

John Bowlby (1907-1990)
British psychiatrist and analyst



Bowlby - Juvenile Offenders



Bowlby - Mental Health and Separation



Bowlby: A Two-Year-Old Goes to the Hospital
1952



Bowlby - Attachment's Evolutionary
Basis



[Davidson Films: Bowlby](#)

Mary Ainsworth (1913-1999)



- Canadian psychologist
- 1913-1999
- Trained under Bowlby
- Strange Situation

Strange Situation



Secure Base From Which to Explore



Maternal Sensitivity to Infant Cues



Ainsworth Attachment Types

- Securely Attached
- Anxious-Avoidant
- Anxious-Resistant (a.k.a. Ambivalent)
- Added later: Disorganized Attachment Style



[Dr. Pat Crittenden on Ainsworth](#)

Mary Main, Ainsworth's Student

- Adult Attachment Interview (AAI)
 - Secure Autonomous
 - Mostly coherent, appropriate responses
 - Insecure Dismissing
 - Brief, incomplete responses, lack of recall
 - Insecure Preoccupied Type
 - Long, rambling, overly-detailed responses

(Extensive training required to administer)

Attachment Theory

- Strengths
 - Empirical support
 - Early intervention
 - Empathic response to difficult clients
 - Understandable theoretical language

Attachment Theory

- Limitations
 - Lack of structure - can be difficult to use
 - Techniques not clearly spelled out
 - Clinician must determine if applicable

Relevant Psychoanalytic Concepts



Relevant Psychoanalytic Concepts

- **Transference** - Believed to be the redirection of feelings from a person previously in someone's life to a person now present.
- **Counter-transference** - Similar to transference but involves the feelings of the therapist transferred onto the client/patient.
- **Example** - disliked a teacher in school, now dislike boss with same smile
- **Example** - therapist feels affection for child client who is same age as her own child

Relevant Psychoanalytic Concepts

- **Identification** - Wish of the Ego to be like another; considering oneself similar in some way to the other.
- **Internalization** - To take into oneself beliefs, ideas, behaviors, morals. Associated with identification when changes are made because of wish to be like another.

Relevant Psychoanalytic Concepts

- **Splitting** - Inability to tolerate two opposing viewpoints of one individual (i.e. both good and bad traits) at once. Forces conceptualization of other as "all good" or "all bad." Black-and-white thinking and all-or-nothing understanding are also examples of splitting. Inability to tolerate ambivalence about an individual or situation.

Relevant Psychoanalytic Concepts

- **Object Relations Theory**
 - Interpersonal - object is person, part of person, or symbol; any of these is subject to interrelational interaction.
- **Object Constancy**
 - The ability to hold another's "mind in mind" - to recall the comforting presence of another even if they are not present.

Donald Winnicott

- **True Self**
 - Authentic
 - Genuine
 - Real
 - The Core Being
- **False Self**
 - Defensive
 - Protect from Threat
 - Pretend
 - The Outer Layer

Winnicott

- Transitional Object -
 - Real item, can be held, felt, grasped. Provides comfort in absence of good object. Examples: blanket, doll, pacifier.
- Transitional Phenomena
 - Action which provides comfort in absence of good object. Examples: rocking, fantasizing, thumb sucking.

Winnicott

- Good Enough Mother - primary object who meets needs of infant to satisfaction of infant. Subjective concept which varies from child to child and within the same mother concerning different children. Child who experiences good enough mother more likely to come through childhood with secure attachment style.

Melanie Klein

- Good Object
 - (as in "of affection") - is meeting needs according to wishes/desires.
 - Freud believed object role was to meet sexual need
 - Klein believed object was source of nourishment, i.e. breast
- Bad Object
 - Frustrating or resisting approach - not meeting needs appropriately

Klein

- Projection - rejecting unacceptable ideas which define oneself and attributing them instead to someone else. This assumption about the other may not be valid.
- Introjection - Taking into oneself the behaviors, attributes, characteristics of another. Internalization of an authority figure.

Klein

- Projective Identification - Projecting into object, then identifying with the object. Self-fulfilling prophecy.
- Example: Borderline client believes therapist hates her, behaves in such a way that therapist does begin to hate her.

Holding and Containing

Holding - Winnicott

- Physical holding of an infant child over time.
- Example for adult client in treatment of a holding environment is simulated by hospital 24-hour care.

Containing - Bion

- Therapist ability to tolerate affect and allow patient to "be himself." Key to this is therapist ability to maintain demeanor and not react with negative affect.
- Example is patient exhibiting anxiety or anger - therapist remains calm throughout.

Attachment and Trauma

Logical Point of Focus?

Types of Trauma

- Impersonal
- Interpersonal
- Attachment

Menninger Clinic

Anna Freud Study



Child Abuse and Trauma

... and Attachment

Number of Participants Necessary for Abuse to Take Place

- One?
- Two?
- Three?
- More?

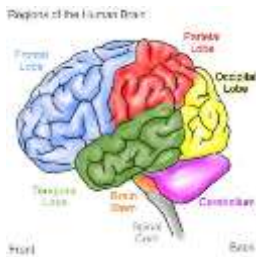
Who's Minding the Store?



Reconsider Resilience



Trauma and Psychiatric Disorders



Commonly Seen with Trauma

- Depression/Anxiety
- PTSD
- Dissociative Disorders
- Borderline Traits
 - Self-destructive behaviors
 - Negative and self-critical thoughts

Borderline Personality

- **“No emotional skin”** - Marsha Linehan
- **“The patients psychologists fear most”** - TIME
- **18M Americans (5.9%)** - Journal of Clinical Psychiatry
- **Wastebasket of Hostility dx** - Dr. Duckworth, NAMI

Initial Presentation

Behavior During Treatment

Transattachment, then ...



