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CHAPTER 6

"My Dog Is Dying Today":

Attachment Narratives and Psychoanalytic Interpretation of an Initial Interview

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BACKGROUND

Psychoanalysis acknowledges the importance of animals on the human psyche, although, notably, there is only a small literature basis in this area. Searles (1960) is one of the most prominent authors to address nonhuman objects and environments. Akhtar and Brown (2005) discussed children's use of animals as part of normal development. Freud (1913/1958) speaks about children's fairy tales in which animals talk or think like human beings. Indeed, they "have not scruples in allowing to rank animals as their full equals" (Freud, 1913, p. 127). Animals are thought to represent courage and power for children because of their sexual organs and reproductive lives; animals readily become the object of projected libidinal derivatives. They become substitutes for emotionally absent parents because they are unconditionally available when needed (Akhtar, 2005). Emotions and fantasies not verbalized with human figures in the environment are often mastered through enactment with animals. The formulations about the use of animals in the psychotherapeutic context have helped us to gain a better understanding of the clinical interaction. In choosing the title of this paper, we point to our patient's experience with her animal (dog) as a highly invested libidinal object.

THE CLINICAL SITUATION

On a hot day in July 2002 a casually dressed, attractive, 30-year-old woman came to see me (AB) at the psychotherapeutic outpatient clinic for her initial psychoanalytic interview.[1] She began the interview by saying, "My dog is dying today, that is why I look this way," and her eyes became teary. It seemed to me that she needed this sad event as the "ticket for admission" to talk about herself. She tried to cover her sadness with a cheerful laugh. Her eyes were moving remarkably fast and I was asking myself what the patient might be thinking right now. The patient reported that she had been treated by a psychiatrist with antidepressant medication 2 years previously. She described her complaints as mood disturbances that "paralyse" her without warning. She described withdrawing at such times, not wanting to speak to anyone, not going to work, and staying in a darkened room, depressed, desperate, and pretending to be "dead." She reported also that she had suffered from migraines for the past 15 years, for which she tried a variety of different interventions (massage, acupuncture, medications). Then she said something new that caught my attention. She complained that her relationships were being lost in a manner that others would describe losing their cane or their hat. Suddenly the patient asked me curiously, "Can I talk about sex with you?"

Without allowing me to inquire why she asked that, she continued speaking of "troubled relationships." It had been 1 year since her last intimate relationship, a relationship that had fallen into the same pattern as her other relationships. She said that, at first, she was completely fascinated by her partners. She idealized them and felt "sky high." Then, "suddenly the feeling for that human is lost." She then abruptly drops the relationship and her partner is left confused and abandoned. She cannot feel the pain she inflicts on them. Making the transformation from a romantic (sexual) relationship to a stable, committed adult partnership seemed to be a central problem for her.

Let us now add an attachment perspective to our thinking about this case. John Bowlby (1980), in the third volume of the attachment trilogy, *Loss*, articulates explicit suggestions concerning therapeutic work. He suggests that the patient should make corrections in semantic memory by working with detailed episodic memories during the therapeutic process.

In the 1980s, Carol George, Nancy Kaplan, and Mary Main (1984–1996) at the University of California at Berkeley developed a measure to capture an individual's semantic and episodic memories of childhood experiences. Their original aim was to explain and predict the development of attachment in children through linguistic analysis of verbatim protocols of the childhood attachment memories of their parents. George et al. developed the now well-known Adult Attachment Interview (AAI), which focuses on the memory of early attachment relationships, the accessibility of these memories to consciousness, and the individual's willingness to cooperate with the interview and describe attachment-relevant thoughts and feelings. The interview also captures the individual's evaluation of the influence of attachment experiences and interpretation of how past experience has influenced his or her personality development. Thus, in its entirety, the AAI provides a comprehensive picture of the individual's current mental representation of past attachment experiences with each attachment figure (prompted by instructions to select five adjectives that describe the childhood relationship) and the individual's memories of specific attachment events, including separation, rejection threat, loss, and abuse.

