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Development, Attachment and Relationship: New psychoanalytic concepts

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Introduction

In the last decade the term depth psychotherapy has lost much of its fascination. This is reflected by its omission in the index of two recent textbooks on psychoanalytic therapy (Thomä & Kächele, 1987/1991); Heigl-Evers et al. 1993). In therapeutic settings the terms psychodynamic as well as psychoanalytic therapy have won much ground, especially in the empirical world.

Three manuals were published in 1984 (Luborsky, 1984, Strupp & Binder, 1984; Klerman et al. 1984) which were all in different ways akin to the interpersonal and dynamic way of thinking. They demonstrated that to contrast psychodynamic procedures with procedures which were not empirical was obsolete.

The systematic psychopathology of conflict in Freud's paper (1917) characterised the scientific paradigm of psychoanalysis which Freud captured by stating "We seek not merely to describe and to classify phenomena, but to understand them as signs of an interplay of forces in the mind" (Freud 1917, pg 67).

In psychoanalytic theory a significant assumption is the role which conflict plays during the lifespan of a person - starting from birth, manifest in their interpersonal contact and their personal well-being. If the role conflict plays in the emergence of a psychic or psychosomatic illness is purely considered as innerpsychic and not also interpersonal, the implications of the theory as well as the technique would be limited. Psychoanalysis and the Jungian as well as Adlerian schools are based on the concept of development. Traditional psychoanalytic understanding of a symptom almost requires a search of its origin in the life history of the person. This genetic point of view is not in contradiction with Kurt Lewin's belief that only forces and conditions which are present in the here and now, can induce an effect in the here and now. He would say that much of what is "presently seen" in the individual in the here and now can only be recognised by genetic discovery of what came before (Rapaport 1970).

The main tool with which the developmental dimension is captured is by reconstruction. Freud based his psychoanalytic theory on the treatment and observation of adults. It was only incidental that he also observed young children. One of these observations is the well known so called reel of string

game which can be found in Freud's Pleasure Principle (1920). Here Freud recounts how his 1.5 year old nephew comes to terms with the absence of his mother by playing with a reel of string. Emde (1998) sees this contribution as ahead of its time. Freud attributes the small child with the ability to actively reduce tension by repeating his experience of separation and reunion in the game. In contrast, in traditional psychoanalytically based developmental psychology the infant was seen as a passive, undifferentiated being who was governed by his instincts (Dornes 1993).

In the last 30 years there has been a great change in the understanding of various developmental processes which take place in early childhood. Empirically based research of the early mother-child relationship began with Spitz. Already in 1935 he was able to observe hundreds of infants growing up in orphanages and described the hospitalism he saw, which he attributed to emotional deprivation (Krause 1998). Research into the evolution of the mother-child relationship in the first year of life, as reported by Spitz (1965), was able to provide the until then constructed or reconstructed psychoanalytic world of the infant or child with new thoughts. Mahler (1975; 1978) followed in the tradition of Spitz, and developed his work further in her groundbreaking monograph entitled "the psychological birth of the human infant".

Additionally to observing and working with psychotic children (1958, 1968), she focused on the implication for children of being separated from the main caregiver. Arising from her work Mahler conceptualised a developmental theory which was mainly pathomorph. Bowlby (1969) was the first psychoanalyst of his generation who used ethological terms to describe the infant's biologically predisposed availability of attachment to a main caregiver. He sees the relatedness in early childhood as a primary and independent developmental goal, which is not subservient to a physiological need such as hunger (see also Künzler 1969). These theoretical developments perceive the infant more from an interactional point of view and also focus on the relationship aspects. The concept of dyadic interplay replaces the driveconflict model. A dynamic and conflict oriented psychology which describes psychic processes, has been extended by more current concepts of development, attachment and relationship. The new theories of childhood development have had two main effects. They have promoted an integration of ethology as well as theories of communication and action and they have also had an marked impact on psychoanalysis and other psychodynamic schools

(Stern 1998; Dornes 1997; Krause 1998). In the following chapter these three concepts will be explored further, to demonstrate how each contributed to new psychoanalytic thought.

Development

The change in the perception of children's development is not based on details of knowledge which have undergone a change. Much rather, the diversity of methods used to observe infants have contributed to this increase in knowledge (Dornes 1993).

At first the function attributed to direct observation by psychoanalysts was to correct the retrospective information obtained in the therapeutic analyses. Today psychoanalysts are required to use empirical and experimental information gained from direct observation, in order to reflect the consequence for the conceptualisation of the clinical and retrospectively obtained knowledge. Daniel Stern (1985) captured this element of tension by talking about the "observed infant" and the "clinically reconstructed infant". Stern attempts of verify traditional psychoanalytic concepts such as "normal autism" (Mahler, 1958), process of splitting into "good" and "bad" (Klein, 1952; Kernberg, 1968), orality, undifferentiatedness or "normal symbiosis" (Mahler, 1968) with the insight gained from infant research. He hereby manages to demonstrate the absurdity of some of the clinical constructs. Lichtenberg (1991) sums up the infant's world in his first year of life in the following way:

Firstly, the infant is capable of much more than one thought possible and secondly he is not as able in some matters as one had assumed. He can master complex developmental steps when his activities are guided and enhanced by affect. However, the infant does not have or even need the ability to imagine symbolically.

