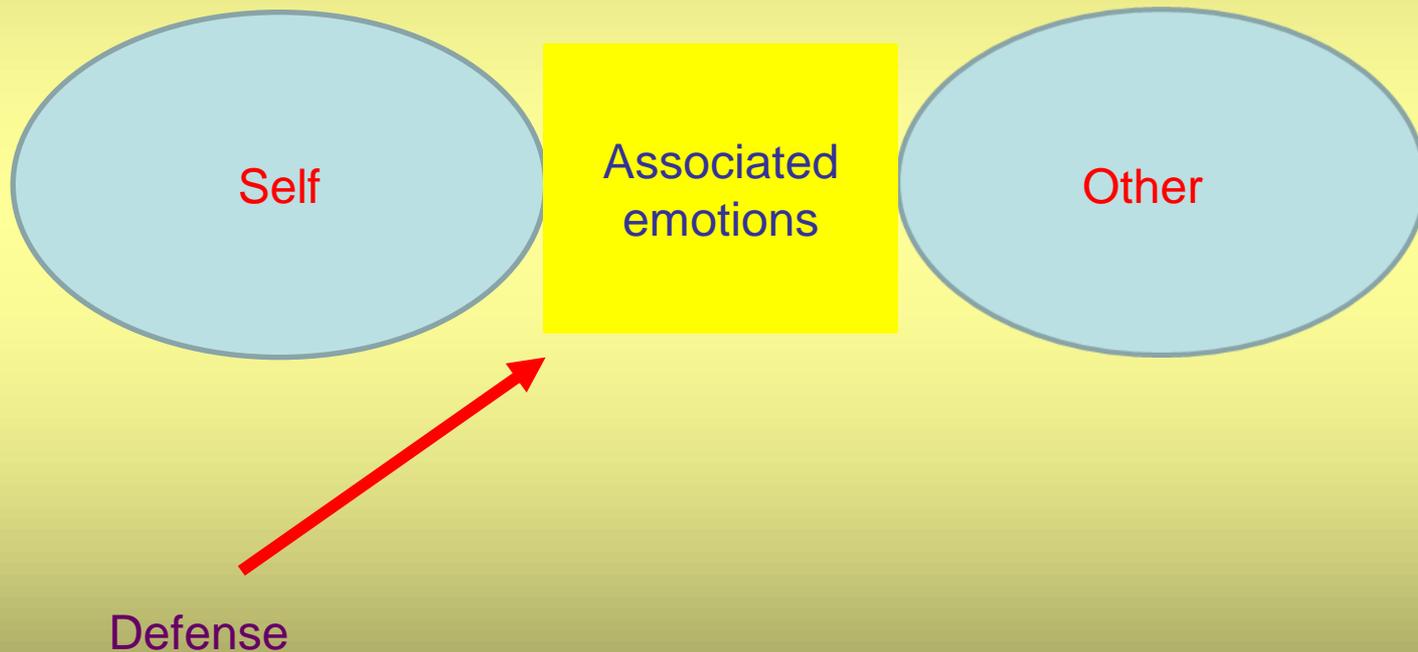
Other

# Internal working models

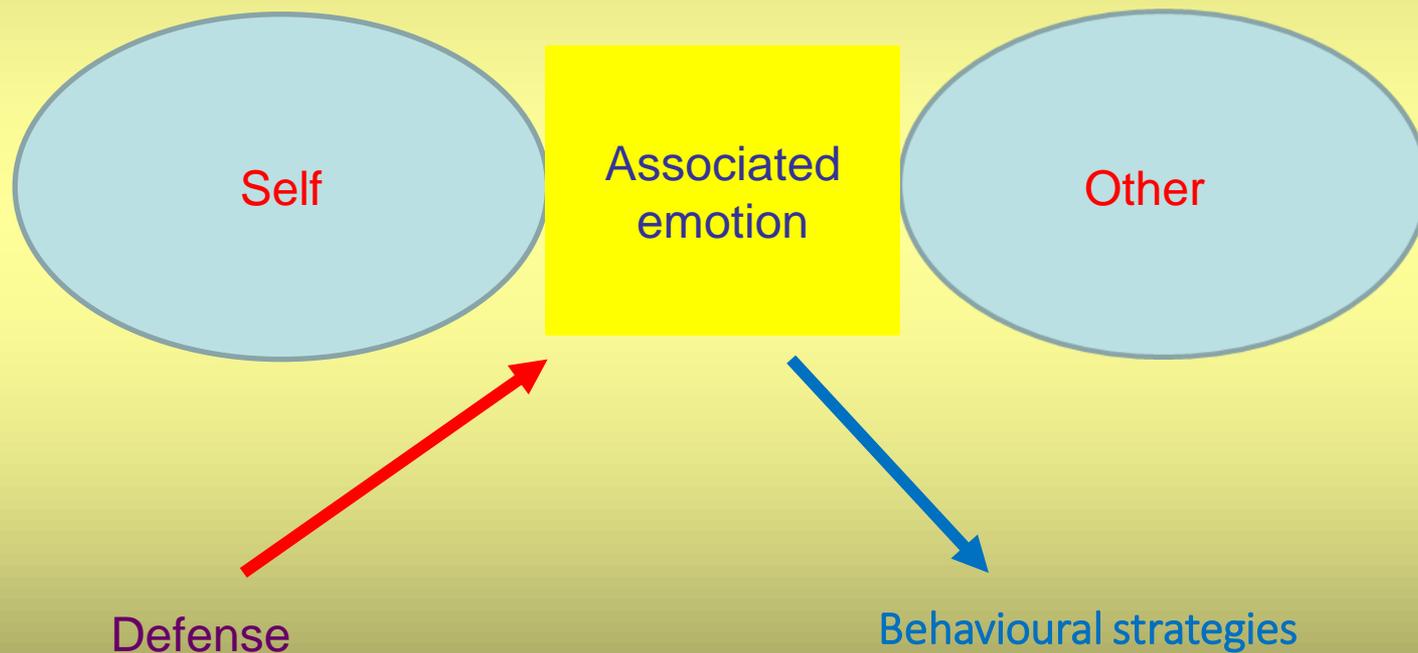