The AAI is attachment specific. It elucidates the construction of "attachment-representation" and its linguistic characteristics. Its strength is that it does not generalize to representations or mental strategies related to other relevant areas of life. That is, the AAI captures representation of attachment and not the mental representation of sexuality, aggression, or vocation (see also Crowell et al., 1996). Similar to Kernberg's (1981) structural interview, which involves clarification, confrontation, and interpretation, the AAI uses specification and concretization as the questioning technique to produce stress (see also Caligor et al., 2004). In the AAI, the stress is specifically attachment-related stress; the AAI is said to activate the attachment behavioral system through questions that "surprise the unconscious" (Main, 1995).

From a conversational stance, an interview is a dyadic event. In the AAI, the interviewer's questions and specifications are not considered as a component of the text analysis of the transcript. The working assumption, an assumption that has been supported empirically, is that the interviewee's answers and way of speaking are not understood as an individual reaction to the interviewer probing. AAI questions and probes are carefully designed to activate

the interviewee's attachment system, thus produce memories, without interference from the interviewer. AAI probes are neutral, and interaction with the interviewer does not include interpretation, exploration, or reflection; therefore, the interviewee's memories are "uncontaminated" by the interviewer's interaction.

The coherence of the discourse provides the leading criterion for the evaluation of the AAI (Main, 1995). Main defined coherence for the purpose of evaluating the AAI transcript following linguistic communications maxims as formulated by Grice (1975). Following these maxims, coherence in the AAI assesses the extent a speaker is able to respond cooperatively to the interviewer's questions and is able to give a true (quality), adequately informative (quantity), relevant (relevance), and comprehensible (manner) portrayal of childhood experience. Therefore, the central interest in the AAI is evaluation of the story as a coherent whole versus only fragments of that story. The AAI also evaluates the interview discourse using rating scales for reported real experience (e.g., parent as loving, rejecting) and representational transformations of experience (e.g., idealization, involving anger, derogation of the attachment figure). The final product of the AAI, derived from evaluations of the interview patterns of these three categories of discourse evaluation (coherence, real experience, transformations) results in a classification that represents the individual's representational status regarding attachment: secure, dismissing, preoccupied, unresolved, or cannot classify (Main & Goldwyn, 1996).

The "unresolved" classification is designated based on evaluations of the interviewee's transient mental disorientation when describing experiences of loss through death or physical/sexual abuse. This discourse pattern suggests that these experiences are accessible to memory but not yet integrated to create a whole sense of self-representation. Sometimes references to or descriptions of elements pertaining to these traumatic events literally "erupt" during portions of the interview in which these memories are not relevant. Sometimes these memories have a spectral quality in which events are described as if the interviewee has returned to the scene, so to speak. Sometimes descriptions contain irrational convictions of the interviewee's own guilt or confusion (e.g., speaks as if the deceased is alive) (Main & Goldwyn, 1996; see case studies from Buchheim & Kächele, 2001, 2002, 2003). With this summary of the AAI, we now return to the clinical situation.

THE SUPERVISION OF THE INITIAL INTAKE INTERVIEW

During supervision, I presented the above mentioned clinical situation: "Yesterday a seemingly lively young woman came to see me and she surprised me at the beginning of our intake session with the sentence: 'My dog is dying today.'" The supervisor (HK) and I did spend time discussing this remark. We agreed during our discussion of the case that this woman created distance in intimate relationships, and the way she terminated them was painful for her partners. We were mutually astonished by her intrusively testing me with the question "Can I speak about sex with you?" I reported my surprise and interest in what she had in mind and that I had asked her to explain what she meant when she had finally finished speaking. She flushed, refused to elaborate, and started to describe the details of her many symptoms and unhappy relationships with men, successfully avoiding inquiry about the question she had asked me. As a consequence, I was then not sure about how to interpret the patient's enthusiasm about starting therapy with me. I mentally noted that it was premature to begin therapy at this time. While reporting this to my supervisor in our subsequent supervision meeting, I proposed that she idealized me too quickly and was splitting bad and good by dividing male and female. My counter-transference response told me that I was positioned to become her "partner." In order to understand her response, I felt that I needed to have a better understanding of her past family relationships and decided to use the AAI to organize our conversation during our third session. My supervisor shared my interest in her past attachments. We agreed that our inability to get a clear picture of the patient's object relations was a good reason to use a more structured interview that was based on a theoretical and methodological background.