Clinical reconstruction primarily focused on the revelation of subjective experience. But the interest in direct observation focuses on identifying what really does happen in childhood, in so far as it can be observed from the outside. However, therapists are always in danger of reifying experiences recounted by patients, and to take them as the real picture of the event. Freud

took great pains with the subsequent attribution of meaning when it concerned the conception of psychological causality.

"I admit that this is the most delicate question in the whole domain of psychoanalysis. I did not require the contributions of Adler or Jung to induce me to consider the matter with a critical eye, and to bear in mind the possibility that what analysis puts forward as being forgotten experience of childhood (and of an improbably early childhood) may on the contrary be based upon fantasies created on occasions occurring late in life" (Freud 1918b, pg 137).

However the path "inexorably led analysts to trace the etiological conditions of psychic and psychosomatic illnesses back to the first hour and even earlier" (Thomä & Kächele 1992, p 100). The analysis of psychopathological development provided the basis for an uncritical view of normal psychological development (Peterfreund 1978). This peculiarity of psychoanalytic theory formation so far, is reflected by the fact that infants' characteristics are described as deficient modi of the adult world. In addition to this so called adultomorphism, one can also find pathomorphism which is equally abundant. Here the infant is described by using psychopathological categories. This contains the assumption that formative processes, which make up development, can be derived from observation of pathological states. This implies that the key to discovering early phases of psychic life lie in the data concerned with fixation and regression (for example, Tustin, 1994).

In the following sections some concepts which have modified the psychoanalytic view of development from infancy to childhood will be described further.

Complex abilities of the infant

Freud's assumption that the tension/relief principle represents the pleasure/unpleasure principle at the basis of developmental processes can not be maintained any longer.

Since the 1980s developmental psychologists have emphasised that the newborn infant is provided with the basic activity which has the tendency to stimulate the organism to increasing psychological complexity (Brazelton et al. 1974; Stern 1974; Emde 1992/1998). The newborn has a substantial repertoire

of possible behaviours, which prepare him for interactive relations in a caretaking environment.

The drive/discharge model saw development with the eyes of the entropy model. However, today's developmental psychobiologist take into account that the neurobiologically determined complexity, due to 10/10 Neurones with thousands of interconnections, leads to uncertainty and a limitation in the ability to predict behaviour (Spitzer 1997). This degree of complexity guarantees individuality and assures self-determination (Emde 1992, 1998). Complexity grows in the course of development. Humans are attributed with the ability to socialise themselves into the animate and inanimate world. Activity generated endogenously represents a fundamental principle which has taken the place of the drive/discharge hypothesis. Similarly one should be critical of the perception that the infant is born as a psychological nothing and is only formed by parental socialisation. Schaffer (1982) states that from the beginning the behaviour of the baby shows order and organisation and it is only due to our inadequate recording methods that the small child seems as if in a state of bubbling confusion. The discovery of this complexity is attributable to the detailed work which has been done on behaviours, where each one demonstrates its own complexity.

The revolution seen in research into infancy was not lastly realised due to methodological innovations (Stern 1985). By reversing the approach the problem of which questions could be asked were solved. Today one asks what reactions an infant shows which can be taken as an answer to the questions put by the researcher. It has been shown that from the beginning infants are able to show a preference, habituate, or let themselves be taken by surprise. These signs which point to the complex abilities of infants have lead to the development of research paradigms.

Perceptive abilities

Research has shown that infants have excellent olfactory abilities. They are able to distinguish their mother from others by their scent on the eighth day of life (Brazelton & Cramer, 1991).

Additionally the visual abilities of infants have long been underestimated. Experiments with intrauterine ultrasound have shown that the fetus turns

towards a moderate source of light, but turns away when it is intense (Brazelton, 1981).

Postnatal auditory abilities of infants are also remarkable. Even in the first hours after birth the newborn is more likely to turn his head and eyes towards a tone, noise or a voice than away from it.

Infants also have the ability of intersensory coordination or crossmodal perception. Hence an infant is able to coordinate sensory perceptions with different sensory canals (seeing, hearing and touching). This incredibly complex ability has been investigated repeatedly (e.g. Meltzoff & Borton 1979). It can be concluded that infants perceive objects as a gestalt and do not live in a world of separated sensations (Dornes 1993). Psychoanalytically based developmental psychology assumes that at the beginning self and object perception is fragmented. However, the results concerning cross-modal competency seem to show that from early on the separate sensory information is put in relation to each other. It is not the case that separate part objects are perceived next to each other.

