2 Psychoanalysis and Attachment

Related to Inner Working Models and Personality disorders

1.General Remarks

Psychoanalysis

Freud

- Aggression: related to the autonomy of the Ego → differentiation
- Libido: related to the tendency to unify → symbiosis

Bowlby and Fairbairn

- Drive for relatedness → optimal balance between distance and proximity

Psychoanalysis

Laplanche

- Libido and aggression are different ends of the same tendency: to be related without loosing yourself and to with yourself without loosing the other

Blatt

- Drive to autonomy: self definition
- Drive to relatedness: intimacy

Pathology

- Related to the quality of interpersonal functioning
- Related to attachment representation/ inner working model
- Quality of the Self – Object differentiation
  - Self definition/Autonomy: Agency → Introjective
  - Relatedness: Intimacy → Anaclytisch

Attachment

- Attachment theory underscores the central role of relations in human development from the cradle to the grave
- Human attachment relations are regulated by a behavioral-motivational system that develops in infancy and that is shared with other primates

Attachment

- This system monitors physical proximity and psychological availability of a stronger and wiser attachment figure
- It activates and regulates attachment behavior toward that figure
- Attachment relations are beyond infancy governed by **internal** and mental **working models** based upon the experiences with the attachment figures

Attachment

Some concepts in attachment theory:

- Attachment: J.Bowlby: Attachment and Loss (1969-1980)
- Attachment strategies: M.Ainsworth: Strange Situation Procedure (1978)
- Attachment representations: M.Main (George and Kaplan): Adult Attachment Interview (1985)

AAI

- Looking for actual mental representations by activating the attachment system.
- It is about how the patient is telling his story: coherent,transparent,relevant or in a diffused way

AAI

- ***Questions like:***

1. can you mention some characteristics of the early relationship with Mother/Father
2. What happened when you were upset,sick or had pain
3. What happened when you felt rejected, in cases of loss or in threatening situations

2. Internal Working Model

Organizing, selecting and interpreting inner and outer reality

Internal Working Model

- From the beginning experiences are translated into unconscious internal working models
- Interpretation schema's used in meeting the environment
- To anticipate and understand new experiences → giving meaning and constancy

Internal Working Model

- They regulate, interpret and predict both the attachment figure's and the self attachment-related behavior,thoughts and feelings
- The material is stored in a procedural way and not in a dynamic way
- Should be revised in line with developmental and environmental changes

Alternative concepts

- Schema
- Scripts
- Impliciet procedural memory
- Representations of interactions that have been Generalized (RIGs)-*Stern*
- Forms of intersubjectivity - *Beebe*

Internal Working Model

- Neurological networks strengthened by rehearsal
- Representations of Interactions that have been Generalized (Stern)
- Scripts and Implicit Procedural Memory (Main,Hesse & Kaplan)
- Intersubjective Interpretive Mechanisms (Fonagy)

Internal Working Model

Bowlby: Attachment theory

- IWM's are unconscious and structured in a procedural way

Psychoanalysis:

- The unconscious is:

1. Procedural and not related to repression
2. Dynamic related to repression and defence

Internal Working Model

Two Essential internal working models are:

- IWM about the Self
- IWM about the Environment/Other

- Continually revised on the basis of new experiences during development

Internal working Model

- Relation between the development of inner working models and the brain
- The child's biological driven adaptations to the caregiver's actions and to the caregiver's mind lead to the development of regularly occuring and stable patterns of defence and affect regulation (Slade)

Internal Working Model

- Trying to maintain the consistency of the IWM by, via specific behavior by the self, provoking specific reactions in the other
- So the IWM is **organizing** but also **selecting** and **interpreting** experience

Internal Working Model

- The IWM's about the Self and Others or the Environment can be consistent and complementary but also conflicting with each other
- There is a hierarchy of IWM's: inconsistencies at a lower level can be overcome on a higher level

- Nevertheless it is possible to develop conflicting IWM's about one self or the other (Freud; Bowlby)

Internal Working Model

- Till the age of +/- six, children are not looking for what is true or not and they cannot differentiate between different sources of information (Main)
- They are not able to differentiate between phantasy and reality, they need the presence of external reality (Main)
- It is about mentalization: equivalent, pretend and reflective mode (Fonagy et all.)

