

THE RELEVANCE OF ATTACHMENT RESEARCH FOR ADULT NARRATIVES TOLD IN PSYCHOTHERAPY

Betty Fish, Ph.D., LCSW, and Karen Dudas, Ph.D.

ABSTRACT: This paper discusses categories of attachment organization in infants, with an emphasis on the avoidant and disorganized/disoriented category. An example of how the avoidant infant attachment organization shows continuity throughout the lifespan is discussed. Finally, a case example of a man seen to have a dismissing/unresolved pattern of attachment organization is presented. In the ensuing discussion, the authors suggest that knowledge of infant attachment research can help therapists identify patterns that manifest in adult psychotherapy.

KEY WORDS: attachment; avoidant; dismissing; disorganized; psychotherapy.

In this paper, we will briefly discuss the four patterns of attachment organization which have been discovered by attachment researchers, considering the evidence that these organizations tend to remain continuous across the lifespan. This discussion will focus on one particular organization known as the dismissing/unresolved pattern. (See Fish, 1996, for a discussion of the resistant/unresolved pattern in long term psychotherapy). This paper ends with a clinical example intended to illustrate ways in which awareness of attachment categories might enable the clinician to make use of the results of developmental research.

REVIEW OF ATTACHMENT RESEARCH

In a now classic laboratory procedure called the strange situation, Ainsworth, Blehar, Waters, and Wall (1978) have documented differing

styles of attachment organization in infants. (See Ainsworth et al., 1978, for a description of this procedure.) On the basis of reunion behavior after two brief separations from their mothers, infants were categorized as to security of attachment, and classified as Secure (B), Insecure-Avoidant (A) or Insecure-Resistant (C). Main, Kaplan, and Cassidy (1985) later developed an intriguing research protocol that sought to tap the attachment representational world of six-year-old children. Children were categorized on the basis of their completion of a story about a child who is facing a temporary separation from his/her parents. Using this tool, the researchers have found that there is continuity in attachment categories from infancy to age six.

In addition, George, Kaplan and Main (1985/1995) developed a clinical interview called The Adult Attachment Interview (hereafter AAI) which is designed to assess security of adult attachment on the basis of a narrative elicited in response to questions about the adult's relationship with his/her own attachment figures. While the stress of the strange situation activates the attachment system of the infant and separation stories activate that of the six-year-old, the AAI attempts to "surprise the unconscious" with questions designed to activate attachment affect in adults. The narrative response to this interview is then categorized as to the adult's state of mind with respect to attachment, based on the coherency of the resulting interview transcript.

In categorizing adult attachment classifications by means of the AAI, Main et. al (1985) made use of Autonomous, Preoccupied and Dismissing categories, which correspond to the Secure (B), Resistant (C) and Avoidant (A) categories assigned to infants and six-year-olds. A fourth category was also discovered. The latter is referred to as Disorganized-Disoriented (D) in infants and six-year-old children and Unresolved (U) in adults. To our knowledge no studies have been done using adults who had themselves been classified for attachment categories as children. Main et. al (1985) did, however, find a high correlation between adults' attachment organizations and their childrens' strange situation classification made five years previously.

Four Categories of Attachment Experience in Infants and Adults

Secure (B) infant/Autonomous adult. Secure (B) infants are very direct in signaling their mothers for expected comfort when stressed. These infants quickly return to play when comforted and can then move their attention flexibly from attachment affective needs to exploration. Similarly, when six-year-old children who were in the secure category as infants are asked by researchers to complete stories about children facing separation from their parents, their responses include descriptions of constructive ways of dealing with separations, giving evidence of their

own ability to manage constructively the activation of attachment feelings. Mothers of secure infants, given The AAI when their children were six years of age, were also secure with respect to attachment (secure-autonomous category of the AAI). Such mothers offered personal narratives of their attachment history which were focused on the topic, included rationales for their responses, and showed easy access to childhood attachment memories (even if these were painful). Paralleling the fluidity of attentional focus, behavior and affect expression of secure infants and six-year-olds, autonomous adults also show narrative fluidity, exploring attachment emotions freely without becoming overwhelmed. Such adults respond with undefended narrative coherency, and they appear to be very articulate and integrated when discussing their attachment histories. The underlying working assumption of secure individuals might be summarized as follows: It is safe to express my attachment needs, and I expect that I will get these needs met.