# Representational constellations

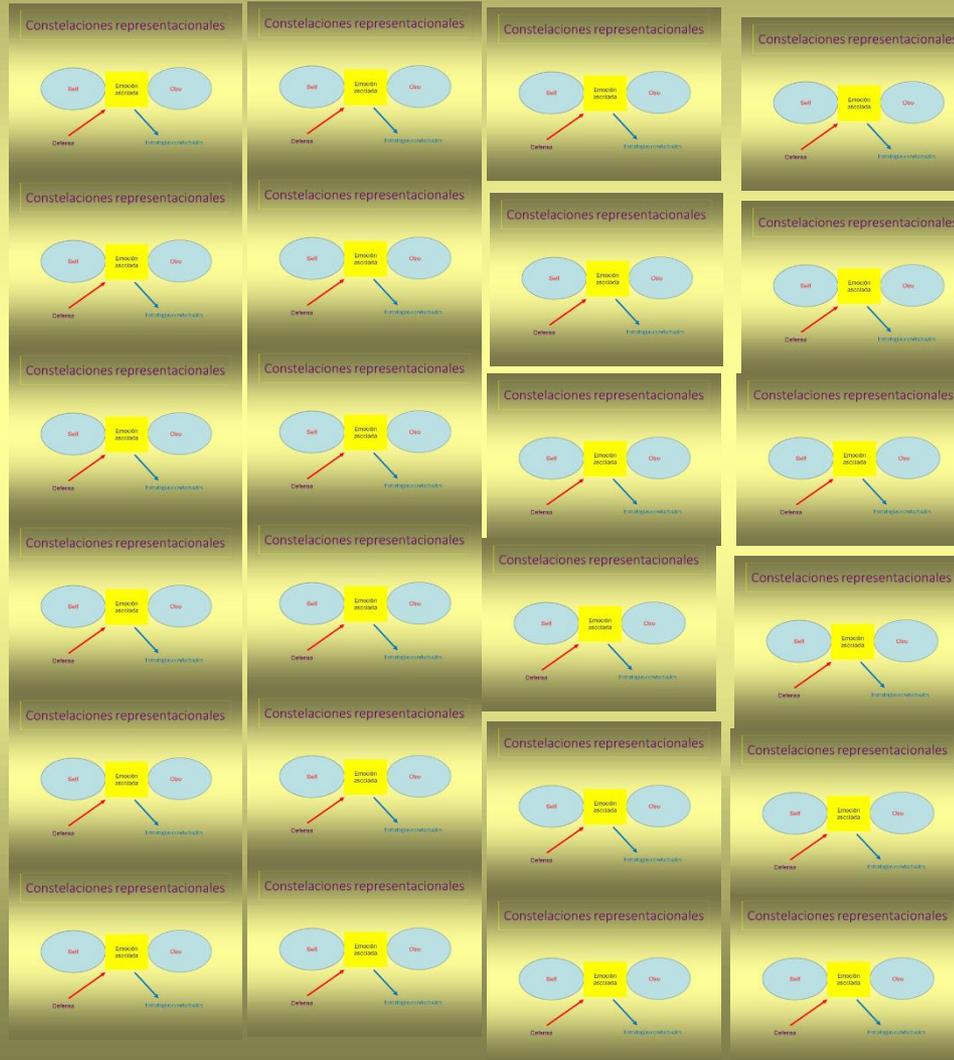
(Marrone)