Interactive abilities

The newborn is organised in such a way that after birth it can start interacting in a complex manner with the animate and inanimate world. The regulation inherent in these interactions, imprints the patterns of sleeping and waking cycles, feeding and social exchange. This regulation is established in the first two months of life. It is manifest in various phases replacing one another, such as alert attention, calm wakefulness, arousal, crying, REM sleep, non REM sleep as well as the infant's search for different stimuli (Greenspan 1989). The concept of self-regulation acts as a basic motive of development and is related to the organism's ability to smooth out deficits which arise out of challenges or disturbances (Clarke & Clarke 1976). Another strong motive in the developmental plan of the small child is the innate willingness to adapt socially. Research in developmental psychology surprises in the extent to which partaking in social interactions is pre-programmed. Many of these abilities are already present at birth and include a preference for eye contact, or a statedependent susceptibility for the activation and pacifying effect induced through being held and touched by mother. Additionally, babies are particularly sensitive to auditory stimuli from humans.

Social pre-adaptation is manifest in a multitude of communicative channels. According to Papousek (1981) social pre-adaptation is based on an ability to discover and master contingencies in stimuli. This would imply a biological base. In addition to children's behaviour described above, one also has to mention parental response to their children's communicative offers, which Papousek and Papousek (1993) defined as "intuitive parenting" (Papousek 1993). This parental behaviour seems to be not conscious, characteristic of the species and not a product of individual experience. Many microscopic interactions between mother and child may be subsumed under the terms synchronicity and reciprocity (Esser et al. 1989).

The psychoanalytic pleasure-unpleasure principle has lost its economic quality. Today it is conceived of as affective monitoring. This is a basic motivational system which rates affective experiences according to the corresponding quality of pleasurable or unpleasurable (Emde 1981). Infants do not categorise the world into two, rather they abstract daily experiences into different levels of pleasurable and unpleasurable experiences. This will eventually lead to the formation of schemata as Piaget conceived of them, where cognitive elements play as important a role as emotional quality. This principle will govern the mother's as well as the child's actions. Already at the age of three months a stable emotional organisation can be seen, which include three dimensions, namely, hedonic quality, activation and internal/external orientation. Early coherent emotional experience forms the affective core of self (Emde, 1993). This emphasises the significance attributed to the emotional attention provided by the caretaker in early childhood.

In this process of emotional exchange, attunement is attributed with a special meaning (Stern 1985). A series of dialogic sequences in different communicative channels provide this exchange, which is seen in the 9th month. Stern assumes that around this time the subjective self is formed and joint affective experience becomes prominent.

Mother takes up the interaction with the infant who is motorically active (e.g. kicking the legs rhythmically) by responding in the verbal channel (e.g. with lalala), in that she does not change the rhythm but adds variation by verbalising.

Kohut's term of mirroring (Kohut & Wolf 1978) comes closest to the process of attunement. The use of the term in the clinical world encompasses other

different affective processes. Empathy is more closely linked to cognitive processes than the unconscious process of attunement (Moser & Zeppelin 1991; Basch 1983). In all research approaches of early mother-child interaction the process of reciprocity, intersubjectivity, intentionality and a willingness to relate are found. These represent signs of the early processes of communication.

From the beginning the child is equipped for social interaction. He partakes in the reciprocal exchange with the caretaker. We can not see our fellow man as static targets of drive. From this point of view terms such as object relationship do not fit because of their implications (Emde 1983).

Implications for the psychoanalytic understanding of development

These realisations caused the fundamental position of the drive theory in classical psychoanalysis to be given up. The psychoanalytic object psychology of e.g. Balint and Winnicott have prepared the way for this critique. The libido theory did not account for the process of affective reciprocity. Freud regarded the libidinous object from the point of view of the child (and his unconscious wishes) and not from the view of the reciprocal relationship between mother and child. This tradition is so deeply embedded that Kohut (1973) derived the self-objects from the hypothetical view and experience of the infant. Self- psychologists assume the presence of a significant phase of undifferentiation between the self and others (Stern 1985).

From today's point of view the inner object is not seen as an isolated object, but rather as a memory framed by a context of activity. From birth the object representations take place in a multiple context of acts of varying quality. By repeated communicative acts unconscious schemata are created, which can become very stable.

Stern (1985) refers to this active process as the representations of interactions that have been generalised (RIG). He assumes that the infant divides the flow of an interaction into episodes (e.g. feeding) and from repeated similarities (invariances) a prototype or schemata is built and generalised. This schema guides the expectations and the behaviour for the interactional sequences to follow. More recently Stern extends his theory of the representation of interaction by starting from the subjective view of the infant.

Stern (1996) conceived a model of infant representations, not so much concerned with the behaviours, but much more the feelings of the infants. He calls the generalised representations of interactions schemas-of-being-with. However in each interactive episode different feelings are experienced (e.g. subjective feeling of hunger, negative affect, tactile contact with the mother, kicking). These feelings are stored in the form of protonarrative envelopes (series of events such as in a narrative). In summary, the infant experiences the world of interactive events as if they had the structure of a story (Dornes 1997).

The main difference between Stern's conceptions and those of psychoanalysis are that in traditional psychoanalysis the infant has been attributed with unconscious fantasies, originating in his instincts. Stern on the other hand assumes that the infant activates his representations from real interactions. His thoughts are not motivated due to a state or lack of tension, but are created and worked on continually (Dornes 1997).