Insecure/resistant (C) infant/Preoccupied adult. In addition to the secure (B) category, Ainsworth et al. (1978) identified two categories of insecure infants: the Avoidant (A) and the Resistant (C). The resistant (C) infant is highly distressed at separation and shows active or passive anger upon reunion with the mother. Despite much upset and clinging, the C infant is unable to derive comfort from mothers's presence and calmly return to exploration. Mothers of (C) infants have been found to be inconsistently sensitive to their infants' attachment signals, and the infant therefore clamors for mother when upset but does not feel soothed. Such infants also tended to be classified as resistant when studied again at age six.

Correspondingly, parents of C infants, rated preoccupied on the AAI, show an increased vulnerability to recollections of attachment affect and fail to terminate this upset in a timely manner. Paralleling their infants' behavior, preoccupied parents' narratives show a confused—either angry or passive—preoccupation with their own attachment figures. A core assumption of the resistant individual might be the following: Sometimes I am responded to, but most of the time I am not so I must keep trying for more. Responses are never satisfying.

Insecure/avoidant (A) infant/Dismissing adult. The avoidant (A) infant avoids the mother at reunion, minimizing the display of attachment need and maximizing a shift in attention to the external environment as a defensive strategy against the expected rejection of attachment affect. Children classified as avoidant in infancy also tend to be avoidant with respect to attachment affect at age six. When their attachment affect is activated by a request to complete a story about a child who must be separated from his parents, avoidant children tend to respond in a way that minimizes the separation and related attachment concerns. There is a parallel between the attentional patterning and be-

havior of the avoidant infant and the narrative discourse of the dismissing adult. Dismissing adults' narratives elicited in response to the questions of the AAI minimize the import of attachment experiences. Such adults tend to cut the interview short, insist on lack of memory and "like their infants, they appear, or attempt to appear, undistressed, invulnerable, and lacking in anger." (Main, 1995, p. 440) The following example illustrates this. A young woman subject to severe beatings as a child laughed these off with the comment: "No. I would say, in a way it done, it done me good. . . . I would have been spoiled, like, you know what I mean." (Fonagy, Steele, Moran, Steele, and Higgitt, 1993)

There is also a characteristic incoherency in the narratives of avoidant adults. A parent may be described as "wonderful"; however, later in the interview the individual mentions being afraid to report a severe injury to the parent. The incoherency of avoidant individuals also manifests in their deletion of attachment affect and, often, anger from their awareness. Consequently, the dismissing individual's narrative focuses on simple descriptions of people and events, deleting personal affective meanings. The underlying working assumption in avoidant/dismissing individuals is that attachment needs must not be activated because they will be rejected. Thus, an avoidant individual tends to organize attending, thinking, feeling, and behaving so as to focus on the external—not internal—world. In essence, the avoidant individual might be described as operating as follows: I won't allow myself to need others (although I do) or I'll believe that I'm getting all I want from others (even if I'm not).

Disorganized-disoriented infant/Unresolved adult. A fourth category of infant attachment, called Disorganized-Disoriented (D), has been discovered by Main and Solomon (1990). Infants in this category become highly stressed and evidence disorganized and disoriented behavior in relation to the mother at reunion. D infants may freeze, appear to lose orientation, and approach and avoid the mother simultaneously. Unlike the A, B, and C infants, who maintain self organization (even though these organizations are defensive), D infants show a breakdown in goal directed attachment behavior and/or orientation to the surroundings. Because D behavior consists by definition of an interruption of organized behavior, the D category is always assigned together with another organized best fitting attachment category (e.g., D/B, D/A or D/C). (Main, 1995).

Main and Hesse (1990) have linked the contradictory and disassociated behavior patterns in D infants to frightening and frightened behavior on the part of their mothers. Caretakers of D infants were found to be either directly frightening due to abusive behaviors towards the infant or frightening because they themselves appear frightened to the infant. The disoriented, disorganized, and helplessly frightened behavior of a D infant will five years later manifest in narrated fantasies of catastrophe when the child is asked to complete stories about separation from

parents. (Solomon, George, and de Jong, 1995) Such fantasies are affectively continuous with D infants' preverbal experience.

