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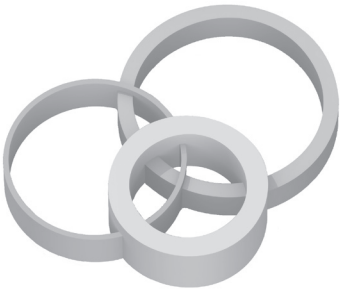

Chapter 1

Attachment

An Essential Guide for Science-Based Practice

> The most exciting breakthroughs of the 21st century will not occur because of technology but because of an expanding concept of what it means to be human.
>
> —John Naisbitt

> Proximity to social resources decreases the cost of climbing both the literal and figurative hills we face, because the brain construes *social* resources as *bioenergetic* resources, much like oxygen or glucose.
>
> —James A. Coan and David A. Sbarra (2015, p. 87)

There are now over a thousand different names for approaches to psychotherapy and 400 specifically outlined methods of intervention (Garfield, 2006; Corsini & Wedding, 2008). There are also numerous therapy "tribes" each with its own view of reality. Approaches and methods vary widely in the extent of their specification, the depth of theory they are based on, and the level of empirical support they have accrued. In addition, there are literally hundreds of specific in-session interventions for any problem a client can come up with. These interventions are often portrayed as fast cures for complex disorders, the focus being on symptom reduction rather than on considering the person and context in which this symptom arises. Having all these methods and techniques out

there, purportedly with at least some level of rigor behind them, strikes me as a perfect recipe for chaos in our field.

FOUR ROUTES OUT OF CHAOS

In the face of escalating numbers of "disorders" (which proliferate with every version of classification systems, such as the DSM), models, and interventions, the need to find clear, general, and parsimonious routes to training and intervention is obvious. Four routes seem to offer promise. The first is the path of dedicated empiricism. Conscientious therapists are exhorted to take the path of science, read all the empirical research, and then choose the best perspective, model, and intervention for each client's presenting problem at a particular time. Even for the most dedicated therapist, this seems like a daunting, if not impossible, task, especially since manualized treatment protocols are becoming more numerous, complex, and arduous to master. Under dedicated empiricism, the practice of therapy becomes one of following a set cognitive outline, and the therapist becomes primarily a technician.

The second path involves focusing on the process of change in therapy. The most concrete attempt at parsimony here seems to be the suggestion that therapists simply focus on common factors in the therapy change process, whatever and whoever they are trying to change. The justification for this orientation is that all treatments in large outcome studies seem to be equally effective, so specific models and interventions are interchangeable. In fact, this generalization is unfounded and is based on placing many different studies of varying quality into a soup called meta-analysis, and coming up with mean results that are often meaningless. In fact the whole idea of interchangeable effects across therapies would seem to be an artifact of evaluation methodology (Budd & Hughes, 2009); different manualized therapies often share a large number of active ingredients. There are also some areas in which specific treatments have been found to be more appropriate and more effective for specific disorders (Chambless & Ollendick, 2001; Johnson & Greenberg, 1985), although it is not clear if such differences are maintained at follow-up (Marcus, O'Connell, Norris, & Sawaqdeh, 2014).

Perhaps the most considered variables in the study of general change factors seem to be the quality of the alliance with the therapist and client engagement in the therapy process. The promise is that, if we get these general factors right, then suddenly the task of therapy—to create change—will become simple and manageable. A positive alliance and attention to the quality of client engagement are probably necessary for any kind of change; they are certainly key variables that potentiate the process of change. But they are hardly the whole story when it comes to

intervention. The amount of variance in outcome accounted for by the alliance with the therapist has been calculated at around 10% (Horvath & Symonds, 1991; Horvath & Bedi, 2002). Furthermore, general factors become less general in the therapy room. Is alliance as operationalized by an experiential humanistic therapist the same as that shaped by a cognitive behavioral therapist? The concept of client engagement seems more promising. In the National Institute of Mental Health (NIMH) study of depression, Castonguay and colleagues found that more emotional engagement/experience on the part of clients predicted positive change across therapy models (Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996), whereas a focus on distorted thoughts as they link to negative emotions (as exemplified by classic cognitive-behavioral therapy [CBT]) actually predicted more depressive symptoms after therapy. Of course, the level of engagement that is deemed sufficient for change will surely vary depending on the goals of a particular model of therapy.

A third proposed route to achieving clarity and efficiency in our field is to focus on commonalities in the problems clients bring to us. The promise here is that we can integrate areas of intervention focused on the so-called latent structure of, for example, emotional disorders (such as panic disorder, generalized anxiety disorder, and depression), viewing all these problems as a more general *negative affect syndrome*. Therapists then might work on modifying a small number of empirically outlined key symptoms of such general malaise. Negative affect syndrome, for example, can be defined as an overactive sensitivity to threat, a habitual avoidance of fearful situations, and automatic negative ways of responding or acting when triggered (Barlow, Allen, & Choate, 2004). Change is all about helping clients to reevaluate such threats and reduce catastrophizing, which makes it possible for them to then modify their habitual avoidance of fearful situations (which has prevented new learning and paradoxically maintained their anxiety). It should then be possible to persuade the client to actually respond in a different way when exposed to a negative trigger. Of course, the best ways to "persuade" and "reevaluate" are still unclear.

A fourth route is to focus on underlying processes, not just in the development of a disorder, but in the way people function when thriving and when dysfunctional. This equates to a broad orientation to how human beings continually construct a sense of self, make choices, and engage with others. From this vantage point, we understand why psychotherapy has evolved, not just in terms of following specific evidence-based interventions, grasping general common elements in therapy, and cataloging descriptions of client problems, all of which are useful, but also from general models of human functioning, that is, from attempts to depict and understand just what kind of creature a human being is. Such models offer therapists general definitions of health and positive

functioning, and dysfunction and distress that go way beyond the disorders delineated in the formal classification systems (such as the DSM or ICD). The most current and most robust of these models call for therapy to focus on the whole person in his or her life-operating context. They call for the agenda of therapy to broaden in order to embrace growth and the optimal development of the personality, rather than focusing strictly on the relief of one or more specific symptoms. A broad conceptual model allows us to place descriptions of disorders and of core elements of change into an integrated explanatory framework. From this framework, we can assess clients' strengths and weaknesses and decide how best to engage with them. We can also make judgments about what changes really matter and are likely to last. All models of therapy are based on some kind of implicit model of human functioning, but these are often left vague or unexamined. The cognitive behavioral model of couple therapy, for example, is based on a rational economic model of close relationships, wherein skilled negotiation predicts relationship satisfaction. Emotionally focused couple therapy, on the other hand, is based on a model of relationships that prioritizes emotion and bonding processes and views emotional responsiveness as the key ingredient in satisfaction and stability.

