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## **Introduction to Attachment**

### *A Therapist's Guide to Primary Relationships and Their Renewal*

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Couple and family therapists spend their professional lives helping people change the nature of their primary attachment relationships. Our clients come to us wanting to put an end to difficult recurring conflicts, to learn how to persuade their child or their spouse to cooperate with them, to deal with the depression and anxiety that arise when the relationships they count on become ambiguous or painful, or, even worse, begin to disintegrate. This is a challenging task. There are many different facets and levels in these relationships and many different lenses through which we can view them. How do we decide what goals are worth pursuing, what to target in therapy, and what in-session events have the potential to redefine a relationship? How do we make sense of the complex patterns of interaction that constitute a close relationship and the sometimes extreme responses that partners and family members display in such relationships?

This book is built on the premise that couple and family therapists need a broad integrative theory of relationships, one that captures the essence of the nature of our bonds of love, if we are to understand, predict, and explain such relationships and so know how to change them for the better. We need to know what really matters, so we can help clients articulate goals and make more than peripheral, transient changes. In other words, we need to know what to focus on so we can change the landscape of intimate relationships, not just the weather. We need a theory that helps

the couple and family therapist stay focused and agentic in the baffling, multilayered, and intricate drama called love and belonging.

The contributors to this book believe that one of the most primary human needs is to have a secure emotional connection—an *attachment*—with those who are closest to us: our parents, children, lovers, and partners. It is this need, and the fears of loss and isolation that accompany this need, that provide the script for the oldest and most universal of human dramas that couple and family therapists see played out in their offices every day.

Our focus on attachment does not fit in many ways with the dominant culture in Western societies, which has also influenced the culture of couple and family therapy. This culture has pathologized dependency and exalted the concepts of separateness and self-sufficiency. As Mackay (1996) noted, family therapy has generally neglected the dimension of nurturance in favor of a focus on issues of power, control, and autonomy. John Bowlby, the originator of attachment theory (1969, 1973, 1980), and arguably the first family therapist, questioned this pathologizing view of dependency. As early as 1944 Bowlby wrote what is perhaps the first family therapy professional article, called “Forty-Four Juvenile Thieves: Their Characters and Home Life.” He also studied institutionalized children for the World Health Organization and was struck by how they developed into individuals who lacked feeling, had superficial relationships, and were hostile to others. He was struck too by the effects of separation from parents on young children who were hospitalized; in those days parents were allowed to visit their children for just 1 hour a week. When he put all his insights on these phenomena into a theory, developmentalists grasped it and began to use it to examine mother and infant interactions. However, until the late 1980s when the first articles on adult attachment emerged (Hazan & Shaver, 1987; Johnson, 1986), the nature of the love between family members and partners was essentially the purview of literature and the popular press. Bowlby’s emphasis on emotional accessibility and responsiveness and the necessity for soothing interactions in all attachment relationships, once so unfashionable, is now supported by empirical work such as studies on the nature of distress in marital relationships (Gottman, 1994). In the last decade, attachment research, including an extensive body of research on adult attachment, has become, “one of the broadest, most profound, and most creative lines of research in 20th-century psychology” (Cassidy & Shaver, 1999, p. x). Each author in this text will offer his or her perspective on this theory and focus on different aspects of the body of work associated with it.

### **THE TENETS OF ATTACHMENT THEORY**

It seems appropriate at the beginning of such a book to briefly outline the central tenets of the theory, offering the reader an overview of the at-

tachment perspective. The 10 central tenets of attachment theory are as follows:

### **Attachment Is an Innate Motivating Force**

Seeking and maintaining contact with significant others is an innate, primary motivating principle in human beings across the lifespan. Dependency, which has been pathologized in our culture (Bowlby, 1988), is an innate part of being human rather than a childhood trait that we outgrow. This perspective has also now been articulated by feminist writers (Miller & Stiver, 1997).