On the AAI, parents of D infants tend to be rated as unresolved in response to loss. When a specific loss or trauma is under discussion, such parents show what Main terms lapses in the monitoring of reasoning and/or discourse. There is a breakdown in reasoning processes concerning loss and/or trauma, and the individual seems to lose track of his/her standard manner of relating during the interview (e.g., long silences where the speaker forgets the question or changes into a different manner of speaking). Thus, just as D infants become disoriented and disorganized when attachment affect is activated, unresolved adults show a parallel breakdown and disorientation in discourse about loss and trauma. The D infant, like the unresolved adult, can show a momentary loss of orientation, or a more profound fragmentation. The core unresolved terror for the disorganized/unresolved individual might be characterized as follows: Attachment need leads to loss and/or fear. It is not safe to experience attachment feelings (but I do) or think about attachment feelings and past loss (but this happens); because this awakens need and pain. And if I feel attachment need and grief, this only means more loss and fear. There is no resolution to this cycle.

ILLUSTRATIVE EXAMPLE

By way of synthesis, the following is an illustrative example of the way in which an attachment pattern, specifically the avoidant pattern, might persist and show stability throughout the lifespan.

Infancy—Preverbal Avoidant Meaning Pattern Expressed in Behavior

Baby A, during the strange situation paradigm, has been left by his mother in the presence of a stranger. The baby is clearly stressed by the separation, as evidenced by his lack of play, intermittent sobbing and scratching at the door through which his mother left. Despite his tension, when mother returns, he glances briefly at her, finds a toy to play with, and walks to the other side of the room where he remains for three minutes, making no attempt to signal mother or make eye contact with her.

The preverbal meaning pattern which emerges in this brief interactive script suggests an infant who has given up on receiving attachment comforting from his mother. Baby A expects rejection of his attachment affect. Sensitivity to Baby A's attachment needs would overwhelm his dismissing mother who preserves her own attachment organization by dismissing affect related to attachment. Instead of running to mother with open arms, wailing for comfort, and then, once comforted, return-

ing to play (as a secure infant would), Baby A turns his attention to the environment, deactivating attachment affect and concentrating on exploration.

*Six-Year-Old Avoidant Meaning Pattern Expressed
in a Story Representation*

Main et al. (1985) studied 6-year-old children whose attachment meaning patterns they had studied 5 years previously. The children were shown pictures of a child experiencing a separation from his/her parents and asked what that child might feel and do with the parents away for two weeks, reasoning that such a question would activate attachment feelings. In the following example, the interviewer has just asked a little girl who had been classified as avoidant five years earlier what the child in the picture might do when her parents leave.

Child: (Shrugs shoulders).

Interviewer: Hm? Why don't you take a guess. Her mom and dad are going away for 2 weeks.

Child: (Silence).

Interviewer: What do you think she might do when they leave?

Child: (Silence).

Interviewer: Know what she feels like doing?

Child: (Shakes her head no). (Main, 1985, p. 103).

Like baby A, the child in this interview deactivates attachment affect, appearing to be unable to reflect upon attachment meanings. Just as baby A struggled to hold himself together by turning away from mother and towards his toys, thereby truncating the expression of attachment meanings to the mother as well as the self, this six-year-old child shrugs off all emotional meanings in the realm of attachment. This is in contrast to the response of a secure child, who, when asked about the two week separation, would have free access to feelings regarding separation and be able to talk about constructive steps that might be taken during the separation (demonstrating continuity with the secure infant's free access to attachment affect).

Adult Dismissing Meaning Pattern Expressed in Narrative

Let us now consider how an adult, Mrs. A, with an attachment organization similar to that of the avoidant organization of the infant and child discussed above, might tell her attachment story.

Mrs. A, on the AAI, was asked the following questions, along with several others related to her attachment relationship with each parent.

- 1) I'd like you to describe your relationship with your parents as a young child . . . If you could start back as far as you remember?

- 2) Now I'd like you to choose five adjectives that reflect your relationship with your mother.
- 3) Are there any memories or incidents that come to mind with respect to her?
- 4) To what parent did you feel the closest and why?

