



Attachment through the Life Cycle

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I. Attachment

- An innate and primary motivating force
- Search for a safe haven: an innate survival mechanism
- Search for a secure base from which to explore

II. Frontal Lobe Functioning (Incomplete)

- (1) Affect regulation
- (2) Response choice
- (3) Error correction
- (4) Empathy
- (5) Socially-attuned communication
- (6) Mentalizing
- (7) Access to and integration of early relationship experiences into narrative identity

III. Types of Memory

Implicit	Explicit
Sensations, emotions, behavior patterns	Facts, autobiography
No sense of time (experienced as happening now)	Sense of time
No sense of place	Sense of place
Amygdala, Basal ganglia	Hippocampus, thalamus



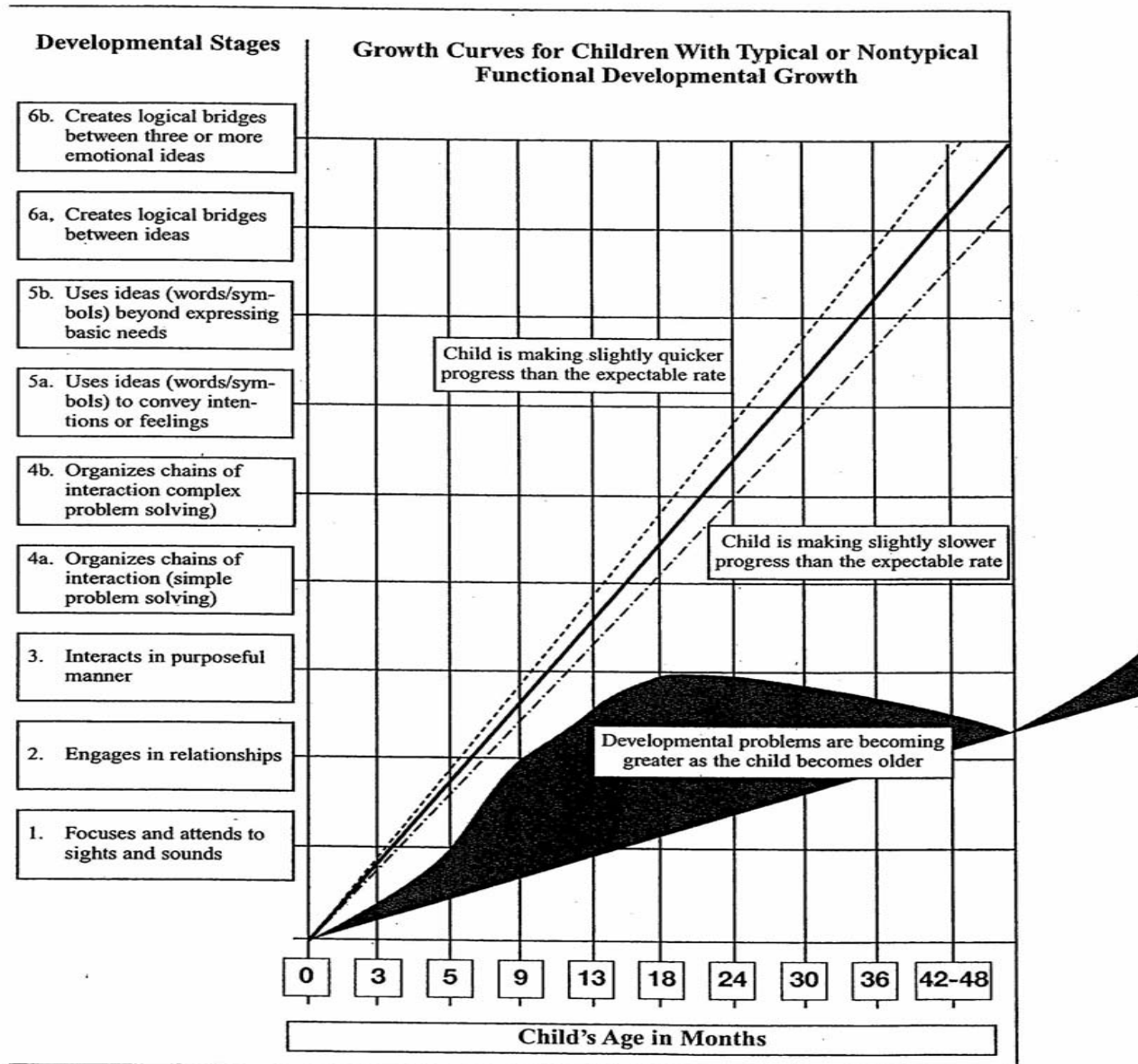
IV. The DIR Model of S. Greenspan

- (1) Developmental Capacities**
- (2) Individual Differences**
- (3) Relationships**

(1) Functional Developmental Capacities

By 3 mo	Shared attention to the external world (While organizing a calm regulated style and experiencing pleasure)
By 3 mo	Engagement
By 9 mo	Complete circles
By 14-18 mo	Problem solving
By 18-24 mo	Use of ideas (words or symbols)
By 36-48 mo	Creates logical bridges between ideas

Functional Developmental Growth Chart



(2) “I” – Individual Differences

- ◆ Take into account child’s:
 - Arousal level and sensory modulation
 - Auditory processing and language
 - Motor planning and sequencing
 - Visual spatial processing
 - Medical and biological factors

Crosses all developmental levels

Sources of Challenge

- All sensory motor processing challenges can derail development:
 - Auditory and language processing
 - Visual spatial processing
 - Motor planning (praxis)
- Regulation
 - Hypersensitive – Reactive – Impulsive
 - Hyposensitive – Under-reactive
 - Sensory seeking
 - Mixed reactivity profile

(3) Relationships

- Relationships are the vehicle for creating learning interactions and mobilizing development and growth through interactions and affects
- Child's individual constitutional differences and relationship – caregiving patterns together influence development

Early Signs of the CORE DEFICITS OF ASD

FEAS Level	Core Deficit
Shared Attention and Regulation	Lack of sustained, purposeful attention, (may include dysregulated states)
Engagement and Relating	Fleeting engagement (may include self-absorption)

Early Signs of the CORE DEFICITS OF ASD

FEAS Level	Core Deficit