THE PATIENT'S REPRESENTATION OF HER PARENTAL ATTACHMENT FIGURES IN THE AAI

The AAI[2] provided the following biographical facts about our patient. She grew up in modest circumstances with a brother, who was 2 years younger. Her father was an alcoholic. He was self-employed in an alcoholic beverage distribution business. Her mother was mostly at home. Her parents separated when the patient was 6 years old.

When asked about her relationship with her parents as a child, the patient described her mother as "very affectionate," with whom she had a "super relationship." She described the relationship with her father as a "none-relationship," as he was never present. She was afraid of him, yet she also had a "tremendous respect" for him. When asked to concretize the relationship with her mother by selecting descriptive adjectives that describe the relationship plus episodic memories to support these characteristics, the patient stressed positive memories: "affectionate," "she was always present," "we did much together." These statements, first of all, say nothing about the mental processing strategies of the patient concerning the attachment quality of the relationship. Global positive descriptors such as these are superficial and have been shown for many subjects in AAI research to not be supported by autobiographical episodic memories.

We wish to point out here that coding the AAI transcript allows systematic analysis of the text (Main & Goldwyn, 1996), especially with regard to defensive processing (George & West, 1999, 2003). The key to AAI discourse analysis is to determine if the patient can support these positive characteristics of a past relationship with vivid, credible, and relevant childhood memories. Our patient was not able to do this. She repeatedly told about generic, superficially pleasant situations with her mother at adventure playgrounds. However, in other segments of the AAI, our patient's positive generic memories were countered with the details of arguments with her mother, arguments stemming from her mother's jealousy about her developing womanhood during adolescence, and the attention she was getting from her mother's boyfriend. She also discussed her mother's "cleaning obsession" and "unhappiness." The negative memories were not integrated into positive and negative aspects of the object description; rather, they stood in contradiction to each other. When asked to characterize the relationship with her father, our patient immediately remembered that she was afraid of him. She remembered how anxious she was when her father put her on top of a high kitchen closet in order to frighten her. She described a time when he extinguished a cigarette on her thigh. She did not elaborate on the threats, which carry the character of screen memories. Rather, she changed the topic to describe scenes that put her father in a charming light without appearing to notice her shift. She observed that he was popular with his friends. She recalled thinking that he was handsome and she was proud to accompany him as a girl when he went

into bars for a drink. Then again, without noticeable transition, her memory shifted back to frightening situations, this time to violent scenes in which the father tore down shelves, threatened her mother, and was drunk and unpredictable. When the parents divorced when she was 6, she had to decide whether she wanted to move in with her father or her mother. Deciding to live with her mother, our patient reported that she found it difficult to make that decision because she was afraid to disappoint her father.

Up to this passage in the AAI, our attachment-based analysis led us to conclude that the patient could not provide a coherent picture of her memories of both parents. She leapt back and forth between positive and negative assessments of parents, and traumatic memories seemed to be neutralized.

DISTRESS, SEPARATIONS, THREATS, AND TRAUMA

The AAI next focuses on the interviewee's memories of being distressed, separations, parental threats, the individual's understanding of parental behavior, and, finally, loss and physical abuse. If the primary attachment figure has been described positively, here again there is a chance to evaluate the individual's memories and convincing examples that would help to complete the picture of the interviewee's experience and inner representation of attachment. When asked to describe how she responded when she was feeling badly as a child, she remembered sleeping for hours pretending "to be dead," something that she continued to do as an adult. When asked how her mother responded to when she was sick, the patient said that her mother "just took care of her." The patient could not describe the details of this memory—what the mother did, what she said, how she provided care. It appeared to us then that the patient was continuing to cling to a portrayal of a positive and responsive mother, but did not experience sensitive care and comfort. When asked about separations and feelings of possible rejection, the patient's response continued to confirm this impression. She said only that they "certainly called each other when separated," and she insisted, that, "under no circumstances she has ever felt rejected by her mother." However, she again could not provide concrete episodes concerning these facts. Her credibility (i.e., coherence) was further weakened when she described her parents' response when she was hurt: She fell off the back of her father's truck and suffered a concussion. Upon arriving

home, she felt she could not tell her mother about the event and her injury because she did not want to trouble her mother.