### **Secure Dependence Complements Autonomy**

According to attachment theory, there is no such thing as complete independence from others or overdependency (Bretherton & Munholland, 1999). There is only effective or ineffective dependency. Secure dependence fosters autonomy and self-confidence. Secure dependence and autonomy are thus two sides of the same coin, rather than dichotomies. Research tells us that secure attachment is associated with a more coherent, articulated, and positive sense of self (Mikulincer, 1995). The more securely connected we are, the more separate and different we can be. Health in this model means maintaining a felt sense of interdependency, rather than being self-sufficient and separate from others.

### **Attachment Offers a Safe Haven**

The presence of attachment figures, which usually means parents, children, spouses, and lovers, provides comfort and security, while the perceived inaccessibility of such figures creates distress. Proximity to a loved one tranquilizes the nervous system (Schoore, 1994). It is the natural antidote to feelings of anxiety and vulnerability. Positive attachments create a *safe haven* that offers a buffer against the effects of stress and uncertainty (Mikulincer, Florian, & Weller, 1993) and an optimal context for the continuing development of the personality.

### **Attachment Offers a Secure Base**

Secure attachment also provides a *secure base* from which individuals can explore their universe and most adaptively respond to their environment. The presence of such a base encourages exploration and a cognitive openness to new information (Mikulincer, 1997). It promotes the confidence necessary to risk, learn, and continually update models of self, others, and the world so that adjustment to new contexts is facilitated. Secure attachment strengthens the ability to stand back and reflect on oneself, one's

behavior, and one's mental states (Fonagy & Target, 1997). When relationships offer a sense of felt security, individuals are better able to reach out to and provide support for others and deal with conflict and stress positively. These relationships tend then to be happier, more stable, and more satisfying.

### **Accessibility and Responsiveness Build Bonds**

The building blocks of secure bonds are emotional accessibility and responsiveness. An attachment figure can be physically present but emotionally absent. Separation distress results from the appraisal that an attachment figure is inaccessible. Emotional engagement and the trust that this engagement will be there when needed are crucial. In attachment terms, any response (even anger) is better than none. If there is no engagement, no emotional responsiveness, the message from the attachment figure reads as "Your signals do not matter to me, and there is no connection between us." Emotion is central to attachment. This theory provides a guide for understanding and normalizing many of the extreme emotions that accompany distressed relationships. Attachment relationships are where our strongest emotions arise and where they seem to have most impact. Emotions tell us and communicate to others what our motivations and needs are; they are the music of the attachment dance (Johnson, 1996). As Bowlby suggests, "The psychology and psychopathology of emotion is . . . in large part the psychology and psychopathology of affectional bonds" (1979, p. 130).

### **Fear and Uncertainty Activate Attachment Needs**

When the individual is threatened, whether by traumatic events, by the negative aspects of everyday life such as illness, or by an assault on the security of the attachment bond itself, powerful affect arises, attachment needs for comfort and connection become particularly salient and compelling, and attachment behaviors, such as proximity seeking, are activated. A sense of connection with a loved one is a primary inbuilt emotional regulation device. Attachment to key others is our "primary protection against feelings of helplessness and meaninglessness" (McFarlane & van der Kolk, 1996, p. 24).

### **The Process of Separation Distress Is Predictable**

If attachment behaviors fail to evoke comforting responsiveness and contact from attachment figures, a prototypical process of angry protest, clinging, depression, and despair occurs, culminating eventually in detachment. Depression is a natural response to loss of connection. Bowlby (1969, 1973, 1980) viewed anger in close relationships as often being an attempt

to make contact with an inaccessible attachment figure, and distinguished between the anger of hope and the anger of despair which becomes desperate and coercive. In secure relationships, protest at inaccessibility is recognized and accepted (Holmes, 1996).