Two-way intentional, affective signaling and communication	Brief, more passive two-way communication with more responding than taking initiative (may include aimless or avoidant behavior)

Early Signs of the CORE DEFICITS OF ASD

FEAS Level	Core Deficit
Long chains of co-regulated emotional signaling & the formation of a presymbolic self	Lack of continuous flow of affective signaling and problem-solving (may include repetitive or self-stimulatory behaviors)

Early Signs of the CORE DEFICITS OF ASD

FEAS Level	Core Deficit
Building Bridges Between Ideas: Logical Thinking	Memory-based, rather than creative and reflective thinking (may include impulse control, peer, social judgment, and academic problems)

V. Attachment Disorders

A. Obvious

- (1) Reactive attachment disorder
- (2) Autistic spectrum disorders

B. Less Obvious

- (1) Problems manifest in childhood
 - (a) impulse control (e.g., not ADHD)
 - (b) affect regulation (e.g., temper tantrums, not bipolar disorder)
 - (c) inability to be appropriately independent



(2) Problems more obvious in adults

(a) “distancers” and “pursuers”

(marital problems)

(b) problematic internal working models of self/others
personality disorders

- passive-dependent

- “Type A personality”

- borderline

- “no conscience”

(c) problems in creating a verbalizable autobiography

(d) problems in mentalizing

Attachment

- An innate and primary motivating force
- Search for a safe haven: an innate survival mechanism
- Search for a secure base from which to explore



Attachment needs

- Activated by fear and uncertainty
- Search for comfort and connection
- Require accessibility and responsiveness



Separation distress: Predictable process

- Protest
- Clinging
- Depression/despair
- Detachment

Parents contain infants distressing affects through communicating:

- (1) They recognize child's internal state (as child's)
- (2) They understand the cause and its effect
- (3) They can cope and alleviate it
- (4) Interpersonal affect regulation precedes self-regulation

Attuned mirroring:

- (1) is contingent
- (2) is “marked”
- (3) recognizes the infant’s intentional stance

Bowlby (1973)

- Internal Working Models

- Early relationships internalized as templates for future relationships
- Guide expectations and behaviors
- “(a) whether or not the attachment figure is judged to be the sort of person who in general responds to calls for support and protection [and] (b) whether or not self is judged to be the sort of person... towards whom the attachment figure is likely to respond to in a helpful way.”