At this point in the interview, the patient began to describe experiences and her evaluations of events with an increasingly negative voice. When asked to think about why her father had acted as he did, the patient replied: "He should have realized that he would wreck his life and his family with his alcoholism. … I could hit him … one cannot be that stupid that would have to realize even the biggest idiot. … I am getting so angry, people who do not let themselves be helped and who ruin their surrounding." In this passage, the patient clearly verbalized her current anger.

When asked about the loss of important people in her life, the patient first spoke for nearly 10 minutes about the loss of her paternal grandmother when she was 9 years old and maternal grandfather at age 25. What was interesting was that although she dwelled on describing these events for this lengthy time, she also stated that the losses "affected her little." The representational contradiction between memory and affective appraisal was striking.

Her father had died 3 years previously but she could not directly describe her experience of this important loss of an attachment figure. Rather, when asked about the loss, she shifted to describing her father's intrusiveness regarding her sexual behavior and his implication that she was promiscuous. The following passage is a shortened version of her reply.

> P: Yes, we have not had any contact for quite a while. Some time on the street I called him to account after he did me, well: When I wore a wide coat then "I was pregnant"; "when I wore a wide pullover I was pregnant," because if someone grows up without him, it only can be, that the girl dissipates totally and that she immediately will be pregnant at once. When I was baby sitting and had a child on the back of the bicycle, such a child's seat, the first call to my mother was: "To whom does this child belong, who is the father?"

In the same passage, she then described her father's violent behavior, which led to a break in the relationship:

> P: Yes, and then he has once again hit on me at the side of the street and then I have really told him, "keep your hands off me, just leave me at peace! Do not talk to me anymore, I just want to be left in peace!" He then—I do not know any more concerning the course of events—kicked in my door, well I used to have such a safety chain in my parents flat that is mom's flat. So he then has kicked in the door because he absolutely wanted to get inside and I did not want to let him inside. Ultimately I do not know what he wanted at all because he then simply went away. Yes, in

any case and because of these incidents and because of our non-existing relationship, which we had with each other, the matter completely came to nothing. I did not go to him anymore, he did not ask about me. He was really stubborn in my direction, he did not want to know anything about me anymore, did not look at me on the street, did not greet me, and so. And I too was then stubborn.

Without transition, she then talked about another encounter with her father. This one occurred after there had been no contact for 6 years. In this memory, a dog plays an important role as a "mediator":

P: I took my dog for a walk, I had thought already from time to time, yes should I walk by the garden, perhaps he [father] is there, perhaps one could exchange a few noncommittal words, well somehow he has always been in the back of my head. And sometime I then walked by the garden, he was actually inside, and then I have greeted him and said, "Hello Mr. S.," as I did not even know how to address him; he said, "So Hallo." I said, "Yes you do not know now where to put me?" Then he said: "No sorry, at the moment I cannot place you" [laughs]. I said: "Yes it's me, your daughter." He "Ah yes, come on in," then he was very nice, very polite, also invited me to drink something, admired the dog, we had some small talk.

In summary, when asked about loss of loved ones in the AAI, the patient's immediate response was to describe three scenes with her father when he was still alive. These scenes read like interspersions and reach an amazing intensity—sexual intrusiveness, violence, and downcast reunion at the garden fence—as if she must prolong keeping her father alive before being able to think about his death.

Finally, she spoke about the death of her father and the funeral:

P: Yes, and then we went to the funeral, oh I was so very much afraid, my brother too, how the relatives would react … and then we went outside to the grave and then there stood there such a bucket with flowers, all red roses and two yellow ones. I believe that his wife bought them intentionally.

Asked about whether her father's death has changed anything in her life, she answered hesitantly:

P: Nope. I first thought that would be maybe, I would not think about him so often anymore. Well, it is not so, it is like that I always think about him, but somehow yes, as if it would not be so; conscious reflecting, as if he is always present and alive. That I, well I do not think about him at all.

Her description of the detail of the burial scene, including the details about the roses, demonstrates in the AAI how fresh this experience still is for her. The patient's mental disorientation became strongest when she finally was asked to think about the influence of her father's death. It is not clear in this passage whether she is still thinking about the father or not, and implies that she is thinking about him as if he were still alive. The latter feature is seen as an indicator that mental processing with respect to his death is not finished and, therefore, "not resolved."