### **A Finite Number of Insecure Forms of Engagement Can Be Identified**

The number of ways that human beings have to deal with the unresponsiveness of attachment figures is limited. There are only so many ways of coping with a negative response to the question “Can I depend on you when I need you?” Attachment responses seem to be organized along two dimensions, anxiety and avoidance (Fraley & Waller, 1998). When the connection with an irreplaceable other is threatened but not yet severed, the attachment system may become hyperactivated or go into overdrive. Attachment behaviors become heightened and intense as anxious clinging, pursuit, and even aggressive attempts to obtain a response from the loved one escalate. The second strategy for dealing with the lack of safe emotional engagement, especially when hope for responsiveness has been lost, is to deactivate the attachment system and suppress attachment needs, focusing on tasks, and limiting or avoiding distressing attempts at emotional engagement with attachment figures. These two basic strategies, anxious preoccupied clinging and detached avoidance, can develop into habitual styles of engagement with intimate others. A third insecure strategy has been identified that is essentially a combination of seeking closeness and then responding with fearful avoidance of closeness when it is offered. This strategy is usually referred to as *disorganized* in the child literature and *fearful-avoidant* in the adult literature (Bartholomew & Horowitz, 1991). This strategy is associated with chaotic and traumatic attachments where others are, at the same time, the source of and the solution to fear (Johnson, 2002; Alexander, 1993).

The anxious and avoidant strategies were first identified in experimental separations and reunions with mothers and infants (Ainsworth, Blehar, Waters & Wall, 1978). Some infants were able to modulate their distress on separation, to give clear signals, and so make reassuring contact with the mother when she returned, and then, confident of her responsiveness if she was needed, to return to exploration and play. They were viewed as *securely attached*. Others became extremely distressed on separation and clung to or expressed anger at the mother on reunion. They were difficult to soothe and were viewed as preoccupied with making contact with the mother and *anxiously attached*. Another group showed signs of physiological distress but showed little emotion at separation or reunion. They focused on tasks and activities and were seen as *avoidantly attached*. These styles are “self-maintaining patterns of social interaction and emotion regu-

lation strategies” (Shaver & Clarke, 1994, p. 119). They echo the display rules for emotion that Ekman and Friesen identified (1975), namely, exaggerating; substituting one feeling for another, as when we focus on anger rather than fear; and minimizing.

While these habitual forms of engagement can be modified by new relationships, they can also mold current relationships and so become self-perpetuating. They involve specific behavioral responses to regulate emotions and protect the self from rejection and abandonment, and cognitive schemas, or working models, of self and other. In the attachment literature the term *styles*, which implies an individual characteristic, is often used interchangeably with the term *strategies*, which implies behavior that is more context-specific. The use of a third term, *forms of engagement*, a term coined by Sroufe (1996), further stresses the interpersonal nature of this concept. These forms of engagement can and do change when relationships change and are best thought of as continuous, not absolute (one can be more secure or less secure). People also seem to use more than one strategy; someone can be habitually secure but move into a more preoccupied anxious mode when threatened. Attachment strategies will also play out differently depending on the attachment characteristics of a partner. Thus attachment style affects marital satisfaction. Individuals with insecurely attached spouses report lower satisfaction; couples where both are securely attached report better adjustment than couples in which either or both partners are insecurely attached (Feeney, 1994; Lussier, Sabourin, & Turgeon, 1997). When we consider these habitual responses and self-perpetuating patterns of interaction, it is easy to see that attachment is a systemic theory (Johnson & Best, 2002), and is concerned with “a reality-regulating and reality-creating not just a reality-reflecting system” (Bretherton & Munholland, 1999, p. 98).