In response to these questions, Mrs. A spoke of her "excellent" parents. Unfortunately, she said, she could remember very little from her childhood. There was, however, one incident she did remember and that was when her parents went to Europe for several months when she was 5, leaving her with a caretaker she had never before met. However, she claimed this had no impact on her. They had left her many times and for long periods of time. But the time they did spend together was "great." In general, Mrs. A did appear to have very few memories and seemed uncomfortable in the interview and somewhat resistant to the questions.

Mrs. A's style is what Main would term dismissing of attachment affect. (Main, 1995) Although she appears to idealize her parents, she cannot relate specific memories to support that idealization. Such loss of memory for childhood is common in dismissing narrators. Like the infant and child described above, Mrs. A deletes attachment needs from her attachment narrative and from her own self awareness. In contrast, an adult with a secure attachment organization would be able to speak of the importance of attachment affect to her life and describe her parents in an emotionally balanced way, including both positive, and if relevant, negative emotional experiences to back up assertions about the parent. Thus, the secure narrative would evidence much coherency and would tell a story of the vicissitudes of attachment affect throughout the lifespan, exhibiting intrapsychic resolution of past losses and disappointments.

Mrs. A may at some point enter psychotherapy with the same dismissing attachment style elicited in the AAI. Much of the work of psychotherapy would involve bringing her generalized attachment story of an ideal family life into alignment with her lived experience of long abandonments and little interaction with her family. This would be accomplished through the activation of attachment affect within the transference and the interpretation of attachment longings. In the course of a successful therapy, the clinician could track the movement of attachment organization from dismissing towards secure.

CASE STUDY: A MAN WITH A DISMISSING-UNRESOLVED ATTACHMENT ORGANIZATION

In the following case study and discussion we will present an illustration of how an individual who has an avoidant attachment organization and is also unresolved with respect to loss might present in therapy.

We will also discuss some ways in which awareness of the underlying attachment organization might enhance the therapist's understanding of such an individual.

Mr. L., 26, began therapy immediately after his hospitalization for multiple injuries following a car accident. After getting out of the hospital he had found himself not wanting to return to work but not knowing what else to do. His physician had directed him to get some help for his "emotional issues." To Mr. L. this meant help with making a decision about whether to leave his current job.

Mr. L. described how he had become increasingly depressed over the last six months. The depression was shown by his spending most of his free time sleeping or watching television programs in which he really wasn't interested; nor did he really remember what he had watched. He identified the precipitant to his depression as a change in management at his workplace.

Mr. L. had a degree in engineering and had worked at his current place of employment for 6 years. His supervisor, whom he had worked with since beginning employment, had been promoted within the company and no longer worked with him. Mr. L. found his supervisor's replacement to be "a very stupid man who knows much less than I do." When asked to elaborate on what his former supervisor was like, Mr. L. could only say that "he was technically very competent and I learned a lot from him." Similarly, when asked for more about his current supervisor, Mr. L. was unable to describe any feelings in regards to him, other than his anger over the supervisor's technical incompetence and where he had obtained his degree.

Mr. L. began therapy one time per week. However, after 2 sessions, he felt he would prefer to come every other week to save money, since he might leave his place of employment. He was seen for approximately three months, for a total of 10 sessions. He found talking in therapy very uncomfortable and did not see how discussing issues related to his emotional life could be helpful in figuring out what to do about work, which was the only goal he had for therapy.

At the initial sessions Mr. L. would report what had happened each work day. He would closely monitor who had been assigned to each project by the new manager, in order to figure out the manager's long range plans. When asked what it meant to him that a colleague was being assigned to a particular project, Mr. L. said that it really didn't matter to him personally, but that the individual didn't have the necessary skills for that particular assignment. When it was pointed out that Mr. L. seemed frustrated about not being assigned to this project himself, he said, "It doesn't really matter to me much," and then added "but it would be nice to get some experience with that kind of circuitry." He then commented that his ex-manager would have been much more careful about selecting for this project. When the therapist then reflected that this change must be terribly frustrating for him, Mr. L. looked surprised and said "I thought that already had been established." As she so often did with Mr. L., the therapist then felt extremely frustrated and inept.