No single perspective or model can capture the richness and complexity of a human life; as Einstein said, "Alas, our theory is too poor for experience." However, in order for clinicians to operate in an optimally efficient and effective fashion, we need a cohesive science-based theory of the essentials of human functioning that is capable of addressing emotional, cognitive, behavioral, and interpersonal dysfunction. This theory must apply across the modalities of individual, couple, and family therapies, and it must offer the three basics of any scientific endeavor: Systematic description based on observation and the outlining of patterns; predictions linking one factor to another; and a general explanatory framework, which must be supported by a large corroborating body of research. It must be convincing and falsifiable in its portrayal of optimal functioning and resilience, of the development and growth of a person over time, of dysfunction and how it is perpetuated, and of the necessary and sufficient conditions for meaningful lasting change.

Specifically, psychotherapy needs a theory (or a pathway or map) that guides us to help people to change on the level of core organizing variables, such as how emotion is habitually regulated, how core orienting cognitions about the self and other are structured and processed, and how pivotal behaviors and relationships with others are shaped. This theory has to step beyond the intrapsychic; it has to link self and system, intrapsychic individual realities, and interactional patterns in a parsimonious and systematic way. It has to correspond with the new cutting-edge research on neuroscience and the evidence that we are,

more than anything else, social animals fixated on our connection with others.

ATTACHMENT THEORY: WHO WE ARE AND HOW WE LIVE

I submit that there is only one candidate that comes anywhere near fulfilling these criteria, and that is the developmental theory of personality termed attachment theory, as outlined by John Bowlby (1969, 1988). While initially attachment theory was presented in terms of early childhood development, it has been extended, particularly in the last few years, to adults and adult relationships. As Rholes and Simpson point out (2015, p. 1), "Few theories and areas of research have been more prolific during the past decade than the attachment field. . . . The ensuing flood of research that now supports the major principles of attachment theory rank among the most important achievements in the psychological sciences today." In addition, attachment science is consonant with current research from the fields of neuroscience, social psychology, health psychology, and clinical psychology, the central message of which is that we are first and foremost a social, relational, and bonding species. Over the lifespan, the need for connection with others shapes our neural architecture, our responses to stress, our everyday emotional lives, and the interpersonal dramas and dilemmas that are at the heart of those lives.

Recently attachment theory has been explicitly proposed by Magnavita and Anchin (2014) as the basis for a unified approach to psychotherapy. These authors suggest that this theory constitutes the long-sought-after "holy grail" that finally allows for a cohesive approach to a wide array of psychological disorders and addresses character change and permanent symptom alleviation. Others have recently suggested that attachment theory offers a substantive basis for intervention in a number of specific modalities, such as individual psychotherapy (Costello, 2013; Fosha, 2000; Wallin, 2007), couple therapy (Johnson & Whiffen, 2003; Johnson, 2002, 2004), and family therapy (Johnson, 2004; Furrow, Palmer, Johnson, Faller, & Palmer-Olson, in press; Hughes, 2007). All these authors stress the essentially integrative nature of attachment science and theory, and that this perspective allows us to move beyond compartmentalization and fragmentation into what E. O. Wilson terms "consilience" (1998). This term arises from the ancient Greek belief that the cosmos is orderly, and that this order can be discovered and systematically laid out in a series of interacting rules and processes. These rules emerge from the convergence of evidence drawn from different sets of phenomena and come together to give us viable blueprints for our world and ourselves.

PRINCIPLES OF ATTACHMENT THEORY

So what are the basic tenets of modern attachment theory that have evolved from the first model so brilliantly outlined by John Bowlby (Bowlby, 1969, 1973, 1980, 1988) and developed further by social psychologists in more recent years (Cassidy & Shaver, 2008; Mikulincer & Shaver, 2016)? I'll set forth 10. But first, note three general facts about this perspective. Attachment is fundamentally an interpersonal theory that places the individual in the context of his or her closest relationships with others; it views mankind as not only essentially social but also as *Homo vinculum*—the one who bonds. Bonding with others is viewed as the most intrinsic essential survival strategy for human beings. Second, this theory is essentially concerned with emotion and the regulation of emotion, and it particularly privileges the significance of fear. Fear is viewed not only in terms of everyday anxieties, but also on an existential level, as reflecting core issues of helplessness and vulnerability; that is, as reflecting survival concerns regarding death, isolation, loneliness, and loss. A key factor in mental health and well-being is whether these factors can be dealt with in a manner that enhances vitality and resilience. Third, it is a developmental theory; that is, it is concerned with growth and flexible adaptiveness and the factors that block or enhance this adaptiveness. Bonding theory assumes that the close connection with trusted others is the ecological niche in which the human brain, nervous system, and key behavioral patterns evolved and is the context in which we can evolve into our best selves.

In simple terms, the 10 core tenets of attachment theory and science are:

1. From the cradle to the grave, human beings are hardwired to seek not just social contact, but also physical and emotional proximity to special others who are deemed irreplaceable. The longing for a "felt sense" of connection to key others is primary in terms of the hierarchy of human goals and needs. Humans are most acutely aware of this innate need for connection at times of threat, risk, pain, or uncertainty. Threats that trigger the attachment system may be from the outside or the inside, for example, troubling construals of rejection by loved ones, negative images or concrete reminders of one's own mortality (Mikulincer, Birnbaum, Woddis, & Nachmias, 2000; Mikulincer & Florian, 2000). In relationships, shared vulnerability builds bonds, precisely because it brings attachment needs for a felt sense of connection and comfort to the fore and encourages reaching for others.