Attachment strategies (“types”)

- Secure
- Insecure
 - Avoidant
 - Ambivalent-oppositional
 - Disorganized/disoriented

Dyadic Attachment Features

Attachment Style	INFANT-SS	Adult-CG-Behavior	Adult CG-State of mind
Secure	Effective Bid Re-regulated	Loving Affirming of child's point of view Respects child's individuality	Open, autonomous, balanced, humorous, rueful, recognition, coherent (secure autonomous state of mind)
Avoidant/ Dismissing	No Bid Appears re-regulated	Rejecting Minimizing	Lack of memory Idealizing Derogating (dismissive state of mind)
Ambivalent/ Preoccupied	Hyperbolic Bid Non re-regulated	Role reversed Over-involved	Involving anger Passivity (preoccupied state of mind)
Disorganized/ Unresolved	Ineffective Conflicted Bid Not re-regulated	Abusive, Frightened, Frightening	Disorganized, illogical, distorted (disorganized disoriented state of mind)

Infant strange situation behavior

Adult state of mind with respect to attachment

Secure

Explores room and toys with interest in pre-separation episodes.

Shows signs of missing parent during separation, often crying by the second separation.

Obvious preference for parent over stranger.

Greets parent actively, usually initiating physical contact.

Usually some contact-maintaining at second reunion, but then settles and returns to play.

Secure/autonomous

Coherent, collaborative discourse.

Valuing of attachment, but seems objective regarding any particular event/relationship.

Description and evaluation of attachment-related experiences is consistent, whether experiences are favorable or unfavorable.

Discourse does not notably violate any of Grice's maxims

A person with a secure attachment style tends to:

- Be able and willing to express positive and negative emotions openly.
- Be able to give the partner the benefit of the doubt.
- Seek out the partner for support when distressed.
- Be available to comfort and support partner when partner is needy.

Infant strange situation behavior

Avoidant

Fails to cry on separation from parent.

Actively avoids and ignores parent on reunion (i.e., by moving away, turning away, or leaning out of arms when picked up).

Little or no proximity or contact-seeking, no distress, and no anger.

Response to parent appears unemotional.

Focuses on toys or environment throughout procedure.

Adult state of mind with respect to attachment

Dismissing

Not coherent.

Dismissing of attachment-related experiences and relationships.

Normalizing (“excellent, very normal mother”), with generalized representations of history unsupported or actively contradicted by episodes recounted, thus violating Grice’s maxim of quality.

Transcripts tend to be excessively brief, violating the maxim of quantity.



A person with an avoidant attachment style tends to:

- Not seek support from partner.
- Finds it difficult to provide support when partner is anxious or needy, and withdraws precisely when partner needs him/her.
- Dismisses or minimizes threats and hurts to self.
- Intellectualizes and exhibits restricted emotionality, focusing instead on tasks and activities.
- Idealizes or devalues or controls.

Infant strange situation behavior

Resistant or ambivalent

May be wary of distressed even prior to separation.

Little exploration. Preoccupied with parent throughout procedure.

May seem angry or passive.

Fails to settle and take comfort in parent on reunion, and usually continues to focus on parent and cry.

Fails to return on exploration after reunion.

Adult state of mind with respect to attachment

Preoccupied

Not coherent.

Preoccupied with or by past attachment relationships/experiences, speaker appears angry, passive, or fearful.

Sentences often long, grammatically entangled, or filled with vague usages (“dadadada,” “and that”), thus violating Grice’s maxims of manner and relevance.

Transcripts often excessively long, violating the maxim of quantity.

A person with an ambivalent-resistant style tends to:

- Have an intense need for support and affection from partner.
- Catastrophize and exaggerate threats and hurts to self.
- Be vigilant and readily interpret partner's behaviors as a threat.
- Be demanding on partner for time and attention.
- Exhibit intense emotionality.
- Helpless or chaotic.