In his personal life, Mr. L. had a few acquaintances whom he met with every few weeks and who shared his interest in computer games. There was little contact with others on a more intimate basis. Mr. L. said that at times he did feel "lonely," but that this would pass if he started to focus on computer games. When not depressed, he would enjoy going to book stores where he would read magazines on cars and computers. However for six months prior to his accident he had not gone out much.

When asked about his family, Mr. L. said that his father, who was remarried, lived in California. Encouraged to go on, Mr. L. stated that his mother had

died in a car accident when he was 18. However, he added, this did not affect him too much because they were never close. He did know that his mother had lived in multiple foster homes while growing up and had married his father at the age of 19. There was chronic marital discord, and Mr. L.'s mother had left the family many times prior to the divorce. After his parents divorced when he was 14, he had lived with his father and never saw his mother except for school vacations. Mr. L. at that point seemed lost in his thoughts for several minutes, and the therapist felt very cut off from him. When she asked him what was happening, he said, almost parenthetically, that if he had come to visit his mother more maybe she wouldn't have gone out in the car that day. Then he quickly changed the subject. He described his father as "very bright, very academic, and good at bridge" and noted that they had a good relationship. Mr. L. explained that his father had remarried about 8 months after divorcing. When he turned 18, Mr. L. was glad to leave for college in another state.

Mr. L. presented with a chronic suspiciousness in the sessions. He watched for the slightest sign of therapeutic incompetence and never seemed to move towards inner trust of the therapist based on emotional interaction. He wondered about the quality of the therapist's education, number of degrees, and grilled her regarding her therapeutic approach and issues of office management. He seemed particularly frustrated by discussions of his history, and his responses were, as above, terse. Countertransferentially, the therapist began to experience doubts about her own professional competence and frustration at being unable to connect emotionally with Mr. L. She also experienced a chronic sense of being on guard so that no mistakes would occur and a sense of increased anxiety prior to each session. Such anxiety left the therapist with decreased flexibility in responding to Mr. L.'s abrupt responses, and she often felt backed into a corner, unable to continue spontaneously to process his remarks. The therapist seemed to hit what she called many "dead ends" in processing meaning with Mr. L. Every attempt to further awareness of meaning would lead nowhere.

During the sessions, Mr. L. and the therapist would attempt to abstract from the specifics of Mr. L.'s week to the meaning these events or interactions held for him. Mr. L. would focus on one specific interaction with another individual, come to some conclusion about the intentions of the other person, and act accordingly. For example, with a social contact, Mr. L. would terminate contact with the individual based on his reading of some behavior as being either too forward or rejecting. This was done without further discussion of the meaning of the interaction, almost like an item on a checklist. At other times, Mr. L. would methodically describe his week. He would start with the day after he last saw the therapist and discuss what he could remember of each work day, in sequential order.

Mr. L. remained in therapy for three months with the continuing goal of deciding what to do regarding his current work situation. By chance, the new manager was transferred to another department, and someone who had worked with Mr. L. in the past and whom he felt was competent was made his supervisor. At this point, Mr. L. decided to terminate therapy, feeling better, and assuming that his problem had been solved through the change in personnel.

Discussion of Mr. L: Someone Who Appears to Have a Dismissing-Unresolved Attachment Pattern

Mr. L. maintained a successful dismissing attachment organization prior to the loss of his manager. However, with the loss of his manager, his unresolved attachment status manifested, and he was overwhelmed

by feelings he was unable to process. Mr. L. appears to have maintained a behavioral organization prior to the loss of his manager by rigidly distancing from emotional involvement with others. He preserved this behavioral organization by attentionally and behaviorally focusing on intellectual areas that did not open up his woundedness in regard to attachment. He was, however, able to satisfy his desire for some connection with others by interactions centered around shared technical interests. Mr. L.'s narrative organization—that is the order he imposed on past and present experience—seemed to center around the concept of “technical competence.” He himself was technically competent and so was his supportive manager. For Mr. L., “technically competent” appeared to mean having the capacity to hold things together—to make things work—which the therapist took as a metaphor for how Mr. L.'s self functioned with the help of another technically competent person. The new manager was technically incompetent (e.g., unable to support Mr. L. as the first manager had), and thus Mr. L. ceased to experience order and coherency (technical competence). His defenses were overwhelmed by the loss of his stable manager, and consequently he lost his behavioral organization and sense of competence and experienced a deep depression. He watched closely for signs of therapeutic competence as well, looking for clues based on concrete signs such as diplomas, size of office, and appearance, but he appeared unable to abstract an internal evaluation of trust based on his relationship with the therapist. Perhaps an underlying concern was whether the therapist would be a good manager.