# Representational constellations (Marrone)

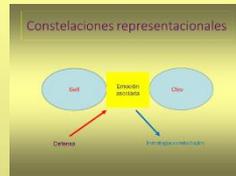
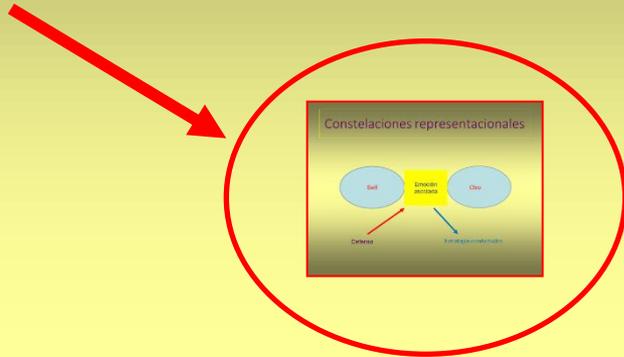


# Multiplicity of representational constellations



# Reactivation of a constellation

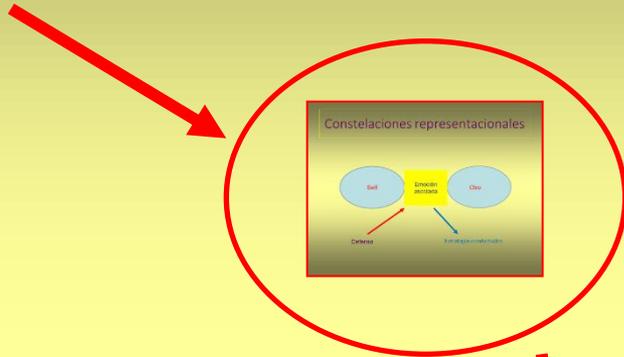
Emotional trigger



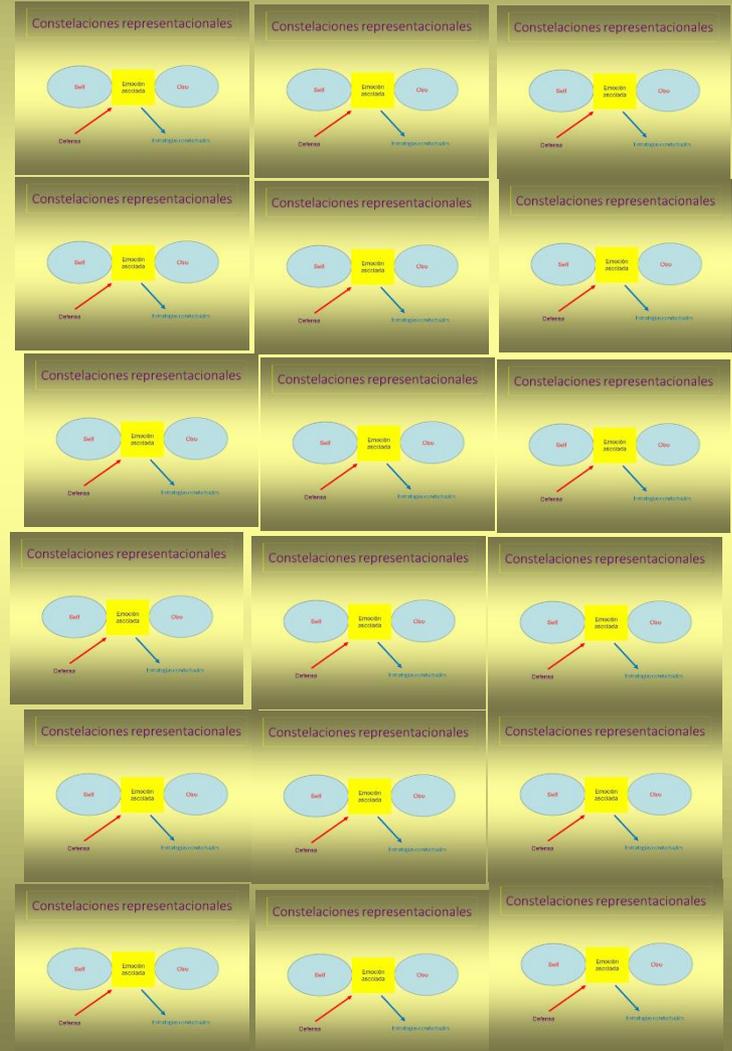
This block contains a grid of 27 smaller diagrams, each titled 'Constelaciones representacionales'. Each diagram shows the constellation structure with 'Self', 'Emoción asociada', and 'Otro' nodes and their connecting arrows. The diagrams are arranged in a grid that is 9 rows high and 3 columns wide.