### **Attachment Involves Working Models of Self and Other**

As stated above, attachment strategies reflect ways of processing and dealing with emotion. Some spouses catastrophize and complain when they feel rejected, some become silent for days. Bowlby (1969, 1973, 1980) outlined the cognitive content of the representations of self and other that are inherent in these responses. Secure attachment is characterized by a working model of self that is worthy of love and care and is confident and competent, and indeed research has found secure attachment to be associated with greater self-efficacy (Mikulincer, 1995). Securely attached people, who believe others will be responsive when needed, also tend to have working models of others as dependable and worthy of trust. These models of self and other, distilled out of a thousand interactions, become expectations and biases that are carried forward into new relationships. They are not one-dimensional cognitive schemas; rather, they are procedural scripts for how

to create relatedness. A person may have more than one model but one may be more accessible and dominant in a given context. These models involve goals, beliefs, and strategies, and they are heavily infused with emotion. *Working models are formed, elaborated, maintained, and, most important for the couple and family therapist, changed through emotional communication.*

### **Isolation and Loss Are Inherently Traumatizing**

Lastly, it is important to recognize that attachment is essentially a theory of trauma (Atkinson, 1997; Johnson, 2002). Bowlby began his career as a health professional by studying maternal deprivation and separation and its effects on children. Attachment theory describes and explains the trauma of deprivation, loss, rejection, and abandonment by those we need the most and the enormous impact it has on us. Bowlby viewed these traumatic stressors, and the isolation that ensued, as having tremendous impact on personality formation and on a person's ability to deal with other stresses in life. He believed that when someone is confident that a loved one will be there when needed, "a person will be much less prone to either intense or chronic fear than will an individual who has no such confidence" (1973, p. 406). The couple and family therapist knows about the stress of deprivation and separation well. It is an essential part of the ongoing drama of "ordinary" marital distress. Clients often speak of such distress in terms of trauma, that is, in life-and-death terms, and it is clearly related to individual symptoms such as depression and anxious hypervigilance.

## **ATTACHMENT AS AN INTEGRATIVE PERSPECTIVE**

Attachment theory is an integrative perspective. It is a systemic theory that focuses on behavior in context and patterns of communication (Kobak & Duemmler, 1994; Erdman & Caffery, 2002). This theory takes an evolutionary perspective and sets out a control system designed to maintain proximity and care between primary caregivers and children (Bowlby, 1988). It can also be seen as an individual dynamic theory, one that focuses on internal models and ways of perceiving others (Holmes, 1996). Even when attachment is considered as a state of mind associated with key attachment relationships with parents, it is still able to be connected to interpersonal patterns. In a fascinating piece of research Fonagy and his colleagues (Fonagy, Steele, & Steele, 1991) found that women's state of mind about attachment when pregnant predicted their child's attachment behaviors at 12 months. It is important to note, then, that the chapters in this book focus on attachment from different points of view. For example, couple and family therapists tend to see attachment and attachment styles from

a transactional perspective, that is, as being continually constructed and re-constructed in interactions with loved ones. An infant may have qualitatively different relationships with different caregivers. Adult attachment styles can and do change as people learn and grow in relationships (Davila, Burge, & Hammen, 1997; Davila, Karney, & Bradbury, 1999). However, other authors may emphasize the relative stability of attachment styles across time and across relationships and focus more on intrapsychic realities and states of mind about relationships. The foci and the words particular authors use may also differ. Some will talk about “attachment styles,” some about “attachment strategies,” and others about “habitual forms of engagement with attachment figures.” Some may focus on how attachment is continually constructed and can be confirmed or modified in present interactions with others. Others tend to focus on how past attachment relationships help to organize perceptions and responses with present attachment figures. Some focus on the universal aspects of attachment and how they help us understand the reality of relationships, others focus more on individual differences predicted by this theory. All, however, struggle with how inner realities and outer interactional patterns intersect and reflect each other. All struggle with how the nature of our relationships shape our inner world, our ways of viewing and responding to others, and also how our inner world plays a part in creating our most important interactions.