2. Predictable physical and/or emotional connection with an attachment figure, often a parent, sibling, longtime close friend, mate,

or spiritual figure, calms the nervous system and shapes a physical and mental sense of a *safe haven* where comfort and reassurance can be reliably obtained and emotional balance can be restored or enhanced. The responsiveness of others, especially when we are young, tunes the nervous system to be less sensitive to threat and creates expectations of a relatively safe and manageable world.

3. This emotional balance promotes the development of a grounded, positive, and integrated sense of self and the ability to organize inner experience into a coherent whole. This grounded sense of self also facilitates the congruent expression of needs to attachment figures; such expressions are likely to result in more successful bids for connection, which then continue to build positive models of close others as accessible sources of support.

4. A felt sense of being able to depend on a loved one creates a *secure base*—a platform from which to move out into the world, take risks, and explore and develop a sense of competence and autonomy. This *effective dependency* is a source of strength and resilience, while the denial of attachment needs and pseudo self-sufficiency are liabilities. Being able to reach out to and depend on reliable others and internalize a "felt sense" of secure connection with others is the ultimate resource that allows our species to survive and thrive in an uncertain world.

5. The key factors that define the quality and security of an attachment bond are the perceived *accessibility, responsiveness,* and *emotional* engagement of attachment figures. These factors can be translated into the acronym A.R.E. (In clinical work, I use A.R.E. as shorthand for the key attachment question that arises in couple's conflict, "Are you there for me?")

6. Separation distress arises when an attachment bond is threatened or a secure connection is lost. There are other kinds of emotional bonds based on shared activities or respect, and when they are broken a person may be distressed. But that distress does not have the same intensity or significance as when an attachment bond is called into question. Emotional and physical isolation from attachment figures is inherently traumatizing for human beings, bringing with it a heightened sense, not simply of vulnerability and danger, but also of helplessness (Mikulincer, Shaver, & Pereg, 2003).

7. Secure connection is a function of key interactions in bonded relationships and how individuals *encode patterns of interaction into mental models* or protocols for responding. One's sense of general

attachment security is not a fixed character trait; it changes when new experiences occur that allow one to revise cognitive working models of attachment and their associated emotion regulation strategies (Davila, Karney, & Bradbury, 1999). It is possible then to be insecure in one relationship but secure in another. Working models are primarily concerned with the trustworthiness of others and the entitlement to care—that is, the acceptability of the self. They ask both, "Can I count on you?" and, "Am I worthy of your love?" They involve sets of expectations, automatic perceptual biases that trigger emotions, episodic memories, beliefs and attitudes, and implicit procedural knowledge about how to conduct close relationships (Collins & Read, 1994). These models, in their most unbending and automatic form, can distort perceptions in interactions and so bias responses. They are experienced as reality, as "just the way things are," rather than as constructed.

8. Those who are securely attached are comfortable with closeness and their need for others. Their primary attachment strategy is then to acknowledge their attachment needs and congruently reach out (e.g., matching verbal and nonverbal signals into a clear whole) in a bid for an attachment figure to make or maintain contact. When this figure responds, this response is then trusted and taken in, calming the nervous system of the one who reached out. By providing one with such an effective strategy, attachment security appears to buffer stress and potentiate positive coping throughout life.

9. If others have been perceived as inaccessible or unresponsive, or even threatening, when needed, then secondary models and strategies are adopted. These secondary insecure models can take the form of vigilant, hyperactivated, anxious ways of engaging with others and regulating attachment emotions or of avoidant, dismissing, and deactivated strategies. The first of these secondary models, anxious attachment, is characterized by sensitivity to any negative messages coming from significant others and by "fight" responses designed to protest distance and get an attachment figure to pay more attention and offer more reassuring support. On the other hand, deactivated avoidant responses, the next model, are "flight" responses designed to minimize frustration and distress through distancing oneself from loved ones who are seen as hostile, dangerous, or uncaring. Attachment needs are then minimized, and compulsive self-reliance becomes the order of the day. Vulnerability in the self or perceived vulnerability in others then triggers distancing behaviors. All people use fight-or-flight strategies at times in relationships; they are not dysfunctional per se. However, they can become generalized and habitual, rigidifying into a style that ends up constraining a

person's awareness and choices and limiting his or her ability to engage constructively with others.

A third kind of secondary model arises when a person has been traumatized by an attachment figure. He or she is then in a paradoxical situation in which loved ones are both the source of and the solution to fear. Under these circumstances, this person often vacillates between longing and fear, demanding connection and then distancing, and even attacking when connection is offered. This type of response is called disorganized attachment in children, but is termed fearful avoidant attachment (Bartholomew & Horowitz, 1991) in adults and is associated with especially high distress in adult relationships.

The psychodynamic concepts of inner ambivalence, conflict, and defensive blocks are central to understanding the secondary models (and insecure strategies) described above. Avoidant children in infant research may look calm and contained, but are in fact highly aroused by separation from their mothers. Similarly, avoidant adult partners show little explicit emotional distress or need for others, but the evidence reveals that high levels of attachment distress exist for them at deeper or less conscious levels (Shaver & Mikulincer, 2002). Avoidant individuals are also less able to trust and benefit from the greatest resource we have for dealing with our vulnerability to stress and threat, the safe connection with special others (Selchuk, Zayas, Gunaydin, Hazan, & Kross, 2012).

10. Compared to child–parent attachment, the bonds between adults are more reciprocal and not so dependent on physical proximity; cognitive representations of an attachment figure can be effectively evoked to create symbolic proximity. Bowlby also identified two other behavioral systems in intimate relationships (particularly adult relationships) besides attachment: caretaking and sexuality. These are separate systems; however, they act in concert with attachment, and attachment is considered primary—that is, attachment processes set the stage for and organize key features of these other systems. Secure attachment and the emotional balance resulting from this security are associated with more attuned attention to another adult and more responsive caregiving. This security is maintained of course, on a continuum and is not a constant steady state but varies somewhat in specific relationships and situations.