Is the *process of attaching*, or the *state of being attached*, to someone other than the intended, original, *customary* primary attachment object, most often the biological mother and/or biological father

- Daria Dato

Grandparent, adoptive parent, spouse, or other important figure - therapist, for example - are all potential attachment objects

Picture from Interracial Families in Friendship

<http://www.association.com/iff/>

Transattachment Techniques

- Amalgamation of accepted causal theories and treatment modalities
- Logical response to DSM symptoms of BPD
- Holistic - addresses all deficiencies

Treatment Goals

- Develop clear, coherent voice
- Increase ability to reason and use logic
- Maturation of insight and empathy skills
- Decrease existing deficits in socialization, education, self-care and self-soothing ability
- Increase ability to care for self
- Utilize skills to assist next generation

Object Constancy

Gone Forever

Or Kept In Mind



Both Through Time



And Over Time



Why is Object Constancy Missing?



DSM-IV-TR Symptom Review

- 1,2,3,4,6 - APPROPRIATE
 - Developmentally expected in infancy
 - With secure attachment, these are outgrown by adulthood
- 1) Avoid abandonment
- 2) Unstable and intense interpersonal relationships
- 3) Unstable self-image
- 4) Impulsivity
- 6) Affective instability

Strengths-Based Emphasis

- Infantile helplessness is a healthy starting point
- Healthy infancy is a prereq for healthy adulthood
- Healthy infants push away as part of growth

DSM-IV-TR Symptom Review

- **5,7,8,9 - REACTIONS**
 - **Extreme responses**
 - **Feelings of frustration, invalidation**
- 5) Suicidal and para-suicidal behaviors
- 7) Chronic emptiness
- 8) Anger issues
 - Intensity/Control
- 9) Dissociative Sx/Paranoia

Paradigm Shift

- Temporary dependence okay
- Directive in certain situations
- Conceptualization of therapist having needs
 - Limited expression initially
 - Later expression more tolerable
- Genuine affection for *this* person
 - Not “unconditional positive regard”
 - Particularly when behaviors are intolerable

Paradigm Shift, continued

- Modeling important
 - Appropriate activities and behaviors
 - Reversal of “object as blank slate”
 - Reduced frustration will reduce acting out
 - Negotiation and communication throughout
 - Questions about life and how to be
 - Teaching by example; discussion of mundane life
 - Idle and calm chit-chat is developmentally essential when one has never experienced it before

Ten Tips for Trauma Treatment



I. Create a Validating Environment

(DO NOT RECREATE AN INVALIDATING ENVIRONMENT!)

- Essential Premise
- Perception is 9/10 of Reality
- Build missing structure together
- Explore meaning of each behavior, statement, feeling, decision
 - Mindfulness skills

II. Encourage the Inner Child ... Discourage the Inner Brat!

- Work from a positivist, strengths perspective
- Find all aspects of client interesting, not just the psychopathological parts (unintentional DID)
- Stay active and involved
 - Facial expressions, movement within the room
- Carefully monitor acting out – stay a step ahead
 - Will require some guesswork and interpretation

III. Honor DSM Symptoms of Infancy

- Psychoeducation important - normalize
 - abandonment concerns
 - Impulsivity
 - unstable relationships and self-image
 - affective instability

IV. Monitor DSM Symptoms of Difficulty

- Examine suicidal/parasuicidal behaviors in an interpersonal context
 - Hospitalization or referral if severe
- Emptiness, anger, paranoia each need to be examined in context and explored/shared

V. Remember Empathy ... Especially When Aggravated

- The more annoyed you are, the more likely you are caught in a repeat of previously unsuccessful interpersonal relationship patterns.
 - Attention
 - Power and Control
 - Revenge
 - Helplessness
 - » STEP Goals of Misbehavior

VI. Look for the Logical in the Seeming Illogical

- Don't think (or say!), "Why on EARTH would you ... ????"
- Instead think, "WHY on earth would I ... ????"
- Brainstorm possibilities with client.
- Compare notes; explore the underlying logic.

VII. Value the Power of Communication and Negotiation

- Ongoing components of human relationships
 - With them, there is potential for growth/change
- Watch for overt and covert signs of difficulty
 - "Disappearing" for a time, showing up late regularly
 - Gestures and expressions during treatment hour
 - Sudden changes in bxs, like becoming quiet

VIII. Circumvent Escalation

- Discuss together -
 - What is going wrong?
 - How can it be different? If not, why not?
 - Important to note: you can always ask questions, but once answered, they can never again be asked
 - Leave door open for possible future answers

IX. Mirror, Model, Verbalize

- Interaction and sharing of experience important
- Mindful self-disclosure
- Chance to emulate longed-for value system
- Genuine and authentic presence is essential
 - “I’m doing the best I can.”
 - “Sometimes I might suck at that.”

X. Attempting the Impossible?

- Optimal outcome indicators (client)
 - Supportive family and/or friends
 - Intelligence, sense of humor, resilience
 - Education/Employment
 - Low stress lifestyle; youth and physical health
- Optimal outcome indicators (clinician)
 - Genuinely like this individual
 - Good personality match
 - Absence of similar cases
 - Low stress lifestyle

Questions?