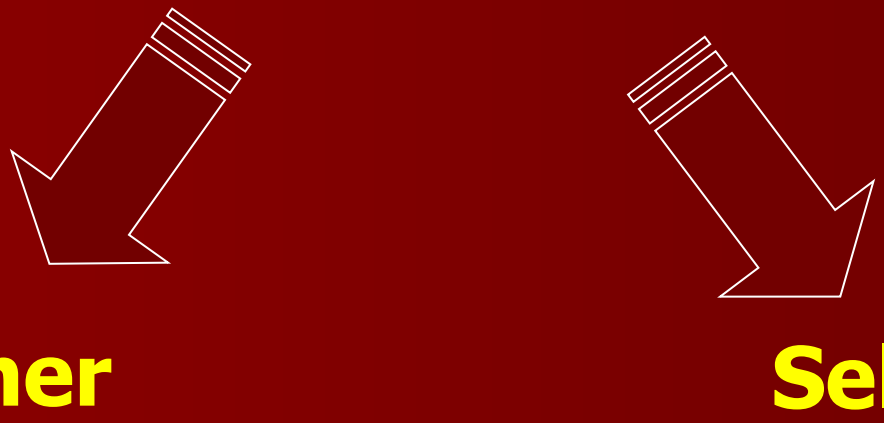
Internal Working Model

- Sometimes creative, productive leading to creativity
- Sometimes fruitless, destructive and leading to rigidity
- Psychoanalysis should be a revision working place → a place where non-constructive unconscious working models are detected and revised by containment and interpretation

Internal Working Model

- The IWM's about the Self and the Other leads to four types of attachment representations:

Two general workingmodels positive or negative



(Bartholomew e.a. 2001)

Internal Working Model

- **Research also leads to four types of attachment representations**

- ***Safe***
- Secure Autonomous

- ***Organized unsafe***
- Avoidant Dismissing
- Resistant/Ambiv. Preoccupied/Entangled

- ***Disorganized Unsafe***
- Disorganized Disorganized/Desoriënted

3. Attachment

General remarks

Attachment

- Related to the primary aspect of the relation.

- Activated in case of danger
- Related to separation and loss
- A way of regulating anxiety

- Related to the concept of Internal Working Model

Attachment

- Infantile attachment representations are not predicting future object relations
- Safe attachment representations are influencing:

1. Adequate attention and affect regulation
2. Adequate development of the Self,
3. Mentalizing ability

Attachment

- The development to affectregulation goes by adequate affect representation. The caregiver regulates the affect by facilitating affect representation:

1. *Accurate and marked mirroring of the affect*
2. *Giving meaning to the affect*
3. *Looking to the baby as intentional*

Attachment

- Avoidant/dismissing
- Ambiv./ Preoccupied
- Autonomous/secure
- Disorganized

- Over-regulating of affect
- Under-regulating of affect
- Possibility to modulate and calm down affects
- Not able to regulate,modulate or calm down

Attachment

Different aspects relevant to discuss

Attachment

1. Primary relation
2. Developmental aspect
3. Attachment
4. Attachment and IWM
5. Psychopathology
6. Psychoanalytical Treatments

Attachment

1. Primary Relation

1 The primary relation

- Relation with the primary caring object
- Not yet adequate Self and Object differentation
- Not yet adequate inner mental space

- Balint: Primary Love versus Basic Fault
- Klein: Paranoid/Schizoid Position

- **Bowlby: attachment, loss and separation**
- **Fonagy: Mentalization**

1 The primary relation

Primary caregivers

- Attachment (figure;representation;style)
- Unconditional love
- Facilitating the internalizing process
- Winnicott: The Good enough Mothering
- Fonagy: Mentalization

- **From the outside to the inside**

1 The primary relation

- Mother as environment, containing, background as a horizon
- Mother as an object: frustrating or gratifying
- Primary attachment relation

- **It is more about attachment and less about the object**

Attachment

2. Developmental aspect

2. Developmental Aspect

Deficient primary relation

- No adequate S/O differentiation
- Momentanous behaviour
- No third position
- No differentiation between reality and fantasy; inner and outer reality
- Behaviour is not intentional

- **Disorganized Attachment**

2. Developmental Aspect

- Offering your self as a new primary object
- Offering yourself as a new safe attachment figure. →
- From first to second order representations
- Adequate attunement, being sensitive and responsive → resonance
- Adequate mirroring → adequate marking