Security is also associated with higher levels of arousal, intimacy, and pleasure and more sexual satisfaction in relationships (Birnbaum, 2007). Sex, a bonding activity in humans, has an emotional signature that varies with different attachment styles and the strategies for dealing with emotions and engaging others that accompany those styles. More avoidantly attached individuals tend to separate sex and love, focusing

on sensation and performance in sexual encounters, while those who are more anxiously attached focus on affection and sex as a proof of love rather than on the erotic aspects of sexuality (Mikulincer & Shaver, 2016; Johnson, 2017a).

THE IMPACT OF SECURE CONNECTION ON MENTAL HEALTH

Secure attachment, as a style or habitual engagement strategy, has been linked in systematic research to almost every positive index of mental health and general well-being outlined in the social sciences (Mikulincer & Shaver, 2016). On an individual level, these indices include resilience in the face of stress, optimism, high self-esteem, confidence, and curiosity, tolerance for human differences, a sense of belonging, and the ability to self-disclose and be assertive, to tolerate ambiguity, to regulate difficult emotions, to engage in reflective metacognition, and to grasp different perspectives (Jurist & Meehan, 2009). The essential elements of this picture are an ability to regulate affect effectively in a way that maintains emotional equilibrium, an ability to process information into a coherent integrated whole, and an ability to maintain a sense of confidence in oneself that fosters decisive action. Even in the face of trauma, such as the events of 9/11, secure attachment appears not only to mitigate the effects of such experience, but also to foster posttraumatic growth (Fraley, Fazzari, Bonanno, & Dekel, 2006).

On an interpersonal level, these indices include a capacity for sensitive attunement to others, empathic responsiveness, compassion, openness to people who are perceived as different from oneself, and a tendency to altruistic action. When we can maintain our emotional balance, the research indicates that we are simply better at sensitively picking up on other people's cues and need for support and then responding in a caring way that they can take in and accept. When we are secure, we have more focused attention and more resources to offer to others. In contrast, more anxiously attached people tend to become preoccupied with managing their own distress, or they offer care that does not fit the needs of the other. Avoidant individuals dismiss their own needs and those of others, expressing less empathy and reciprocal support. They tend to turn away from vulnerability in themselves and others.

When we have a safe haven and secure base with loved ones, we are also better at dealing with differences and conflict. A secure connection shapes balanced, adjusted human beings who then have better relationships with loved ones and friends, which then foster ongoing mental health and adjustment and a greater ability to relate to others.

For the purposes of this book, it is especially important to note the impact of secure attachment on emotion regulation, social adjustment,

and mental health. These were Bowlby's prime concerns. In terms of mental health, it is clear that attachment insecurity increases vulnerability to the two problems most commonly addressed in therapy, namely depression and anxiety. Exactly how this process occurs depends on individual clients but, in general, it begins for the attachment scientist with the process of emotion regulation. Secure people are more able to attend to and stay engaged with distressing emotions, without a fear of losing control or being overwhelmed. They do not need to alter, block, or deny these emotions and so can use them adaptively to orient to their world and move toward the fulfillment of their needs and goals. They can also recover faster from negative feelings like sadness and anger (Sbarra, 2006). I like to think of effective affect regulation *as a process of moving with and through an emotion, rather than reactively intensifying or suppressing it, and then being able to use this emotion to give direction to one's life.*

On the other hand, it is clear that insecurity is a significant risk factor for maladjustment. Anxious and fearful avoidant attachment are particularly associated with vulnerability to depression and various forms of stress and anxiety disorders, including posttraumatic stress disorder (PTSD), obsessive–compulsive disorder (OCD), and generalized anxiety disorder (GAD) (Ein-Dor & Doron, 2015). The severity of depression symptoms has been linked to insecure attachment in over 100 studies. If we look at different forms of depression, anxious attachment seems to be related to more interpersonal forms characterized by a sense of loss, loneliness, abandonment, and helplessness, whereas avoidant attachment is associated with the achievement-oriented kinds of depression, characterized by perfectionism, self-criticism, and compulsive self-reliance (Mikulincer & Shaver, 2016; see tables of studies pp. 407–415). Attachment insecurity is also related to many personality disorders—borderline personality disorder being particularly associated with extreme anxious attachment, and schizoid and avoidant personality disorders with dismissing avoidant attachment. Insecurity has also been linked to externalizing disorders, such as conduct disorders in adolescents, and antisocial tendencies and addiction in adults (Krueger & Markon, 2011; Landau-North, Johnson, & Dalgleish, 2011).

The literature linking attachment processes and PTSD are particularly fascinating. PTSD symptom severity in patients after cardiac surgery, (Parmigiani et al., 2013), among Israeli military veterans and prisoners of war (Dekel, Solomon, Ginzburg, & Neria, 2004; Mikulincer, Ein-Dor, Solomon, & Shaver, 2011), and individuals who were sexually or physically abused as children has been linked to high levels of insecure attachment (Ortigo, Westen, DeFife, & Bradley, 2013). A prospective study recently showed a clear causal link between attachment processes and the development of PTSD (Mikulincer, Shaver, & Horesh,

2006). The severity of PTSD intrusion and avoidance symptoms after the 2003 U.S.–Iraq war was found to be shaped by levels of attachment security measured before the outbreak of hostilities. Anxiously attached people showed more intrusive symptoms, and avoidant people more war-related avoidance symptoms. There is evidence that an attachment-oriented couple therapy approach can help trauma survivors, including those abused by attachment figures in childhood, to shape satisfying relationships (Dalton, Greenman, Classen, & Johnson, 2013) and that when this approach is used trauma symptoms seem to decline (Naaman, 2008; MacIntosh & Johnson, 2008). Dragons faced together are fundamentally different from dragons faced all alone!