It may be asked to what extent psychoanalytic clinical thought will be changed in theory and practice because of the richness of early parent-child interaction? One may be of the opinion that these early processes are interesting, but do not have any significant influence on the complex process of symptom-formation seen in neuroses and other disorders, as the psychological organisation of adults is fundamentally different. With the development of language and accompanying symbolic processes, early experiences would be so transformed that the familiar ground of the psychotherapist would not be disturbed. Parallels can be drawn here with a phenomenon which is also familiar from developmental psychobiology. The developmental context of a child permanently changes and transforms itself along a developmental pathway, later behaviour can not be predicted from earlier events which have taken place at a predetermined sensitive phase.

The consequence would be that infants should not be seen as "pseudo adults" by ascribing them with the ability of symbolising in the first year of life (Lichtenberg 1991). The Kleinian notion of fantasy and /or the theory of splitting as an early form of defence would imply this.

These new insights make Kernberg's (1991) concept of splitting, as an explanatory concept of early ontogeny, questionable. If infants split good and bad, they would be forced into "double bookkeeping" (Stern 1985), however

this does not correspond to the infant's abilities at this developmental stage. The clinical use of the concept of splitting as a description of psychopathological states has also been affected by these research developments (Reich 1995). These states require a degree of symbolization, such as a labelling of memories and cognitive reorganisation. Hence the process of splitting is most probably found at a later developmental phase where symbolic transformation of experience is possible.

Similarly the concept of an undifferentiated phase of id and ego in which the inner world of the infant is built up from separate elements has difficulty to stand up as a theory. This would equally be the case for Mahler's term of normal autism and symbiosis (Stern 1985; Lichtenberg 1991). Even though Mahler does not conceive of symbiosis as biological, research into the abilities of infants indicate that the term symbiotic melting as an appropriate category of early experience needs to be reviewed. Terms such as primary narcism equally become set terms of most probably outdated theoretical positions (Eagle 1988).

Psychological research emphasises the characteristic of openness and also limited predictability from one developmental phase to the next as important for healthy development. This is especially the case when focusing on individual behaviours. With the term transference, Freud tried to capture pathological development which is formed in accordance with psychodynamic theory through established motivational and relationship regulating structures (Thomä & Kächele 1985 chap 2).

Instead of aetiological assumptions, which phase of development may be the origin a specific disorder, it is possible to determine that the different developmental steps are linear, even though they continue to interact in parallel as functional contexts. Erikson's epigenetic model (1950) is relativized by Stern's concept of four senses of the self. Disorders may develop at any time of life in one of the four senses of self: the emergent self, the core self, the subjective self and the verbal self. The simplified link of severe disorders with earlier recovery is undone, which has substantial therapeutic implications (Stern, 1985). Instead of seeing development of disorders fixed at critical phases, the whole chain of interacting influences should be taken into account. The focus should not only be on the first or the last link in the chain. Therefore the formation of psychopathology can therefore be understood through an accumulation of pathological patterns of interaction (Blatt 1990).

The value of this object psychology approach, which is also developmentally oriented can be seen in the re-analysis of the Menniger and the NIMH depression project (Blatt 1992; 1995). Here a differential effect of therapies with view to specific developmental and psychoanalytic configurations (anaclitic versus introjective) could be shown.

Mother-child psychotherapy: A new development in the therapeutic world

The developmental theory of Sander assumes that in the first 3 years of life the mother-child system is an interconnection of mutual-regulation and self-regulation. The negotiation of self- perception, self-determination and initiative are the core problems which an infant has to tackle with his caretaker. These configurations will become the enduring adaptive strategies of an individual (Quinton & Rutter 1988), the implications of which may be found in the transference patterns (Luborsky & Crits-Christoph 1990). This process of fitting and experience, of what is possible in a relationship, becomes clinically relevant when the carer introduces neurotic parts from early interactions leading to maladaptive interaction patterns.

Cramer (1991) describes first attempts at mother-baby psychotherapy, where such disturbances may be therapeutically resolved. In his psychoanalytically oriented therapeutic concept Cramer assumes that the mother has her own unresolved conflicts, which become reactivated through the birth and the child's behaviour. The unresolved conflicts are then projected onto and distort and burden the interaction with the child.

In his new book Stern (1998) compares the different psychotherapeutic approaches of mother-child psychotherapy and critically discusses their theoretical foundation. He develops his own theoretical model of motherhood constellation, which should be the starting point for an all encompassing view of mother-child psychotherapy.

He defines this constellation as a mother's fundamental psychological organisation, which should be acknowledged in the therapeutic relationship. The central themes are: can this mother provide the nourishment and care this baby needs to survive? Can she have an emotional relationship, build up a system of support and help the baby to find his own identity? A new trilogy develops: the mother's mother, the mother herself and the baby. This

motherhood trilogy is central in every therapeutic intervention. Stern pleads for a positive and supportive transference in mother-child psychotherapies, to counteract any additional hurt and insecurity.