2. Developmental Aspect

- Crying becomes “being hungry” or “being sad”.
- **Having** emotions instead of **being** emotions
- Internal mental space
- Second order / Mental representations
- From Deficit to Conflict

2 Primary relation and Attachment: Summary

- Internal mental space
- Mentalization: from first to second order representations
- Reflective Functioning
- Corrective Emotional Experience/Insight
- New primary object/Interpretation

- From being **attached/ related** towards being attached/related to an **object**

Attachment

3. Attachment

3. Attachment

- Related to development / pathology

- It is about the way primary care givers are emotional available
- Basic trust /safety
- Anxieties always related to separation
- It is a way of regulating anxiety
- Internal Working Model

3. Attachment

- Attachment figure: external
- Attachment representation: internal
- Attachment Style: related to experiences with different attachment figures

3. Attachment

Attachment styles

Safe

- Secure Autonomous (F)

Organized unsafe

- Avoidant Dismissing (Ds)
- Resistant/Ambiv. Preoccupied/Entangled (E)

Disorganized Unsafe

- Disorganized Disorganized/Desoriënted (U/d)

Attachment styles

High **Dismissive** Low	avoidant **Fear** High
anxiety **Safe** Low	anxiety **Preoccupied** avoidant

3. Attachment

Secure/Autonomous

- Primary caregivers are available in a consistent way. They are sensitive and responsively related to the needs of the child.

- Psychoanalysis and Psychoanalytic Psth.

3. Attachment

Secure/ Autonomous

- Active exploring but staying in contact
- After separation active looking for contact
- Flexible and persistent in solving problems
- On his own or together with others

3. Attachment

Autonomous

- Lucid, coherent and consistent; argumented, concise and complete, in good order

3. Attachment

Avoidant / Dismissing

- Primary objects are rejecting, impulsive or extremely controlling
- The child is developed in isolation, they have a very hostile and demanding attitude

- Psychoanalysis

3. Attachment

Avoidant/Dismissing

- Exploring but with little contact
- After separation: avoiding in an active way, neglecting
- Keeping at a distance, small emotional expression
- I should do it on my own

3. Attachment

Dismissing

- Idealizing the primary care givers without founding it with memories
- Primary care givers are unimportant or inferior
- Lack of memories

3. Attachment

Ambivalent/Resistant/Preoccupied

- Primary objects available in an inconsistent way: rejection as a way to control. Lack of responsivity.
- Children are tense, impulsive, alert, passive, frustrated and helpless.

- Psychoanalytic Psth. Or group

3. Attachment

Ambivalent/Resistant/Preoccupied

- Keeping contact in an **anxious** way
- After separation: strongly looking for contact and resistence at the same time
- Mostly, little control about emotions and impulses (I cannot be alone)

3. Attachment

Preoccupied

- Telling in a confused way, not objective
- Passive preoccupied: Silences or long winded
- Angry – conflictual: detailed about mistakes/failing of care givers.
- Anxious preoccupied

3. Attachment

Disorganized

- The attachment figure is at the same time the source of safety and of anxiety
- First they have secure or unsecure attachment behavior and suddenly they lose the melody and show incoherent, inconsistent and desoriënted behavior

- After separation: disorganized or desoriënted

3. Attachment

Disorganized

- Colouring the past by their actual momentaneous feelings
- Incoherent and inconsistent story telling
- Primary instead of Secondary process thinking

3 Attachment - AAI

Safe (F)

- Loves bonding
- Coherent telling
- General descriptions founded by episodic memories
- Not in contradiction with himself
- At ease with the topic

Avoidant (Ds)

- Actively put aside the possibility to be influenced by earlier experiences in attachment
- Idealizing the parental object or devaluating them in relation to his attachment history

3 Attachment - AAI:

Preoccupied (E)

- Strongly focusing on the parental objects
- Not able to put aside issues related to attachment nor to describe them coherently
- Able to oscillate between "good" and "bad"

Disorganized (Ud) (+ Ds, E, F)

- Trauma cannot be integrated in actual life (for example: feels guilty without being actual the cause of the trauma
- Incoherent storytelling
- Either/Or thinking → "All good or all bad

3 Attachment

Balance between autonomy and intimacy

Secure attachment is the outcome of successful containment, while insecure attachment is a defensive compromise in which either intimacy (avoidant/ dismissing) or autonomy (resistant/ preoccupied) appears to be sacrificed for the sake of retaining physical proximity to the caregiver incapable of containing the infant's affect.