Both John Bowlby (1969) and Carl Rogers (1961) believed in the client's innate desire to grow toward health. The image of health that emerges from attachment science fits particularly well with what Rogers, a key figure in the history of psychotherapy and in the development of the humanistic model of intervention, called existential living (1961), that is, an *openness* to the flow of experience and living every moment fully. The core characteristics of a fully functioning person are, according to Rogers, *organismic trusting,* which involves legitimizing and affirming the validity of one's own inner experience and using it as a guide for action; *experiential freedom,* which involves being able to actively choose different courses of action and take responsibility for these choices; and *creativity,* which involves being flexible and open enough to embrace the new and generate growth. Rogers concluded that a "fully functioning person" experiences greater range, variety, and richness in life, essentially because "they have this underlying confidence in themselves as trustworthy instruments for encountering life" (p. 195). This confidence is the gift that secure connection to others offers. The evidence for wide-ranging positive effects and the dangers inherent in chronic disconnection is considerable.

So, I am not surprised when I see a dramatic shift in Adam, my client in family therapy. Just three sessions ago, Adam seemed to be the epitome of a hostile, avoidant, and delinquent adolescent. But a moment after his father, Steve, openly reached for him and wept at his own sense of loss and sense of failure concerning his son, Adam told him:

> "Well, I was mad all the time. I felt useless, a pathetic loser, and it seemed like you saw me that way too. So there was no point in anything. Why bother? But, when we can be like this, closer even, then I start to think that you want me, like as a son. Somehow this helps me handle my feelings and not be so overwhelmed, and so angry all the time. It changes everything. It's like, I matter to you. I told mom the other day, now maybe I can turn things around. Maybe I can learn and be the person I want to be."

COMMON MISCONCEPTIONS ABOUT ATTACHMENT

Perhaps because attachment theory has developed and been consistently refined over a number of decades, and because the first research focused on mother–infant bonds, there are a number of common misunderstandings that often arise when mental health professionals refer to adult attachment. These misconceptions fall into four broad subject areas.

Dependency: Constructive or Destructive?

For many years developmental psychology described the transition to adulthood in terms of a rejection of the need for others and the ability to define the self and act independently. In clinical circles, dependency unfortunately became associated with a host of dysfunctional behaviors that attachment theorists characterized as somewhat extreme forms of anxious attachment, arising in a context wherein attachment fears are constantly being triggered. Labels such as enmeshment, codependency, and lack of individuation were, and still are, used to describe any number of behaviors in clinical practice. In fact, attachment theory posits that human beings define themselves *with* others, not *from* others, and that the denial of the need for supportive connection with such others is an impediment to growth and adaptation, rather than a strength.

A key contribution of attachment theory is the concept that a secure base with others enhances a strong sense of self, self-efficacy, and resilience to stress. Secure connection allows for the growth of effective, constructive dependency, where others can be a valued resource that nurture a positive, articulated, and coherent sense of self. Countless studies on parent–child and adult bonds support the links between connection with dependable others and the ability to define the self in this way (e.g., Mikulincer, 1995). Both anxiously and avoidantly attached people often adopt a controlling stance toward others; the former may have difficulty directly asserting themselves but use high levels of criticism or complaint, while the latter usually take a more directly dominant stance (see Mikulincer & Shaver, 2016, pp. 273–274, for a summary of the adult studies).

As Mikulincer and Shaver (2016, p. 143) state in their seminal book on attachment in adulthood,

> When one is suffering or worried, it is useful to seek comfort from others; when suffering is alleviated, it is possible to engage in other activities and entertain other priorities. When attachment relationships function well, a person learns that distance and autonomy are completely compatible with closeness and reliance on others.

The point here is that there is no tension between autonomy and relatedness.

Secure connection fosters the ability to confidently encounter the unknown. The secure base model is like a script that sets up specific "if this, then that" expectations that enhance exploration (Feeney, 2007). I often use a personal example to illustrate this point. How did my own secure attachment with my father help me decide, as a young woman of 22, to leave England and cross the Atlantic to Canada, where I knew no one and had only a tentative idea about how I would survive? First, my father's accessibility and responsiveness had shaped my perception of others as trustworthy and my belief that, because others could be counted on when needed, the world was essentially a safe place. The connection with him and his validation over the years had also enhanced my sense of competence and confidence. He consistently accepted my mistakes and struggles and responded to my uncertainties with reassurance and comfort, teaching me that I could survive uncertainty and failure. More than this, he assured me that if I found life in North America too difficult, he would find the money so that I could come back home to him. He taught me that risk was manageable.

On a more general level, this focus on the secure base function of attachment gives attachment theory crucial relevance outside the traditional areas most clearly associated with parent–child bonds. Some therapists have minimized attachment, suggesting its sole functions are simple protection and the management of fear at times of threat; they thus conclude that attachment theory is less relevant for adults. The secure base concept outlines how an ongoing sense of felt security with irreplaceable others provides a platform for optimal development, growth, and resilience *throughout life,* as well as the ability to maintain emotional balance and deal competently with stress in life's inevitable crises and transitions. Confident that support will be available, secure individuals are able to take calculated risks and accept the challenges that lead to self-actualization. They also literally have more resources at hand, such that they can dedicate their attention and energy that would otherwise be used in the service of protective and defensive maneuvers, to personal growth.

Models: Fixed or Flexible?

A second apparently common misconception about attachment theory is that it is deterministic, that it is almost exclusively concerned with how the past, specifically a person's history with his or her family of origin, dictates this person's personality and so predicts the person's future. Bowlby is often associated with analytic and object relations perspectives, approaches that stress how early relationships structure

unconscious models that then play out in a client's future life. However, Bowlby used the adjective "working" when he spoke of such models and suggested that all of them can be adaptive in specific contexts, as long as they remain fluid and can be revised when appropriate. Over the years, it has become clearer that these models are more fluid than early attachment theorists suggested and can be expected to change, especially as the result of new experience. For example, in one study, 22% of partners changed their attachment orientations in the period from 3 months before marriage to 18 months after marriage (Crowell et al., 2002). In general, individuals with high levels of attachment anxiety are the most likely to change. It would seem that avoidant individuals, who tend to be less open to new experience and information, would be less likely to change—although a recent study of an attachment-oriented couple therapy (Burgess Moser et al., 2015) found that avoidant partners did indeed change their models of attachment by a small amount after every session. There is also evidence that working models of attachment can change in individual therapy (Diamond, Stovall-McCloush, Clarkin, & Levy, 2003). In summary, childhood experience indeed influences development, but its trajectory can be changed, unless models become rigid and exclusionary, so that new experience is avoided or dismissed, or negative patterns of interactions with loved ones consistently confirm these models' most negative elements.