ANIMAL SYMBOLISM

Our psychodynamic hypothesis regarding this patient was developed based on the clinical intake interview combined with the AAI. We hypothesized that the patient was showing symptoms of depressive breakdowns in conflictual situations. These breakdowns were manifest as "pretending to be dead" and led to chronic migraine attacks and hostility and withdrawal from close relationships.

"My dog is dying today, that is why I look this way," she said when we first met. This initial scene pointed to the fact that the patient unconsciously used her dog's impending death to initiate contact with me and as the springboard to talk about herself. "Can I talk about sex with you," she asked next. This statement pointed to the patient's inability to integrate the sexual and attachment components of relationships, and substitute sexual memories for attachment memories.

As we have discussed earlier, the introjection of pets may be loaded with multiple meanings ranging from early cuddling to sexualizing experiences. During the psychotherapeutic process, she learned to feel emotionally close to her father and see him as a human being. This occurred when she remembered the suffering he experienced when his pet dog died. We learned from the AAI how her dog was the mediating link for reunion with her father after 6 years of silence. She took her dog for a walk hoping to see her father in the garden. Her wish was fulfilled and her dog subsequently served as the vehicle to initiate and maintain a conversation. Their relationship was renewed. She tried to convey this to me by saying, "My dog is dying today." What she really might have meant by this statement was "*My father is dying today*."

ATTACHMENT AND SEXUALITY

We still have to discuss more fully the relation between attachment and sexual memories for this patient. In attachment theory, attachment and sexuality are not considered to be "bed fellows." Bowlby (1969), following the tenets of behavioral biology, regarded sexuality as a separate biologically based behavioral system. We felt that this distinction between behavioral systems would provide a new and insightful way to think about this case that could be integrated into traditional psychoanalytic concepts.

From our psychoanalytic perspective, our understanding was that the patient identified with her father's sexualized relationship toward her. The patient's description of her mother during childhood demonstrated that she was not a reliable attachment figure. The patient was afraid of her violent father on the one hand; on the other hand, she needed and admired his charm and she seemed to be "his little girl" when he took her to bars in the evenings. The father, therefore, might have served as a substitute for an unavailable mother, though this substitute was unfortunately neither satisfactory nor appropriate. Integrated into the psychoanalytic perspective, this leads us to the assumption that her pseudo-oedipal development would result in a maladaptive competition between attachment needs and sexualization in her past and present relationships.

Following psychoanalytic thinking, it makes sense to connect the father's death 2 years ago with the patient's depressive breakdowns. Based on the AAI, we see that she still is unresolved about her father's death. Her depressive episodes began in childhood with a strong tendency to withdraw, denouncing all contact with the rest of the world, pretending to be dead. The mental organization around her father's death was "frozen," that is, unprocessed. From a psychoanalytic point of view, the AAI served as a useful diagnostic tool to elicit descriptive information, which was helpful in formulating our psychodynamic hypothesis. The patient's evaluation about the mother was one of pseudoavailability. While talking about the loss of her father, first she violated coherence maxims in talking extensively about nonaffecting losses. Subsequently, marked affective, threatening, and sexualized themes with respect to her father appeared. Hence the patient unconsciously "kept the father alive" during the interview process until she was finally able to talk about the funeral and the effects of his death on her, again in a highly incoherent

manner. At the end of her discussion, she was not able to face the fact that he was dead. This discourse pattern itself gave the psychoanalyst interesting information about how the patient had dealt with her father's loss.

An attachment theory interpretation takes us in a different direction. Oedipal conflicts per se do not have a role in the attachment model. What is important from the attachment point of view is this patient's inability to integrate the core biologically based behavioral systems in her adult relationships. According to attachment theory, the attachment behavioral system is only one of many relationship systems, each of which has a separate goal (Bowlby, 1969). The attachment behavioral system and the sexual behavioral system, combined also with the affiliative-peer system, are core components of relationships (George & Solomon, 1999). The attachment system, the goal of which is proximity to the parent for protection and care, is the first behavioral system to develop. It emerges in the first weeks of infancy and reaches a mature organized form by the first birthday. The goal of the sexual behavioral system is sexual intimacy for the purpose of reproduction. Early behaviors associated with the sexual system are visible during childhood; however, mature adult sexual interests and behavior consolidate during adolescence. Thus, behavioral systems are thought to emerge separately during the immature years and the normal developmental task is to integrate these and other behavioral system (e.g., peer affiliative system) by the time the individual becomes an adult (George & Solomon, 1999).