Attachment is such a rich theory that the reader may be confused sometimes by the different labels authors place on attachment strategies or forms of engagement. These differences often reflect the fact that authors are dealing with people of different ages or using different measures of attachment. Social psychologists who study current adult attachment relationships by means of questionnaires, for example, will use slightly different language from that used by developmental researchers, who attempt to access how people think about attachment by interviewing people about their own parents (Shaver, Belsky, & Brennen, 2000). All authors refer to “secure attachment” and the “hyperactivation” or “deactivation” of the attachment system as ways to deal with insecurity. All are attempting to capture individual differences across two dimensions that can be described as expressing anxiety over relationships and the avoidance of or discomfort with closeness (Brennen, Clark, & Shaver, 1998). When Ainsworth first identified different patterns in children’s responses to separation from their mothers, she identified these patterns as *secure*, *avoidant*, and *ambivalent* (Ainsworth et al., 1978). To help the reader, there follows a list of the different but equivalent terms used to characterize attachment responses by the different authors in this book and in the literature in general:

- *Secure*: A secure state of mind or free to evaluate as assessed by the Adult Attachment Interview (George, Kaplan, & Main, 1996).

- *Anxious*: Hyperactivated attachment, anxious–ambivalent attachment, preoccupied attachment. The “ambivalent” aspect refers to the angry responses that are part of this pattern.
- *Avoidant*: Deactivated attachment, dismissing attachment, dismissing–avoidant attachment.
- *Both Anxious and Avoidant*: Alternately hyperactivated and deactivated attachment, fearful avoidant attachment, disorganized attachment, unresolved attachment (with respect to trauma and loss).

In the secure strategy, we see appropriate, context-sensitive attachment system activation and deactivation. In fearful avoidant or disorganized attachment, we see the collapse of any coherent strategy as a result of opposing tendencies to seek and avoid connection.

Although authors have attempted to integrate the work on attachment across the lifespan, attachment theory has not been investigated equally across all age levels. Investigations into attachment in infancy and childhood, and more recently, into adult partnerships have taken precedence. Less is known about adolescence and old age. However, some seminal work has been completed. For example, in a study of adolescents dealing with conflict with their mothers Kobak and colleagues (Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993) found that secure adolescents expressed less dysfunctional anger and avoidance and maintained more assertiveness than dismissing adolescents. The basis tenet of attachment theory is that the accessibility and responsiveness of a trusted other leads to greater social and emotional adjustment at any age. Important new work is also being done on key transitions in family relationships, such as the transition to parenthood (Feeney, Hohaus, Noller, & Alexander, 2001), and on the specific implications of different attachment relationships, such as attachment to mother and to father in childhood. Attachment to father, in some studies, has been found to be more consistently related to children’s peer relationships than attachment to mother (Kerns & Barth, 1995).

## CHANGES IN ATTACHMENT

Changes in attachment can be considered on the level of changes in behavioral responses—for example, becoming more open and empathic, modifying ways of regulating emotion, or changes in relationship-specific and more general cognitive models of self and of other. These cognitive models contain not just specific contents but also rules for the organization of information in attachment relationships. Changes can occur, then, on different levels, in specific contexts with particular partners or on more global, general levels. In his writings, Bowlby focused on how a therapist might help to create insight for an individual client, and so help

to change that client's general negative models of attachment. These general models are considered to be the main source of continuity between earlier and later relationships and are seen as consisting of memories, beliefs, expectations, and goals regarding attachment, as well as the strategies discussed above. However, many more recent interventions that seek to change attachment, such as those presented in this book, focus on the processing of emotion and emotional experience. Many of the authors in this volume suggest that creating compelling emotional experiences in ongoing attachment relationships that are inconsistent with existing models is the main route to change in attachment responses and models. These new emotional experiences can then disconfirm past fears and biases (Collins & Read, 1994), allow models to be elaborated and expanded, and enable new behaviors to be constructed and integrated (Johnson & Whiffen, 1999). Presumably, this process may be orchestrated by a therapist or may occur naturally over time as a result of relationship experiences. Indeed spouses' models of their partners, specifically their beliefs about trust, have been found to predict changes in their own attachment models over 2 years (Fuller & Fincham, 1995). Relationship breakups can also shift people from security to insecurity (Kirkpatrick & Hazan, 1994).