Exactly how past interpersonal experiences might shape the present is also important. Attachment science suggests that early experience organizes a person's repertoire of responses to others, as well as their own affect regulation strategies, and their models of self and other. These can evolve and change, or they can act as self-fulfilling prophecies. Adam tells me, "I never expected to be loved, you see. I felt like a fraud. My lady had just married me by mistake. So I hid out all the time and never let her in. And of course, she left!" Another simple way to understand the perpetuation of disconnection from others is that while it is natural to long for loving connection (since this longing is wired into the mammalian brain), it is difficult to know what is possible and to persist in working to create positive connection if you have literally never seen such connection in action. Adam notes, "I didn't even know people could talk like we do here. I didn't know that people could bounce back from feeling so angry, that it helped to talk about your feelings. No one in my family would do such a thing. But I am learning it here."

Sexuality: Separate from or Antithetical to Secure Attachment?

Some contemporary writers suggest that attachment has nothing to say about sexual romantic relationships, which in contemporary society provide the chief context for significant adult bonding. The argument is

that attachment may address the familiarity that typifies so-called companionate love, but does not address the erotic aspects of love. In fact, it has been argued that since novelty and risk are the sine qua non of truly gratifying sexual experience, secure attachment may actually interfere with the optimal fulfillment of sexual needs.

This concern about sexuality and attachment is addressed in more detail in Chapter 6 on couple therapy. In short, though, the evidence is substantial enough to be almost irrefutable: child and adult romantic bonding are "variants of a single core process" (Mikulincer & Shaver, 2016, p. 18). The parallels are obvious; both early and later bonding involve the same repertoire of behaviors, such as gazing, holding, touching, caressing, smiling, and crying. Both involve intense emotions, pain and fear at separation, joy at reunion, and anger and sorrow when bonds are threatened or lost. In both, there is longing for contact, and comfort when that contact is offered. The quality of both parent–child and adult partner bonds is defined by the sensitivity, accessibility, and responsiveness of the loved one when bids for connection are made; successful bids then result in feelings of confidence, safety, and expansiveness and empathic responses to others. Loss of connection results in anxiety, anger, and protest behaviors, followed eventually by depression and detachment. Anxious clinging or defensive distancing can be seen in both adults and children and can become habitual, reality-defining responses.

If the essential nature of the secure base function of attachment is understood, there is no inherent conflict between the eroticism of romantic love and secure attachment. In research studies, secure lovers report more satisfaction with their sex lives and, in general, secure connection seems to foster full, relaxed engagement in sexual encounters. It is disconnection, specifically more avoidant attachment, that appears to negatively affect sexuality. Avoidant partners tend to be narrowly focused on performance and sensation during sex and report lower levels of sexual frequency and satisfaction (Johnson & Zuccarini, 2010). If passion is defined as attachment longing linked with erotic exploration and play, secure connection emerges as a key positive element in optimal sexual experience. Security maximizes risk taking, play, and the ability to let go and become immersed in a pleasurable experience. There is evidence that secure connection is particularly relevant for women, who are more physically vulnerable in sexual situations and so naturally tend to be more sensitive to relationship context during sexual encounters.

While sexuality can be distinct from attachment and recreational in nature, it is also routinely integrated into bonding scenarios. After all, many of us call sexual intercourse "making love." This reflects the fact that for mated mammals, who invest in their connection and work as a coordinated team to rear young together, sexual interactions tend to be bonding experiences. Orgasm releases a bonding hormone, oxytocin,

and it is during sexual encounters that the synchronous physical attunement and mirroring behaviors so apparent in mother–infant interactions are most apparent in adults.

Attachment: Fundamentally Analytic or Systemic?

Finally, another misconception, among couple and family therapists in particular, is that since attachment theory emerged from an object relations perspective, as formulated by luminaries such as Fairbairn (1952) and Winnicott (1965), it is fundamentally an analytic approach. As such, it is assumed to be not systemic or truly transactional. In fact, John Bowlby was ostracized for much of his life as a heretic who challenged traditional analytic theory. It is also clear that new links are being formed between modern analytic perspectives and attachment theory, in that psychoanalysis has moved away from classic drive theory with its orientation to sex and aggression. Psychoanalysis has taken a "relational turn" (Mitchell, 2000), becoming more interactive and focused on an authentic encounter between therapist and client where there is an "interpenetration of minds" (Stern, 2004). The term "intersubjectivity" is now used, in analytic and other approaches, to explicitly link this encounter, where there is matching of the client's and the therapist's affective states, to the attachment perspective (Hughes, 2007). Nevertheless, the signature element of psychoanalysis is its emphasis on internal subjective states, whereas Bowlby saw intimate relationships as the "hub around which a person's life revolves when he is an infant . . . and on into old age" (1980, p. 442). He was fascinated by the behavioral drama that goes on between people and, like Darwin, focused on what animals do to maximize their chances for survival, especially how they manage their vulnerability.

It makes sense then that Bowlby clearly set himself the task of integrating a systems approach that emphasizes interpersonal interactional patterns and circular feedback loops, what he termed the "outer ring" of behaviors, with inner cognitive and emotional processing, what he termed the "inner ring" of responses (Bowlby, 1973; Johnson, 2011). As I and others have suggested elsewhere (Johnson & Best, 2003; Kobak, 1999), one of the great strengths of his perspective is its breadth, the fact that it clarifies the key patterns of reciprocal feedback loops generated by the habitual responses of self and important others. Systemic therapists have been criticized for concentrating on constrained and constraining patterns of interaction or dances between intimates to the exclusion of the lived experience of the dancers. Attachment theory elegantly puts these two together. Patterns of interaction and their emotional consequences confirm and maintain a dancer's subjective construction of a relationship and sense of self in that relationship. These constructions

then set up the interpersonal responses that organize the interpersonal dance. Thus, the demanding stance taken by my client, Andrew, to his wife, Sarah, is his usual way of dealing with his emotional panic when he begins to feel rejected by her. Unfortunately, his aggressive demands trigger Sarah's habitual withdrawal. The demand–withdraw pattern that then evolves confirms Andrew's worst attachment fears and his sense of inadequacy, perpetuating his obsessive pursuit of his partner.