This attachment-theory approach would lead us to the hypothesis that the patient's experiences with her unavailable mother, combined with the childhood spousification by her father and her father's intrusive inquiries about her sexual behavior and hostile attributions of promiscuity during adolescence, interrupted the developmental integration of the attachment and sexual behavioral systems (George & Buchheim, in preparation; George & Solomon, 1999). The patient also literally lost her father when she cut off their relationship. Psychologically, her father was dead to her. These threats would have led to a phenomenon analogous to what Bowlby (1980) called "segregated systems." Bowlby developed this term to describe the individual's representational inability to integrate anger, sadness, disappointment, and fear associated with the attachment figure following death. We indeed saw this type of representational segregation in the patient's discussion of her father's death (see George & West, 1999, 2001; Solomon, George, & De Jong, 1995).

Thus, our hypothesis regarding the confusion of attachment and sexuality in this patient is that her attachment and sexual behavioral systems remained segregated. That is, she had not fulfilled the developmental task of integrating and differentiating attachment-based and sexual-based interactions because of her father's continued threats to attachment and his sexualization of their relationship. His violence and her fear of him blocked her from seeking care and protection from him on the one hand; on the other hand, his charm and sexual intrusiveness appeared to her as if he were interested in her as a woman and not as a daughter. Neither of these two incompatible positions was adequate in and of itself; together they blurred protective care with sexualized interactions. It is likely that our patient's attachment status in childhood was disorganized (see, for example, Kretchmar & Jacobvitz, 2002), although AAI-based descriptions of the past are not valid assessments of the "real" childhood attachment. The strength of this interpretation, though, lies in the fact that it is the individual's current evaluation of those experiences that provide the strongest insight into mind and behavior in the present. We propose, then, that the patient's problems in her sexual relationships with men in adulthood were derived from her confounding experiences of attachment and sexualization with her father, experiences that mutually combined the feelings of fear and attraction. This may have led our patient to confuse and misinterpret her wish to trust (i.e., seek care and protection) with her sexual interests. She described sexual attraction as the impetus for her romantic relationships, but she ended them abruptly feeling frightened, isolating herself and withdrawing from the world, a pattern that mirrored her childhood response to distress and fear. "Unresolved" (i.e., her dead father's continued "living" presence in her adult life), we hypothesized too that she would not be able to maintain relationships with men due to her continued unconscious fear of her father's chastisement and humiliation.

CONCLUSION

These perspectives shed new light on our patient's presentation and our approach to the patient during her 3 years of psychoanalytic therapy. Our case emphasizes that the clinical use of attachment concepts by clinicians, based on formal attachment assessment

and theoretical concepts, was important to establish our therapeutic course. We stress that the assessment followed validated scales and constructs that cannot be "intuited" from the interview without these guidelines. The prima facie analysis would lead to a faulty and fuzzy attachment judgment based on the face value of the interview that could not be considered valid from a research perspective and would not be rewarding from a clinical point of view. Intuitively, one would have classified this patient as dismissing based on her descriptions of her unstable relationships and an interpretation of narcissistic personality structure; her withdrawal mechanisms could make one think about attachment-avoidance. The dismissing-avoidant impression was validated by the supervisor's first counter-transference reaction in response to this patient as distant in relationships. The detailed transcript of the AAI showed that this discourse was the product of mild idealization of the mother. In addition, the transcript analysis showed entangled anger with the father and lack of resolution of the loss of her father. The patient was, thus, judged as unresolved with underlying angry preoccupation, and the prima facie classification would not have correctly identified the patient's mental representation of attachment.