An all encompassing concept of preventive intervention was conceptualised by us for parents of extremely premature infants. This intervention programme consists of 4 components (Brisch et al. 1996) which were conceived to help parents cope better with the accompanying insecurity and anxiety brought about by this situation. Additionally the intervention programme was designed to help establish a positive parent-child relationship.

Immediately after the birth parents were offered individual attachment focused therapy, to enable reflection of reactivated experiences of loss and separation. These could interfere in establishing close contact with the premature baby. The focus of a continual parent group was to provide the possibility for emotional exchange and support with other parents. A home visit was offered, when the child had been discharged from the hospital, where a neonatal nurse could provide information of a medical nature. The last component of the intervention program is a video-training to improve a parent's sensitive handling of the child.

According to attachment theory, a sensitive parent-child interaction allows secure development of the child. This significant direction of research will be explored in the following section.

Attachment

John Bowlby a psychiatrist and psychoanalyst formulated attachment theory in the 1960s (1975; 1976; 1983). He turned away from traditional psychoanalytic view of fantasy life during childhood and focused on the implication of actual real events such as separation and loss on the emotional development of a child. Hence Bowlby's theory has long been the topic of heated debates among psychoanalysts (Bretherton 1995). Now the independent motivational aspect of attachment has been widely accepted, which independent of hunger and sexuality safe-guards the establishment of social relationships. Freud's view that social relationships are primarily formed because of the need for

nourishment would not be supported by the researchers working in the field of attachment (Grossmann et al. 1989). The theory of attachment has taken up aspect of psychoanalytic theory and has developed some aspects further (Diamond & Blatt 1994). Contrary to the psychoanalytic theory of development, attachment theory has managed to also establish itself empirically. Observation of important aspects of dyadic interactions (also prospective) are possible and are systematically described as well as operationalised.

Attachment theory, its basic concepts and methods

Attachment theory sees the desire for close emotional relationships as specifically human. This desire, it is already present in the newborn, will remain until old age and is a basic element with a function for survival. In infancy and childhood attachment to the parents assures shelter and care. Analogously, the task of the parents is the sensitive care of their child. These two systems are in delicate balance and develop in a specific sequence. In the middle of the first year of life, the child develops, by his attachment behaviour and reactions of the attachment figures, an inner representation of attachment a so called inner working model (Bowlby, 1969; 1979; 1983). The child's daily interactions with his attachment figures are the basis of the inner working models. The experience gained from the interaction of the attachment figures are integrated into a whole. For the child this model is a basic organisation of expectations and corresponding feelings which accompany it in different situations. The basic organisation remains the same, even if the child changes his behaviour in different situations.

The inner working model is seen as a construction which becomes ever more complex during a life time, however the focus is exclusively on relationships to attachment figures. To assume an internalisation of relationship experiences shows a parallel to other psychoanalytic theories, especially the object-relations theory. The difference is one of specificity, attachment theory only concerns itself with experiences of attachment to specific attachment figures and operationalises these.

The term "working model" corresponds to the "basic assumptions" of Beck (1981), as well as the "representations of interactions that have been

generalised (RIGs)" of Stern (1985), which are now referred to as "schemas-of-being-with" (Stern, 1996, 1998), in addition to the "role relationship models" and "self-other-schemas" of Horowitz (1991).

Attachment quality between mother and child finds its expression in the second half of the first year of life. The child experiences whether the attachment figure responds sensitively to his signals and needs as well as showing availability. A sensitive mother is alert and notices her child's signals, she interprets them correctly, reacts promptly and appropriately to the needs of her child (Ainsworth et al. 1974). This dialogue enables the child to have inner security, flexibility in situations of conflict, a trust in his ever expanding competence, emotional reactivity, sensitivity and also assertiveness (e.g. Grossmann et al. 1988).

The relationship between parental sensitivity and a secure attachment classification are moderate (r = .32 van IJzendoorn 1995). However the relationship between parental ability to reflect1 their own childhood and the development of secure attachment of the child are much stronger (r= .47, Í=.49 Main et al, Grossmann et al. 1989, Fonagy et al., 1991). There is a so called transmission gap, which is the "gap" of knowledge concerning the interactive ways attachment experiences are passed on (van IJzendoorn 1995).

Ainsworth and her colleagues (1969) developed the so called strange situation, where the attachment quality from the child to the mother was operationalised.

This standardised laboratory situation is made up of 8 episodes, each lasting 3 minutes. The behaviour of 12-18 month old children is observed while in contact with a "stranger", after two short separations from their attachment figure and reunions with this person. The episodes of separation have been conceptualised to activate the attachment system and to trigger attachment behaviour (clinging, seeking proximity, crying etc.). Behaviours of attachment and exploration are the central paradigms of attachment research, which ideally should be balanced. How children react in the reunion episodes, enables a reliable assessment of the quality of their interactional life so far (see review Buchheim 1998 et al.).

Four patterns of attachment have been identified to date, data from other cultures have confirmed these.

The first group is referred to as securely attached (B). These are children who have made reliable attachment experiences.