Both attachment and classic systems theory (Bertalanffy, 1968) view dysfunction as constraint, that is, as a loss of openness and flexibility and a resulting inability to update and revise ways of responding in response to new cues. Rigid, constraining ways of seeing and responding are problematic. Attachment and systems theories are both concerned with process—the evolving "how" of things, rather than static, linear models of causality, and both are nonpathologizing. Clients are seen as stuck in narrow ways of perceiving and responding, rather than being defective in and of themselves. Attachment science adds to the systemic perspective, which tends to eschew inner experience, in that it posits emotional processing as the organizing element in stuck patterns of interactions with others.

THE DEVELOPMENT OF A RESEARCH BASE

Over the last half century hundreds of research studies on bonding across the lifespan with parents, children, adult partners, and even God, have created an enormous and coherent database that, for the first time, acknowledges and outlines the most basic element of our human nature: we are social and bonding animals. The first phase in the creation of this body of knowledge was when developmental psychologists started watching mothers and infants separate in a strange environment and then reunite, and finding reoccurring patterns in their responses. The Strange Situation is arguably the most significant psychological research protocol ever designed, even when we take into account basic conditioning studies on rats. What these psychologists found in studies of mother–infant bonding has already changed forever not only our parenting practices, but also our understanding of the nature of the human child. The second phase began in the late 1980s, when social psychologists began giving questionnaires to adults about their love relationships and finding the same patterns of responses to separation and reunion that showed up in the infant–mother studies. A developmental trajectory was identified (Hazan & Zeifman, 1994; Allen & Land, 1999) in which peers gradually replace parents as principle attachment figures. Researchers then set up observational studies. They began to code how adult lovers reached for and comforted each other when one of them was placed in

a position of anxiety and uncertainty (Simpson, Rholes, & Nelligan, 1992), and found clear evidence for the three basic strategies, secure, anxious and avoidant, observed in the original bonding studies. They also found clear evidence for the adult equivalent of infant disorganized attachment, namely fearful avoidant attachment, where individuals flip between highly anxious and highly avoidant strategies (Bartholomew & Horowitz, 1991). It became clear that secure adults were able to disclose their anxiety, reach for a partner, and use comfort to calm themselves, and were also able to support and comfort their distressed partner, whereas adults who described themselves as avoidant, for example, pushed their partners away when their anxiety was triggered and also dismissed the other's need for comfort and care. Psychologists began to observe separation behaviors, such as partners' behavior at airports as they said good-bye to each other (Fraley & Shaver, 1998) and to study the general impact of attachment styles. For example, Mikulincer (1998) found that more security was linked to less aggressive hostility in arguments and less attributions of malicious intent to the other partner. He also found that more secure partners were more curious, more open to new information, and more comfortable with ambiguity (1997). Finally, studies outlining the impacts that are at the core of attachment theory were conducted for adults; attachment style was found to predict resilience in war situations, for example (Mikulincer, Florian, & Weller, 1993), and confidence and competence in career settings (Feeney, 2007).

This final wave of attachment research has vastly extended the understanding of adult attachment and its impact. It is hard to encapsulate the breadth of the research that has occurred in the last decade, but we can touch on some of the most interesting findings. Longitudinal prospective studies link attachment measured in childhood with behaviors and the quality of relationships in adulthood. As part of the many studies emerging from the University of Minnesota longitudinal project, Simpson and colleagues (Simpson, Collins, Tran, & Haydon, 2007) found that assessments of children's responses to their mother in the Strange Situation were powerful predictors of how socially competent these children were in elementary school, how close their friendships were in adolescence, and the quality of their love relationships with partners at age 25. However, let us also remember that even older studies show that the trajectory of childhood experience and its transgenerational impact can also be changed. Mothers who are anxiously attached, if they marry responsive men who offer them safe connection, are able to parent in a loving way, so that their children show secure responses to separation and reunion with them (Cohen, Silver, Cowan, Cowan, & Pearson, 1992).

The significance of attachment research now extends way beyond the boundaries of intimate relationships. In my book *Hold Me Tight*

(2008a), I point out that loving families are the basis of a humane society. Responsiveness to others is the essence of such a society. Secure attachment builds empathy and an altruistic orientation and a willingness to act on behalf of others. Numerous studies by Mikulincer and colleagues (summarized in Mikulincer & Shaver, 2016, Chapter 11) have demonstrated the link between altruism and empathy for others. These studies show, for example, that priming the attachment system with something as simple as pausing and recalling times when someone cared for you instantly reduces your hostility to people who are different from you, if only for a brief period. All the evidence suggests that active compassion and the willingness to help another, even if helping causes discomfort, are linked to secure attachment (Mikulincer, Shaver, Gillath, & Nitzberg, 2005). More avoidant people, on the other hand, report less empathic concern and are less willing to take responsibility for others' welfare or offer help to others (Drach-Zahavy, 2004), and more anxious people seem to feel empathy, but become caught up in their own distress rather than tuning in to the needs of others.

Secure attachment extends to such diverse areas as a person's relationship to his or her sense of God (Kirkpatrick, 2005; Granquist, Mikulincer, Gewirtz, & Shaver, 2012) and one's orientation to and experience in sexuality (Johnson & Zuccarini, 2010). The nature of prayer has been found to vary with attachment style (Byrd & Bea, 2001). Securely attached Christians tend to use a more meditative conversational style when addressing God, while the anxiously attached demand and petition for favors. Securely attached lovers report more varied motives for sex, but stress the desire for intimacy. They enjoy sex more, are more open to exploring sexual needs, and are able to communicate more easily and openly about sexuality.