(Fonagy et al 1995: 243)

4 Attachment

And the inner working model

4 IWM

Other	Self
Positive	Positive
Negative	Negative

Autonomous / Safe

4 IWM

Other	Self
Positive	Positive
Negative	Negative



Avoidant/Dismissing

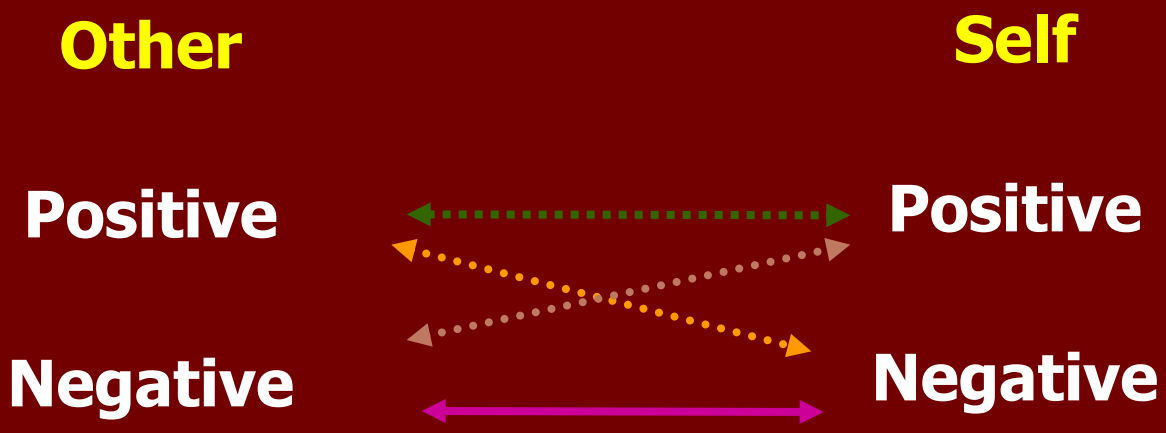
4 IWM

Other	Self
Positive	Positive
Negative	Negative



Preoccupied /Entangled

4 IWM



Desorganized

Psychotherapeutic Stand and Attachment

Reluctant and Cautious	⟷	**More dismissing and avoidant**
Emotional and expressive	⟷	**More preoccupied and ambivalent**
Alternating	⟷	**Autonomous/safe or disorganized**

Good matching

Patiënt	Therapeutic Accent on:	Stand
Preoccupied	Reluctant	Emotional
Avoidant	Match	Match
Disorganized		Alternating

Attachment

5. Psychopathology

5 Psychopathology

Circulair Causality

- Behavior is the result of the mutual relation between "nature" and "nurture".It is about the interaction between biology and psychology.
- The result of a complicated interaction between "genes" and "environment"→ integration Mind and Brain.

5 Psychopathology

Consequences for looking at pathology

- No causal relation between risc factors and the development of pathology; the amount of risc factors is in a way predictable.
- The quality of the early attachment relationships is important for the possible development of pathology

5 Psychopathology

- The process of internalising early experiences and the creation of an internal psychological model of the interpersonal world → mentalization/ creation of a mind or mental representations.

- Internal representations of the earlier experiences with the primairy care givers will influence later relationships and the development of psychopathology later on

5 Psychopathology

- Successful containment helps against the development of psychopathology

- Unsuccessful containment is a riscfactor for developing psychopathology

1. Sensitive mirroring but not marked → disposition to the equivalent mode and the development of anaclytical pathology
2. Non sensitive mirroring → disposition to the pretend mode and the development of introjective pathology

5 Psychopathology

- **Mental Process Disorders:**
  Disorganized Unsafe → "developmental" pathology → facilitating development.