Infant strange situation behavior

Disorganized/disoriented

The infant displays disorganized and/or disoriented behaviors in the parent's presence, suggesting a temporary collapse of behavioral strategy.

The infant may freeze with a trance-like expression, hands in air; may rise at parent's entrance, then fall prone and huddled on the floor; or may cling while crying hard and leaning away with gaze averted.

Adult state of mind with respect to attachment

Unresolved/disorganized

During discussions of loss or abuse, individual shows striking lapse in the monitoring of reasoning or discourse. For example, individual may briefly indicate a belief that a dead person is still alive in the physical sense, or that this person was killed by a childhood thought. Individual may lapse into prolonged silence or eulogistic speech.


A person with disoriented/disorganized style tends to:

- Have difficulty believing that their partners care about them.
- Not seek support from their partners, or to seek it only to withdraw when it is offered.
- Have often been violated in love relationships.
- Have tendency to dissociate.

VI. Sequelae 1

“Inner Working Models”

Attachment involves the elaboration of
“inner working models” of self and others

Secure attachment  self is lovable and worthy of care
trustworthy others are dependable and

(Bowlby)



Working models of self and others become

- relationship expectations
- procedural scripts how to create relationships
- transference



Internal working models



“withdrawers” and “pursuers”

Withdrawers often say...

- “I never get it right or satisfy her.”
- “I don’t bother—what’s the point?”
- “I am amazed that she can take something so small and blow it out of proportion.”
- “I don’t know what I feel. I’m lost.”
- “I’m don’t feel anything – nothing at all.”

Pursuers often say...

- “He is never there. He is always at work.”
- “He never looks at me when I talk to him. He just watches TV.”
- “There are birthdays that are forgotten, or Mother’s Day when nobody gives me a card.”
- “I do it by myself and just take care of things on my own.”
- “I am way down on his list—after his work, the kids, his family, and then maybe me.”
- “It’s like we are roommates or brother and sister.”



MARITAL CONFLICT!



Sequela 2

Life-Narratives

Attachment involves “rules” for obtaining or limiting access to information.

(Main)



A full life-narrative includes
integration of early relationships



Life-narrative \equiv Identity

Sequelae 3: Theory of Mind

Theory of Mind: the ways we make sense of own and other people's beliefs and behavior on the basis of underlying mental states. (Reflective functioning)

- Mentalizing proper
- Mentalizing activity



Mentalizing is important for:

(1) resilience

(2) how we parent our own
children



Sequelae 4: Intersubjectivity

A relationship can make room for 2 centers of initiative and experience, 2 views of reality, 2 subjects

Attachment – security and proximity

Intersubjectivity – knowing and being known by others

VII. Borderline Personality Disorder as a Disorder of Insecure Attachment

Description of DSM-IV Diagnosis of BPD (taken from DSM-IV):

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

Borderline Personality Disorder (2)

1. Frantic efforts to avoid real or imagined abandonment.
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in a least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). **Note:** Do not include suicidal or self-mutilating behavior covered in Criterion 5.
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g, frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

Borderline Personality Disorder (3)

Comorbid Disorders

Unipolar depression, bipolar depression, anxiety disorders, substance use disorders, eating disorders, PTSD, and others. Integrating BPD psychopharm requires sophisticated understanding of the *relationships* among the relevant conditions. We consider BPD an engine that fuels mood, anxiety, behavioral, and psychotic symptoms.

Basics of BPD Biology

Compared with non-BPD controls, patients with BPD have:
Increased amygdala activation in response to emotional stimuli
(Emotional sensitivity or vulnerability)
Decreased prefrontal activity with affective arousal

Borderline Personality Disorder (4)

How does this look clinically?

The patient profile is one of a person who feels life is unfair, that she has not had her needs met, and she casts about for a relationship to meet those needs. Initially satisfying, the relationship quickly deteriorates confirming the patient's expectations. Clinically, we see:

1. If the patient feels cared about, appears as a depressed waif.
2. If threatened, appears angry with self-injury.
3. If alone, appears desperate with impulsivity.