# Reactivation of a constellation

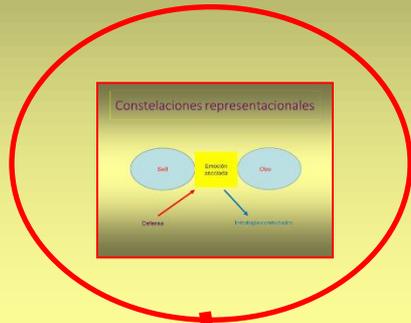
Emocional trigger



Analytic exploration



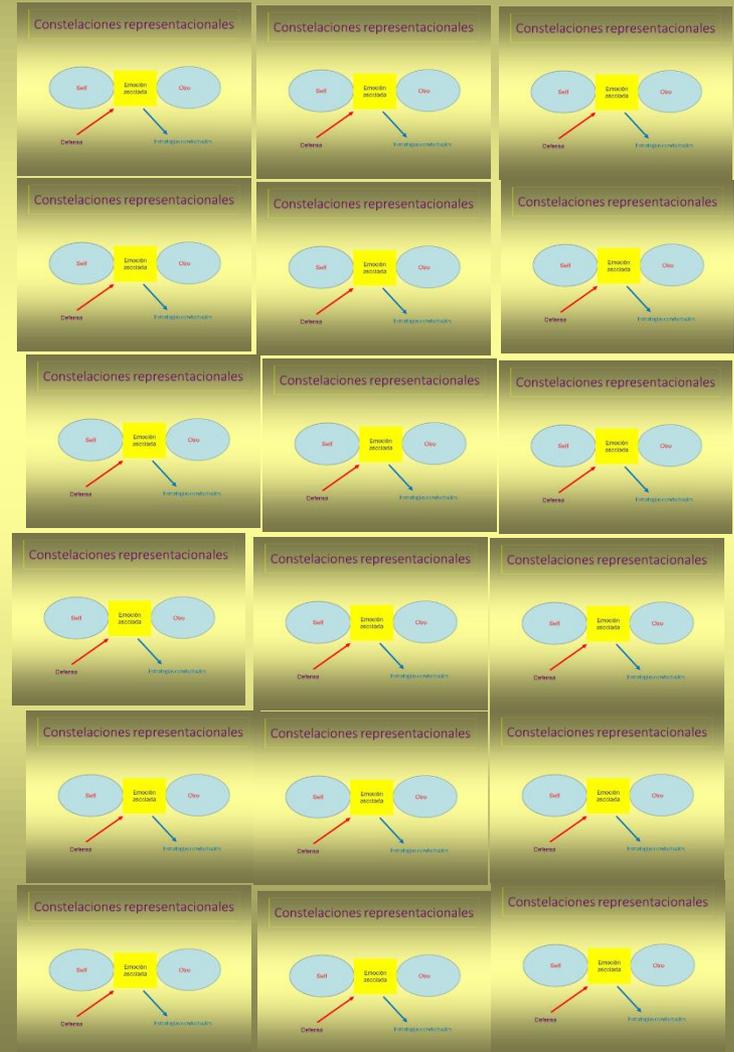
# Reactivation



Reactivation  
of episodic memory

Analytic  
exploration

Catharsis





Analytic  
exploration

Narrative

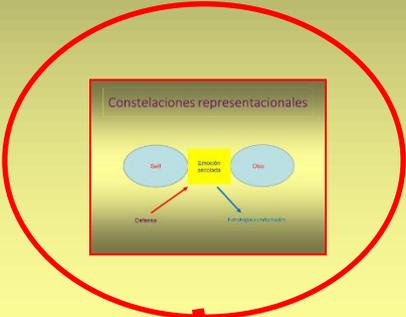
+

Free association

+

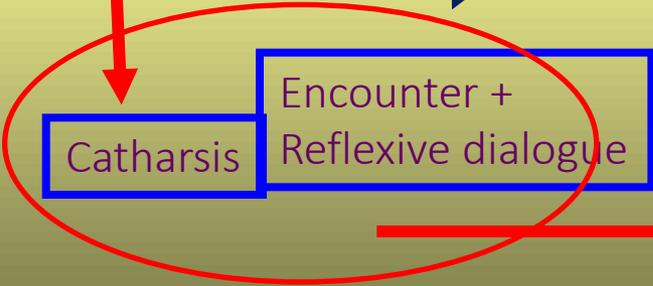
“Informed inquiry”

Sensitive responsiveness

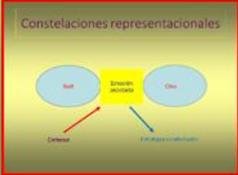


Reactivation of episodic memory

Analytic exploration

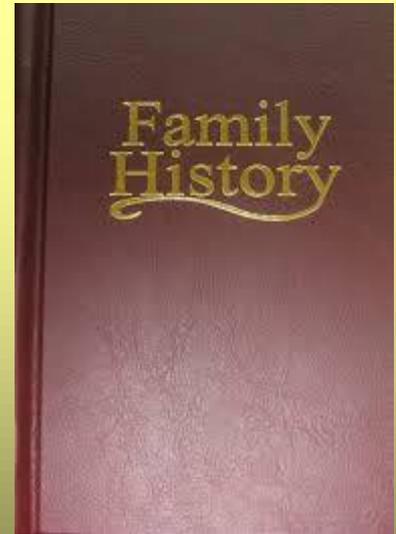


Reorganization



# Some recommendations

Interpret transference in its historical context.



# Some recommendations

Be guided by and facilitate patients' free-associations.



# Some recommendations

Engage with the patient in a process of discovery, where you are not always right. Insight comes from joint exploration and reflective dialogue (co-thinking).



# Some recommendations

When you do not know how to deal with a particular symptom, explore the patient's attachment history and you may find that in the end the symptom looks after itself.



# Some recommendations

Be guided by what you know about attachment styles. Even so, try to discover what is unique and personal in your patient. Scan for the unusual, the odd and the idiosyncratic.

## 4 ATTACHMENT STYLES

### SECURE

A secure attachment style is the psychological ideal. John Bowlby (1969) originally proposed this theory and he states that secure attachment develops when the primary care giver consistently and successfully meets the needs of an infant child, from birth to about age two.

### PREOCCUPIED

Preoccupied attachment style develops when the primary care giver inconsistently and/or unsuccessfully meets the needs of an infant.

### DISMISSING AVOIDANT – (more male)

The dismissing avoidant attachment style is supposed to develop when the primary caregiver consistently does not meet the needs of an infant.

Thank you!