- **Conflicting Mental Representations:**
  Safe and Organized Unsafe → "conflict" pathology → facilitating regression

Mood and anxiety disorders

	F	Ds	E	Ud
Affective disorders with internalizing symptoms			X	
Affective disorders with externalizing symptoms		X		
Mixed affective disorders				X
Anxiety disorders				X (Ud/ E)

Other Axis I disorders

	F	Ds	E	Ud
Eating disorders without depression		X		
Eating disorders with depression				X (Ud/ E3
Addiction and substance abuse		X		
Schizophrenia		X		X
Comorbidity As I: CD and depression		X		X

Axis II disorders

	F	Ds	E	Ud
Borderline personality disorder				X (Ud/ E3)
Anti-social pers.dis. and conduct dis. (co-morbidity mood disorders)			X	X
Conduct disorder		X		

Psychopathology

Anaclytical

- Borderline
- Histrionic
- Dependent

Introjective

- Narcicistic
- Anti Social
- Schizoid/Schizotypical
- Obsessive compulsive
- Avoidant

Psychopathology

Anaclytical personality organisation

- Borderline pers.dis.
- Histrionic pers.dis
- Dependent pers.dis

5. Psychopathology

Summarizing:

- Unsafe attachment representations:organized or disorganized

1. Mentalizing ability is not developed there is no coherent psychological Self.
2. There is mentalizing ability but it is blocked or inhibited

- In treatment the therapist is offering himself as a new secure base

Attachment

6. Psychoanalytical Treatments

6 Psychoanalytical Treatments

- Bowlby (1988): "one of the main functions of a therapist is to provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life, past and present, many of which he finds it difficult or perhaps impossible to think about and reconsider without a *trusted companion to provide support, encouragement, sympathy, and, on occasion guidance"*

6 Psychoanalytical Treatments

- Therapist as a new secure base
- Facilitating the mentalizing ability

- Therapist is an attachment figure

1. *Affective availabilty*
2. *Sensitive and responsive in an adequate way*
3. *Focusing on the state of mind of the patiënt*

6 Psychoanalytical Treatments

Sensitive responsivity

- In the relation baby-caregiver: responding to signals of behavior and physical circumstances.
- Later on: representing and understanding of the mental state of the other and react to that.
- In therapy: understanding and focusing on the mental state of the patiënt, mentalizing, empathic,not knowing stand

6 Psychoanalytical Treatments

2 different modes of Psychic Reality

Equivalent Mode

- Internal = External
- Too realistic

Pretend Mode

- Internal separated from the external
- Too unrealistic

6 Psychoanalytical Treatments

Reflective Mode

- Integration of equivalent and pretend mode
- Capacity to mentalize

6 Psychoanalytical Treatments

Mentalization

- The ability to experience thoughts and feelings as representations
- Inner and outer world are connected but differentiated (no longer equalized or dissociated)
- Behavior becomes predictable and has a meaning (experience of conflict)

6 Psychoanalytical Treatments

Mental Process Disorders

- Matter of Dose
- High frequency/density:

1. Ambulant yes or no, combination of individual therapy with grouptherapy
2. Day Clinic yes or no in combination with group and individual approach

6 Psychoanalytical Treatments

Mental Process Disorders

- ***Disorganized/desoriënted :*** developmental approach, frequency/ density; ambulant or day clinic dependent low/high level BPO, high density
- It is primary about containing

6 Psychoanalytical Treatments

Conflicting Mental Representations

- ***Avoidant/Dismissing:*** regressive approach, high frequency
- ***Resistant/Preoccupied/Entangled :*** regressive approach, low frequency

- It is about interpretation within a containing context

6 Psychoanalytical Treatments

- **Psychoanalytical treatment is a revision of the Internal Working Model**

1. By offering yourself as a new attachment figure.
2. By facilitating the development of a new attachment style which is more safe than the previous one.
3. By overcoming conflicting mental representations

6 Psychoanalytical Treatments

4. By containing the patiënt and if possible by interpreting his behavior/conflicting mental representations
5. The old attachment style does't disappear, an alternative is developed next to the old one
6. Change means the ability to develop and make use of alternatives

6 Psychoanalytical Treatments

Introjective pers. org.

- Avoidant attached
- Pretend mode
- Focusing on the Self
- Cognitions, explorations and interpretations

Anaclytical pers. org.

- Preoccupied attached
- Equivalent mode
- Focusing on the relation
- Empathy,support and reassurance
- Clarification, challenge and elaboration

6 Psychoanalytical Treatments

In earlier times:

- Strong inner structure
- Safe attached:

- Insight giving expressive form of treatment

- Weak inner structure
- Unsafe attached:

- Supportive form of treatment

End

- Thanks for listening
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