ATTACHMENT CHANGE IN PSYCHOTHERAPY

It also seems appropriate to touch on the research on attachment changes in psychotherapy. What does it mean to try to measure and study change in attachment, which encompasses so many elements, such as emotions and ways of dealing with them, thought patterns and expectations, and specific responses? The most popular validated measure of adult attachment is the Experiences in Close Relationships Scale—Revised (ECR-R; Fraley, Waller, & Brennan, 2000), found in Appendix 1 at the end of this book. Reviewing the items may help the reader grasp the specific questions that both clinicians and researchers use to assess anxious and avoidant attachment. Secure attachment on this scale is represented by low scores on both anxiety and avoidance. Items offered for endorsement include statements such as "I worry that I won't measure up to other

people," or "I find it difficult to allow myself to depend on my romantic partner." Readers may wish to use this scale to assess themselves to get a hands-on sense of how attachment is coded. Researchers also measure changes in specific behaviors toward others in interactions, such as conflict discussions, which can be coded on behavioral measures, such as the Secure Base Scoring System (Crowell et al., 2002). This measure codes factors like whether people can send clear signals about distress and what they need from another, and also whether they can take in comfort when it is offered and be soothed, as well as whether they can recognize another's distress and respond in a contingent fashion. We can also assess for shifts in one's state of mind regarding attachment and how attachment information is processed by interviewing a person about childhood attachments and recent losses, and coding his or her responses on the Adult Attachment Interview (AAI; Hesse, 2008). The interviewer might ask, "Can you give me five adjectives to describe your relationship with your mother?" In secure attachment, responses and narratives are flexible and coherently organized, and the person collaborates with the interviewer. In general, security on this measure in particular can be viewed as a measure of personality integration. Insecure narratives are characterized by vagueness, conflicting or contradictory responses, or digressions and silences. So Sam tells the interviewer, "My mother was amazing and affectionate. But of course she was never there anyway—too busy [he laughs], but that was fine. I don't really want to talk about this with you." Responses on this interview have been found to predict behaviors as diverse as coping with basic training in the Israeli army (Scharf, Mayseless, & Kivenson-Baron, 2004), negative mood management and conflict tactics in romantic relationships (Creasey & Ladd, 2005), and depressive symptoms and awareness and acceptance of emotions in impoverished adolescent mothers (DeOliveira, Moran, & Pederson, 2005).

As Dozier, Stovall-McClough, and Albus point out (2008), the vast majority of psychotherapy clients are insecure at the time they come for therapy, and there is some discussion as to whether particular models of therapy are a better fit for particular attachment styles (Daniel, 2006). While more secure attachment has been found to facilitate a positive therapeutic alliance, some suggest that a deactivating therapy, such as CBT, may be better for anxiously attached clients, whereas more intense, emotionally hyperactivating psychodynamic treatments might be better for dismissing clients who deny their emotions. Others suggest the opposite, that dismissing clients benefit from treatments that fit with rather than counter their style (Simpson & Overall, 2014).

We can also take account of the therapist's own attachment style. Secure therapists seem to be more able to be responsive and flexible with clients, both accommodating and challenging a client's "style"

(Slade, 2008). In individual psychodynamic therapy, changes toward more security have been found (Diamond et al., 2003; Fonagy et al., 1995). Attachment-based family therapy (ABFT; Diamond, 2005), which focuses on helping adolescents heal "relationship ruptures" has demonstrated significant results, reducing variables, such as depression, anxiety, and family conflict, associated with insecure relationships. In couple therapy, studies of emotionally focused therapy (EFT) show that couple therapy can significantly shift both anxious and avoidant partners in the direction of security and reduce the brain's response to the fear and pain inflicted by electric shock, as well as reducing symptoms, such as relationship distress and depression (Burgess Moser et al., 2015; Johnson et al., 2013).

However, we are getting ahead of ourselves since the topic of attachment and the creation of therapeutic change is, in fact, the subject of the nine chapters that follow. Although the impact of attachment theory on conceptualizations of personality, psychopathology, psychological health, and even psychotherapy over the past several decades has been nothing short of explosive (Magnavita & Anchin, 2014), there is still much room for growth. Toward the end of his life, John Bowlby noted (1988, pp. ix–x) that he was "disappointed that clinicians have been slow to test the theory's uses." I think he would still be disappointed!

We begin then, in the next chapter, to outline the implications of attachment science for the general practice of psychotherapy.

TAKE IT HOME AND TO HEART

- Psychotherapy models and specific interventions and psychological disorders are proliferating daily. What is the best way for therapists to find a clear, effective path through this forest? How do we bring more coherence and order to the field of psychotherapy? One way is to prioritize empirical research and attempt, as expert technicians, to accurately match the model and intervention to the disorder. A second path is to simply stress the common factors involved in change and shape these in session. A third approach is to focus on commonalities, especially underlying processes, in the problems clients present and so dispense with long lists of labels for dysfunctions. A fourth approach is to find an empirically based holistic framework that captures who we are, how we develop as individuals and as social relational beings, and what our biological imperatives are, and

then use this framework as a guide for intervention. This book suggests that the best way forward is indeed to dispense with long lists of labels for disorders and to adopt attachment theory and science as the basis for psychotherapy.

- Attachment is a well-substantiated developmental theory of personality that gives priority to the role of affect regulation and connection with trusted others as the core defining features of mental health and well-being. The great strength of this perspective is that it links biology and interaction, message and mental model, and self and system, and outlines humanity's most basic needs and fears. It answers the age-old question, "What is love, and why does it matter so much?"
- Attachment security predicts almost every identified indicator of positive functioning, while insecurity is a risk factor for almost every identified indicator of dysfunction. Attachment security is the gift that keeps on giving across the lifespan. To change and repair ourselves, we had best know who we are. We are social bonding mammals, and coregulation of emotions and connection with others is our most basic survive-and-thrive strategy. It is our best guide to becoming safe, sane, and sound.