In our roles as analyst and supervisor, both involved in attachment research, we found that knowledge about the patient's unprocessed experience of loss, the preoccupying anger about her father, and her vital attempt to defend her mother was helpful for understanding the symbolic power of her symptoms. For example, during the course of psychotherapy, she reported interruptions (e.g., due to vacations, weekend) to be "pleasant," but her symptoms and her desire to "pretend to be dead" reemerged. After years of therapeutic work, the patient finally groped for a new assessment of her past. She began to understand her long-standing parentifying role-reversal behavior toward her mother. Together, we concluded that the patient had a tendency for somatization when she was trying to help and understand her mother, rather than facing the confrontation with her. She then remembered that her mother was frequently ill, requiring our patient's care when she was a child as well as an adult. Step by step she was able allow herself to become angry about the fact that her mother was not able to take care of herself and had neglected her as a child. Finally, she gained more insight into her suppressed negative episodic memories about her mother's unprotectiveness and helplessness. Here the analyst was helping her to realize that positive

generalized portrayal of her mother served as a divergence from negatively affect-laden memories. Over the course of treatment, representations moved from descriptions of self and significant figures dominated by polarization and splitting to representations involving the emergence and consolidation of object constancy.

Further, her rage with the father was transformed as she got to know him as a person at the representational level (Blatt & Auerbach, 2001; Schafer, 1976). She had needed this rage to avoid painful memories of her father. Rage served as a stable defense against her attachment fears and facing the realization that her father was unavailable and not truly interested in her as a child. She realized over the course of our work together that she had never mourned her long lost father, neither the longed-for father from her childhood nor the father who had died when she was an adult. In fact initially she did not cry, and in treatment, she discovered how liberating open mourning and crying could be. The analyst interpreted that crying was an appropriate reaction to the painful realization of neglect, threat, or "misuse" by a caregiver or partner. Her associations about the father in these sessions became more vivid. She started to talk about her father in a more rational manner, saying, for example, "He really did not make the best of his life and this is sad." She was able to realize that she was both fascinated and afraid of him and that the "inner death of her father" in her representation had occurred long before he actually died. During the psychoanalytic process, she experienced that closeness and constancy in relationships did not need to be threatening anymore. Fears about relationships (e.g., with the analyst, thinking about a long-term relationship with her current partner) decreased.

Psychoanalytic interviewing varies from unstructured, to semistructured, to structural interviews (Thomä & Kächele, 1987). We would like to stress the usefulness of validated attachment measures like the AAI and the recently established Adult Attachment Projective (AAP; George & West, 2001; George, West, & Pettem, 1999) as fruitful diagnostic tools in the clinical and psychotherapeutic context (e.g., Buchheim, West, Martius, & George, 2004). By means of a systematic text analysis on standardized attachment-assessment instruments, the traumatic genesis of a disorder can be understood more precisely. Moreover, the analyst's combined use of clinical observation of patients' coping behavior and validated interview assessment—especially to evaluate past or present traumatic abusive

or loss experiences—provides an important perspective of the way patients put their unconscious conflicts on stage.

Although the AAP was not available for use with this client, it has recently proven to be a useful tool in clinical settings (Buchheim & George, in press). The AAP is a projective assessment during which the client is asked to tell hypothetical stories in response to a set of seven attachment-derived scenes. In addition to designating classification group and lack of resolution of loss and trauma as assessed using the AAI, the AAP can be used to examine the interaction of attachment with sexual and affiliative (i.e., friend, peer) relationships. Our patient suggested through her response to the AAI and over the course of psychotherapy that she felt isolated and alone in confronting her attachment fears. The AAP would have been helpful, for example, in evaluating her relative sensitivity or perhaps hypersensitivity to dysregulation (by examining evidence of potential lack of resolution in responses to mild versus severe attachment scenes) and determining what situations, if any, she viewed herself as seeking solace in attachment figures or friends. The AAP might have also helped us to understand more clearly our patient's tendency toward self-isolation. By comparing the "abuse" AAP scene to her other story responses, we could have examined if she was likely to withdraw into isolation in response to relatively nonthreatening situations or only in response to abuse. All of these specifications, which are beyond the scope of the AAI, could have helped frame the initial stages of our psychoanalytic work.

1. AB was the therapist and attachment researcher; HK was the supervisor of the case.
2. The AAI was rated and classified by an independent blind reliable AAI judge.

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