The avoidant infant, who truncates the expression of attachment affect, focusing attention on the environment and therefore maintaining organization, offers a developmental metaphor for Mr. L.'s state of self prior to the loss of his manager. Mr. L.'s verbal narrative in therapy regarding his parents also presents as similar to Main's adult dismissing style as categorized on the AAI. There is incoherence in his therapeutic narrative, as shown by his idealization of his father (“great guy”) without memories of interactions with him. Mr. L. is dismissing of the meaning of the relationship with his own mother (“she was in and out so much that it didn't really make much difference”). He appears very uncomfortable speaking of emotional areas, and a transcript of therapy sessions would find his discussions quite terse, without personal evaluation of meanings. Mr. L. seems unable to describe his parents or manager as people. His manager was “technically competent.” His father was “very bright, very academic, and good at bridge.” Mr. L.'s recitation of ongoing events at work and his weekly chronology, without any accompanying struggle to abstract further meaning, indicate a lack of complexity in his personal meaning system. Before the loss of his manager, Mr. L. maintained a successful dismissing defense against attach-

ment affect. The cornerstone of Mr. L.'s (and the avoidant/dismissing) personal meaning system is the denial of attachment affect, which is fueled by an underlying fear of the pain of rejection. Work, technical hobbies, and isolation distracted Mr. L. from awareness of such feelings. The core self assumption is "I don't have needs."

During his depressive episode, Mr. L.'s usually successful avoidant behavioral organization was no longer evident. He was no longer successful at repressing his anger and unmet attachment needs, and the unarticulated pain of his life surfaced in a severe depressive episode. Prior to meeting the first manager, he had suffered multiple losses. His mother frequently left the family, and his father was a very busy professional. After his parents' divorce, his mother's death and his father's remarriage, Mr. L. had little contact with his family. Indeed, the history of loss was intergenerational, his mother having lived in multiple foster homes. Main's work suggests that, unless his own mother had worked through her losses, her frightened and frightening traumatization experiences may have been transmitted to her son in infancy. Additionally, there was no stable figure in Mr. L.'s life to help him manage the pain of other separations and losses he experienced. Although Mr. L. denied any suicidal ideation in regards to his car accident, this must be considered as a possibility. He had been very depressed following the loss of his manager, who, along with the work environment, had been a constant in Mr. L.'s life. It can be hypothesized that the manager's leaving activated in Mr. L. intense attachment needs: even though Mr. L.'s attachment style had always been dismissing of such affect, in this situation, the dismissing defense no longer worked (e.g., he could not shift his attentional focus to technical areas as he normally did).

Solomon, George and de Jong (1995) note that 6-year-old avoidant children utilize "deactivating strategies" to defend against separation anxiety, immobilizing the attachment system by excluding thoughts and feelings that arouse the system. Deactivation of attachment affect is reflected in their defended, cool, busy narratives when asked about separation. However, a child who is also disorganized/disoriented is unable to resolve or defend against separation anxiety. When asked to show what happens next in stories about separation and reunion, D children produce chaotic narratives with themes of catastrophe or helplessness. Some D children become very inhibited and frozen and are unable to narrate at all. Mr. L. seemed to maintain his avoidant but organized defense successfully until the manager left, but at that point he became disorganized, appearing frozen and inhibited. The deep depression, during which he sat for several months dissociated from his feelings in front of the television, is reminiscent of Main's description of the disorganized/disoriented infant following a separation during which attachment affect had been activated:

The infant of a clinically depressed mother stilled immediately following reunion. When mother entered the room in the first reunion episode he rose, took two steps toward her, and then fell prone in a depressed, huddled posture for many seconds. At mother's second entrance, he placed his hands over his mouth, bowed his head, and fell prone again, crying. Lifted and held on mother's lap, he again bowed his head and stilled completely for one minute. (Main and Solomon, 1990, p. 144)

Thus, one metaphor relevant to Mr. L. is that of the disorganized and disoriented infant lying prone, overwhelmed by fear and intense attachment needs instead of reaching out to the returning mother for comfort. Unfortunately, like the D infant, Mr. L., when stressed, didn't feel he could turn to anyone following the loss of an important figure in his life and was unable to utilize the therapist as an attachment figure. The assumptive world of the unresolved individual is that feelings of loss and attachment need are terrifying. Such feelings cannot be processed and mediated because attachment figures are seen as either frightened or frightening. Thus, the activation of loss and/or attachment needs sets in motion an out of control spiral of unresolvable dilemma regarding emotional need, which results in disorganized, disoriented, or dissociated emotions and behavior. For Mr. L. to have remained in therapy, he would need to build a sense of trust in the therapist that would enable him to activate needs and feelings about losses and depend on her competence to process the feelings that his core self perceives as catastrophic.

Although Mr. L. may be considered dismissing-unresolved, it is possible that the therapist's countertransference response to him may have contributed to his unwillingness to engage in the therapeutic process. Mr. L.'s detached style, dismissive of the process of psychotherapeutic contemplation, emotional engagement, and the competence of the therapist, was baffling and threatening to the therapist. He may have sensed the therapist's anxiety and may have consciously or unconsciously deemed her a fearful attachment figure, whom he associated with his mother. The reenactment may have transpired as follows: Mr. L. evoked anxiety in the therapist who was seen as a frightening and "incompetent" mother, unable to help with his attachment needs.

Mr. L. also showed signs of being unresolved with respect to loss when asked about his mother. When discussing his mother, Mr. L. seemed to become depressed, lose track of the therapist's presence (experiencing a brief period of dissociation) and then finally blame himself for the mother's death. This would be consistent with research criteria for lack of resolution of mourning, which include losing track of discourse and reasoning process when discussing the loss (Main and Morgan, 1996).

Fonagy (1995) has suggested that attachment security is associated with "self-reflective functioning" or the capacity to think about the con-

tents of one's mind. Because secure/autonomous parents can freely examine the contents of their own emotional life, they are able to help their infants contain and manage their affects. Insecure parents are unable to help their children develop self-reflective capacity because of their own defenses with respect to emotional and cognitive functioning. Mr. L. certainly lacked the capacity to reflect on his inner world. The data of Mr. L.'s actions, manner of relating and verbalizations suggest the dismissing/unresolved attachment category and incoherence within his sense of self.

When Mr. L. came to therapy, he believed that his problems were due to a manager who was not competent technically and this belief was clearly reflected in his narrative. When he left therapy, his narrative reflected his belief that things were fine because he had a new, competent manager. However, the deeper meanings and more profound narrative regarding his attachment needs and suffering of profound loss remained inaccessible to understanding by Mr. L.

CONCLUSION

This paper has attempted to demonstrate that developmental research, although different from clinical data, can still be very useful in understanding personal meaning as expressed in psychotherapy. A theme which has emerged from the paper is that attachment patterns, beginning as early as infancy, show continuity throughout the life span and intergenerationally. Attachment patterns, once expressed in infant reunion behavior and later expressed in narration, can be seen to manifest in the psychotherapeutic interaction as well. The case presentation can be looked at as Mr. L.'s self narrative, which was expressed in words, actions, and the manner in which he relates. The dismissing/unresolved pattern was manifested in the above clinical encounter with Mr. L. Such case studies can complement the rigorously controlled work of developmental researchers, offering a lived narrative over time. This paper has suggested the importance of links between the narrative constructed in the clinical encounter and the observations made by developmental attachment researchers. As was seen in the discussion of the case study, the clinician's ability to understand narrative presented in the clinical encounter can be enhanced when augmented by knowledge of developmental research.

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Betty Fish, Ph.D., LCSW
801 McHenry
Urbana, IL 61801

Karen Dudas, Ph.D.
1808 McDonald Drive
Champaign, IL 61821