In the separation episode they can show their distress openly, mostly the attachment figure is able to soothe them easily and the children are able to return to play and exploration.

The second group is the insecure-avoidant group (A). These children have mostly had predictable but rejecting experiences with their attachment figure, especially concerning the expression of negative feelings. They avoid this rejection by concentrating on play in a seemingly untouched manner. When the attachment figure leaves or returns, they show no distress or need of proximity. Spangler (1995) measured the children's cortisol level and found these children to be very stressed, thus indicating maladaptive avoidance strategies.

Another group is referred to as insecure-ambivalent (C). These children have made unpredictable experiences with their attachment figure, who at times are very sensitive in responding their needs and at others not at all. Upon separation insecure-ambivalent children cry a lot and are characteristically difficult to soothe. They show anger or passive despair as an expression of their ambivalence. Their attention is mostly focused on their attachment behaviour.

A fourth group, which was described as such in the 1980s (Main & Solomon 1986) is the disorganised/disoriented group. This pattern is assessed separately from the other classifications. The children have upon separation not developed an organised coping strategy. They are not able to approach the attachment figure (as B or C does) nor can they distract themselves (avoid as A does). Upon reunion they show unintegrated behaviours, such as stereotypic movements after seeking proximity, phases of rigidity, so called "freezing" and an expression of fear towards their parent. This disorganised behaviour is especially seen in abused (Carlson et al 1989), neglected children (Lyon-Ruth et al. 1993) or children whose parents have not worked through their own process of grieving (Main & Hesse 1990). Internationally, the distribution of attachment patterns has been shown to be 66% for the B pattern (secure), 20% for the A pattern (avoidant) and 12% for the C pattern (ambivalent) (e.g. Baltimore study, Ainsworth et al., 1978). In non-clinical samples the

proportion of the D pattern can be assumed to lie from 15-35% (Main 1995). In clinical populations of abused children the frequency of the D pattern is 80% (Main 1995).

Results to date confirm a stability of the attachment quality of children from 1 to 10 years of age (Grossmann & Grossmann 1991). The prognostic value of attachment experiences or attachment deficits are high for later social development of the child, his self-image, self-esteem, social competence as well as cognitive ability (Grossmann & Grossmann 1991).

A secure early attachment relationship can be a protective factor in the development of disorders (Bowlby 1988; 1995). However early avoidant or ambivalent attachment relationships may start negative mechanisms which can establish themselves in inappropriate psychic structures. At the same time early experiences may be changed by subsequent stress. One can not assume a straightforward stability of attachment security. Bowlby never took a deterministic view of early attachment experiences. He sees the developmental path of attachment organisation as flexible, and would not subscribe to the view that once secure always secure (Bowlby 1988; 1995). Extreme emotional relationships such as separation or loss may change attachment quality and may lead to a change in self-esteem (Zimmermann et al. 1995). Similarly, one may assume that the inner working model of an early insecure attachment experience may be reorganised. This could be the case after a new positive experience with a partner or a psychoanalytic therapy (Fonagy et al. 1995). The systematic description of childhood relationship experiences allows an attachment theory with a life cycle perspective (e.g. Ainsworth & Bowlby 1991). As early relationship experiences seem to influence the relationships of adults, there has been a growing interest in attachment representations of adults. An essential step in this development was the so called "move to the level of representation" which was taken by Main et al. (1985). She assessed the attachment representations of 6 year olds (Strage & Main 1985, Main & Cassidy 1988, Grossmann & Grossmann 1991) as well as adults (Main et al. 1995) by using language. The "adult attachment interview" (AAI) (George et al. 1985) was developed to capture the attachment representations of adults2. The themes touched upon in the interview correspond to Bowlby's trilogy of relationship, separation and loss.

The semi-structured adult attachment interview assessed current attachment experiences with respect to the past and the present using 18 questions. The

scoring method focuses not so much on the content of the narrative, but the ways and means of linguistic organisation. The coherence of the discourse in the linguistic sense is essential (see Grice 1975).

Parental attachment representations have also been classified into 4 groups (Main et al. 1985; Main 1991; Grossmann et al. 1988) and correspond conceptually and empirically to the attachment qualities of children.

The autonomous secure adults recount their childhood memories/experiences in an open and coherent fashion. They provide positive and negative examples, can reflect them and are able to integrate them into an appreciating whole. The dismissing adults provide incomplete, incoherent examples and often have blanks, especially when concrete examples are required. Attachment figures are either idealised or devalued in order to defend against painful memories. The preoccuppied adults tell in an angry and neverending way about the conflicts they experienced with their caregiver. They are entangled and give the impression that their experiences were very recent. These adults characteristically oscillate between positive and negative value judgements without being aware of the contradiction.

Specific passages in the adult attachment interview may show unresolved grief. These passages are rated separately and relate to traumatic events (loss or abuse) which have not been resolved. The linguistic presentation seems disorganised (confusing senses of time and space, long silences, unusual details), incoherent and at times irrational.