From a systemic perspective, it seems useful to think of changes in attachment in terms of constriction and flexibility. Health in systemic terms is about flexibility and the ability to adapt inner models of the world and behavioral responses to new contexts. Bowlby (1969) stressed that to be useful, working models of attachment had to be open to revision and kept up to date, and that restricted or defensive processing of experience could interfere with this process. The attachment-oriented therapist will focus on expanding a client's attachment behaviors and exploring how new experiences and responses are understood and dealt with and whether they revise basic views of self and other. He or she will also focus on how clients internally make sense of their relationships and relationship events and how this then cues specific behaviors. For example, does a mother interpret her child's behavior in a way that promotes an empathic response? If not, can she make new interpretations when aided by the therapist, and can these new ways of seeing translate into new responses and new dyadic interactions? Change happens in the head and in the heart, but also in interactions. For an anxiously attached spouse to become more secure she may have to look at her propensity to be vigilant and easily disappointed and will also have to have new experiences of being able to ask for and achieve secure connection. Many models of couple and family therapy have tended to focus on behavior or on inner realities. An attachment perspective on change argues for integrating both of these foci. Attachment realities are created by how individuals interact and how they grasp and internally attune to that interaction style.

### **THE SIGNIFICANCE OF ATTACHMENT THEORY FOR COUPLE AND FAMILY THERAPY**

Attachment theory is still growing and developing. There are many unanswered questions. For example, how exactly does attachment fit with the other two key aspects of love that have been identified in the literature, sexuality and caregiving (Fraley & Shaver, 2000)? Some specific answers are emerging to such questions. For example, avoidant attachment seems to be related to promiscuous sexuality (Brennen & Shaver, 1995), whereas secure individuals are less likely to have sex outside their primary relationship (Hazan, Zeifman, & Middelton, 1994). However, the great promise of attachment theory is that it offers answers to some of the most, as Karen (1998, p. 7) puts it, “fundamental questions of human emotional life.” Questions such as: How do we learn what to expect from others? How do patterns of behavior get transmitted across generations? How does the marital relationship specifically have an impact on the emotional life of children? (Benoit & Parker, 1994; Cowan, Cowan, Cohn, & Pearson, 1996). How do we become caught in futile strategies that rob us of the love we desire from our partners and family members? Why do we become most angry and violent with the people we love the most at times when we need them the most? Why does distancing fail to cool down difficult emotions or transform conflictual interactions with attachment figures? Why do certain events define the nature of relationships more than others? How does the self get constructed in interactions with significant others, and how can we best repair the bonds with those we love?

Couple and family therapy, having emerged from many different theoretical points of view and clinical trends, is now coming of age. It is developing the coherence and sophistication of a mature discipline (Johnson & Lebow, 2000). There appears, at last, to be a convergence of theory, research, and practice. For example, the data on the nature of distress in couple partnerships, the nature of love as outlined by attachment theory and research, and the writing of feminist scholars (Millar & Stiver, 1997; Fishbane, 2001), as well as the research on outcomes in therapy for models such as emotionally focused therapy, all point in the same direction. The emotional bond between parents and children and between adult lovers is the heart of the matter—the frame that defines these key relationships. Attachment theory offers clinicians a way to grasp and so to help clients shape this bond, transforming their marriages and their families. As there is more and more emphasis on relatively short, efficient, and verifiably effective interventions in the field of psychotherapy, attachment theory also addresses the urgent need for a framework or lens that allows the therapist to hone in on and bring into focus the leading, organizing elements in the drama of relationships and the definition of self. As David Mace (1987, p. 180) suggests, the hope for the future would seem to lie not in an endless

succession of technological developments, but in a “grappling with the fundamental quality of human relationships” so that deeply satisfying relationships become not a romantic dream or an ideal but an everyday possibility for more and more individuals and families.

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