Borderline Personality Disorder (5)

BPD and Attachment

- BPD is characterized by the following attachment classifications:
 - Insecure
 - Preoccupied
 - Fearful
 - Avoidant
 - Cannot Classify

Reviews see Agrawal et al., 2004 and Levy, 2005

Borderline Personality Disorder (6)

BPD as a Disorder of Insecure Attachment

- BPD as a disorder of insecure attachment
 - Clinical features of impaired self-regulatory capacities and disturbed relationships
 - Empirical associations with childhood abuse and neglect (Zanarini et al., 1997)

Masterson, 1972; Gunderson, 1984; Fonagy, 1991; Benjamin, 1993; Fonagy, Target, Gergely, 2000; Bateman & Fonagy, 2004

Borderline Personality Disorder (7)

Three Primary Treatment Targets

1. Affective dysregulation

Mood lability, rejection sensitivity, inappropriate intense anger, depressive “mood crashes,” outbursts of temper.

2. Impulsive-behavioral dyscontrol symptoms

Aggression, self-mutilation, self-damaging behaviors (promiscuous sex, substance abuse, reckless spending).

3. Cognitive-perceptual symptoms

Suspiciousness, referential thinking, paranoid ideation, illusions, derealization, depersonalization, hallucination-like symptoms.

Borderline Personality Disorder (8)

	Antipsychotics	Antidepressants	Mood Stabilizers
Anger	+++	+	+++++
Depressed mood	-	-	++
Anxiety	-	+	+++
Impulsivity	+	-	+++++
Cognitive-Perceptual	++	-	-
Global Functioning	+	-	++

VIII.

Attachment Research

Bowlby
Ainsworth
Main

Attachment Influenced Therapies

Relational
Reflective
Intersubjective
Mentalizing
Social Constructivist
Emotional-Focused Marital
and Family Therapy
Developmental Dyadic Therapy

S. Johnson
L. Aron
S. Mitchell
R. Stolorow
J. Benjamin
P. Fonagy
D. Stern
K. Lyons-Ruth
C. Spezanno
Boston Change
Process Group

Attachment-Focused Therapies

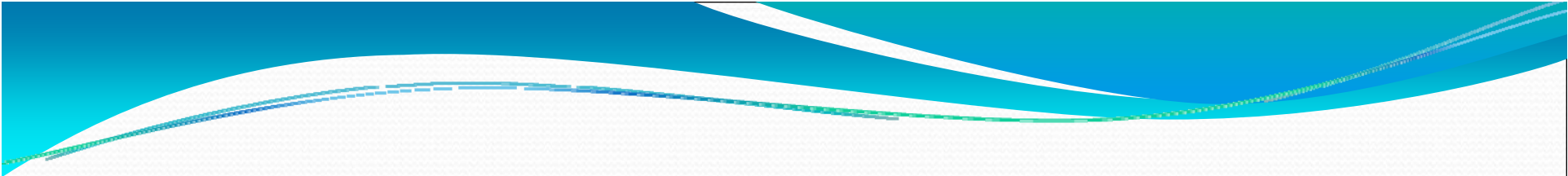
- (1) Relational (Attachment).
- (2) Highlight preverbal experiences which are:
 - enacted
 - evoked
 - embodied
- (3) Reflective functioning (mentalizing).

- Fosters:
- (1) integration of disowned/dissociated preverbal experiences.
 - (2) more coherent and secure sense of self.


Summary

IX. Attachment theory is:

- A systemic theory focusing on patterns of interaction and their impact
- A theory of affect regulation
- A constructivist theory focusing on the construction of inner and interpersonal attachment realities
- Theory of the defining elements in our closest relationships
- The most comprehensive and well-researched theory of adult love



Attachment is not an end in itself: it promotes a representational system that promotes survival. Mentalizing allows us to understand, interpret, and predict the behavior of others, as well as our own.



The being who is the object of his own reflection, in consequence of that very doubling back upon himself, becomes in a flash able to raise himself into a new sphere. In reality, another world is born.

Pierre Teilhard de Chardin