Longitudinal results show the clear relationship between mother's attachment representations and the observable attachment quality of their child (Main 1991; Fonagy et al. 1991a). Hence the transgenerational aspect of attachment is a confirmed result.

The statistical proof of the transmission of attachment experiences is satisfactory. Agreement between the category of attachment representation in adults and the quality of attachment of their children was examined in 18 studies (854 dyads) (van IJzendoorn 1995). The agreement (secure versus insecure) is 75% (Í=.49) (Main 1995). In a study by Fonagy et al. (1991) the predictive validity of the adult attachment interview is clearly shown. The attachment quality of the child could be predicted from the attachment

representations obtained during an interview conducted while the mothers (n=100) were pregnant Í=.44 (69%). These results have been replicated in several studies (Benoit & Parker 1994; Ward & Carlson 1995).

Clinical relevance of adult attachment research

To apply the adult attachment interview clinically has also shown itself as useful. Van IJzendoorn and Bakermans-Kraneburg (1996) showed a higher distribution of insecure representations of attachment in clinical than in non-clinical samples. Hence, a distinction of clinical and non-clinical groups could be made using the AAI, even though a differentiated assignment of insecure attachment and psychopathology is not yet possible. The coding system of the AAI takes into account to what extent attachment relevant information has been processed. The way the information is presented, especially as concerns linguistic aspects is central to the AAI, hence the coding system also incorporates defensive processes. This semi-structured interview can surprise the unconscious, so there have been discussions to include a systematic learning of this instrument in clinical training.

Psychoanalytic research into borderline personality has already profited from results of attachment research (Clarkin et al. 1992). A lack of sympathetic understanding, being untouched by the feelings of others and an inability to have relationships are all phenomenological characteristics of the dissociated and narcissistic personality disorder as well as a borderline personality type. Among other factors, a psychopathological component of this disorder is discussed, where from the view of object psychology disorders of "containments" (Bion 1962) are assumed.

People with borderline disorders have a greater preponderance to have had unsolved traumatic experiences and be "entangled" in their attachment classification when compared to a control group (Patrick et al. 1994). They also seem to have an inadequate meta-cognitive ability for self-reflection (self-reflective function, Fonagy et al 1991b, 1995). A successful psychoanalytic therapy is able to improve the ability to self-reflect, that is to be able to identify with the others state of mind. The patient is able to obtain an adequate representation of himself and others through the continual and repeated evaluation of the therapist's and patient's consciousness in the transference (Fonagy et al. 1995). The following section will deal with the core concept of

transference from an interpersonal perspective, also presenting methods of operationalisation.

Interpersonal relationship pattern

From the beginning of the 1970s the "Shibboleth" of psychoanalysis, namely transference, has been investigated theoretically and empirically in a differentiated manner. A multitude of different methods have been developed to capture this interactive process of regulation.

The methodology of structural analysis of social behaviour (SASB, Benjamin 1993, Tress et al. 1990), where each speech act of a therapeutic interaction becomes object of analysis, is distinct from the approaches which draw systematic information from verbal exchange about subjectively relevant structures. Examples of the latter approaches are the Central Conflict of Relationship Theme (CCRT, e.g. Luborsky & Crits-Christoph 1990) the methods of cyclic maladaptive pattern (Strupp & Binder 1984), plan diagnosis (Weiss & Sampson 1986), Dahl's FRAME method (Dahl 1988) and the role relationship conflict constellation (Horowitz 1991). The observation focuses on identifying functional and dysfunctional observable or experienced interactions, which may be influenced therapeutically. Microanalytic investigations of individual speech acts (SASB) are found at one end of the spectrum, the global instruments which capture complex psychological processes of conflict (e.g. plan diagnosis, FRAME) at the other. The description of individual components of the interaction (CCRT) to different, partly parallel intrapsychic and interpersonal schemata may be seen as situated somewhere in between the two.

These procedures of interactional analyses with which interpersonal relationship patterns were realised, coincide with biographical methods which have experienced a revival over the last decade (Jüttemann & Thomae 1987). The structural analysis of social behaviour (SASB) is based on the interpersonal circumplex model. This enables the analysis of connections between interpersonal and intrapsychic processes through the introduction of three levels of foci:

the transitive (active: cause something to happen in others), intransitive (reactive: tell others about oneself) and introjective (focused on the self)

(Benjamin 1974). The systematic application of the SASB model for psychiatric diagnosis and classification (Benjamin 1993) shows the influence of the approach. Other approaches use narrative material.

Luborsky developed the best known approach for the systematic analysis of individual transference disposition, the Central Conflict of Relationship Theme (CCRT) (Luborsky & Kächele 1988). This CCRT procedure is based on the assumption that the narrative of the patient transports and condenses "clotted" subjectively meaningful interpersonal relationship experiences. Poignant subject-object behavioural relations such as burnt in clichÈs are made visible by this method.

This instrument which judges an experienced relationship event, prepares narrative material so that the imprinted internalised relationship structures, which can be seen in individual behaviour, become transparent. The relationship world of an individual is represented with a type of enduring life-history "motto", "chiffre" or "schema". Even more differentiated insights into the "macromolecular" relationship structures can be had from a further development of the CCRP method (Albani et al. 1994; Dahlbender et al. 1998). They demonstrate their variable organisation with different objects and contexts, show a lifetime recovery and regulation, as well as demonstrating change in therapy.

So called relationship episodes are filtered from accounts of interactions, from which three components are extracted. These are presented as sequential schemas of the sequence.

The subject's wish from the object leads to a satisfactory or unsatisfactory reaction from the object, which is subsequently followed by a corresponding reaction from the subject. One can remain at the idiographic level, so that the patient's formulations are in speech form, or the statements are transformed into an abstract categorical level.

One remarkable result from this area of research is that the more relationship episodes with a variety of objects are recounted from the past and present, the clearer are the differentiated patterns of clotted relationship experiences (Luborsky & Crits-Christoph 1990). Research into convergent and discriminant validity from therapy transcripts confirm the value of analysing interpersonal relationship patterns. There is also the possibility of analysing clinical materials of diagnoses and progress (Luborsky & Barber 1995;

Kächele & Dahlbender 1993). In addition self-rating methods were developed with which interpersonal behaviour and experience is assessed, such as the Inventory of Interpersonal Problems (IIP, german version, Horowitz et al. 1994). This instrument is theoretically based on Sullivan's interpersonal theories (1953) from which the circumplex models of interpersonal behaviour were derived.

The circumplex model is based on the assumption that all interpersonal behaviours can be represented with two orthogonal and bipolar dimensions. The dimension of control ranges from dominant/controlling to submissive behaviour and the dimension of affiliation ranges from affectionate/oriented towards to hostile/distanced behaviour. In Leary's model (1957) 16 interpersonal categories or segments were defined which are arranged around two orthogonal dimensions. Starting from this model different groups of researchers have developed other models for the taxonomy of interpersonal behaviour, which are partly distinct from one another by the number of segments (e.g. Wiggins 1982; Kiesler 1983).

Empirical relationships of the attachment style and people schemata underline the interconnection of constructs based on two different theoretical traditions (Horowitz 1994; Strauß & Schmidt 1997).

Implications

Psychoanalytic therapy and also therapy of a simpler structure has felt the influence of the concepts of development, attachment and relationship. It has been shown that the actual beginning of psychopathology can be anywhere on the developmental path (Stern 1985). Attachment theory as well as modern psychoanalysis takes account of the environmental aspect. Instead of the pleasure-unpleasure principle such concepts as mirroring, communication, affective exchange and bodily contact are focused on for the purpose of feeling secure. Developmental psychopathological research supports these new concepts with their impressive evidence. The results from attachment research make the significance of attachment needs plausible for personality development.

Even though stringent empirical confirmation is yet to be delivered, knowledge of the patterns of attachment imply differentiated therapeutic strategies. It is reasonable to assume that a disorder specific axes-II oriented therapy would prove useful.

Knowing the implication of loss and the influence of death on the development of children is helpful for therapy (K^hler 1995). Diffuse associations made by the patient when touching upon the topic should not be interpreted as a defense, but are developmentally based deficits of attention and concentration.

It should not be the case that the therapist treats his patient as an infant and mothers him. However, it should be an advantage when the process of understanding the childhood parts of the patient are enriched by images provided by new developmental psychology. The current interaction during therapy can be understood with as much differentiation as the mother-child relationship has illustrated. This leads to a multitude of communicative and interactive processes which enrich clinical conceptualisation (Emde 1991).

The process of empathic agreement takes shape through preverbal processes which manifest themselves in eye contact, position of the body und verbal adjustment. The turn of phrase, that with ones own unconscious, one decodes the unconscious of the patient, would not be much more than an empty metaphor without these microstructural processes of exchange (Krause 1998). We may assume that empathic understanding and intuitive grasp of the therapist are based on conscious or subconsciously perceived affective and motor patterns. These may be rooted in the early mother-child, father-child and sibling-child interactions (Lichtenberg et al. 1992).

The great progress of infant research demonstrates the extreme efforts necessary to decode the grammar of non-verbal interactions (Krause 1990). The results focus on the importance of situational factors which play a part in dyadic as well as group therapeutic situations.

In order to attain a helpful relationship which is a prerequisite for a good therapy, many different verbal and non-verbal communicative part-processes may be seen as important. Their significance has already been demonstrated in the mother-child relationship, and parallels may be drawn with the therapeutic relationship. Therapy research has shown (Henry et al. 1994) that reciprocal esteem is an important ingredient for a helpful therapeutic relationship.

To summarise the significance of new insights in early development, attachment and relationship, for therapeutic work, the following may be said: They provide us with relevant facts and plausible models with which we can

create and enrich (Bornstein & Masling 1998) the current relationship, while having access to the so called present unconscious and the past unconscious (Sandler & Sandler 1985).

footnotes

- 1) for more details see page 16
- 2) A critical review of alternative methods to assess adults' attachment representations can be found in Crowell & Treboux (1995) and Buchheim et al. (1998)

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