

Psychoanalysis and Attachment Theory: Need for a New Integration?

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John Bowlby's disagreements with psychoanalysis

1. Emphasis on *internal phantasy* at the expense of the environment and experiences
2. **Rigid dogmatism** in psychoanalysis, at odds with scientific creativity
3. **Metapsychology is speculative** and not open to empirical verification
4. **Lack of experimental observation** to underpin psychoanalytic theorising



Two psychoanalyses today

Scepticism concerning the **empirical** approach to clarifying and examining the validity of psychoanalytic ideas has certainly **continued** almost unabated within the clinical psychoanalytic tradition

The academic position, a more positive approach towards systematic enquiry and empirical research



Psychoanalysis & Attachment: Classical conflicts



Psychoanalysis

- **Drives** as primary
- **Objects** (attachment figures) **secondary** to drive gratification
- **Sexuality** and aggression as primary drives



Attachment

- **Social experience** is crucial since the beginning
- **Sexuality and aggression** relegated to a secondary place

Psychoanalysis & Attachment: Conflicting points



Criticised the use of **ethology**.
Critic of the **statistical**
approach in expense of the
clinical case study.



The early **relationship** with
the mother is based on
instinctual gratification.
Vicissitudes of the *drives* are a
bigger concern than the
external environment.



Less conflicting points.
Mental structures arise out of
phantasies about people in the
infant's life (objects) that are
modified through external
experience.
Death drive is still principal and
will shape the infant's self.



More theoretical agreement.
The infant's mind is formed in a
dialectical process between
the mother and the baby.

Psychoanalysis & Attachment: Areas of integration

Contemporary psychoanalysis is more pluralistic

- Emergence of **relational** and relation-ship focused **emphasis**.
- Increasing interest in the child's **social environment**.

The Internal Working Model (IWM)

- The intrapsychic (representational) aspect of attachment theory: **expectations** and perceptions of the self and others.
- Mechanism of **intergenerational transmission** of attachment.
- Fosters **defenses against incompatible** stimuli.
- This representational level allowed for the **development of the AAI**

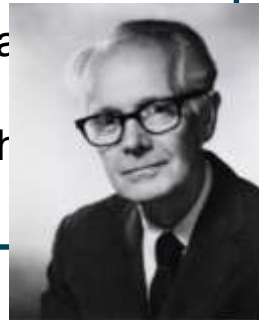
Object relations theory

- People are fundamentally driven by **relationships** and the **primary need** for them (Fairbairn, 1952; 1963).
- **Representations** of self and others **are building blocks** of development.
- Normal **development** implies the **integration and differentiation** of those representations.
- **Psychopathology** is then an **impairment** in **integration** and differentiation.
- Attachment and object relation theories **share a decline** of the interest in **sexuality**.

Psychoanalysis & Attachment: Areas of integration

Self Psychology (Kohut, 1971)

- **Empathy** is central in both development and therapy.
- “The **resonance of the self in the self of others**, of being understood, of somebody making a effort to understand you” (Kohut, 1984; p.222).
- **Selfobjects**, instead of drive gratification, **evoke** the experience of **selfhood** throught the internalisation of the mirroring function.
- **Attachment** is the central **motivation** for the establishment and maintenance of **self-cohesiveness**.
- A **failure** by the **attachment figure** to care for narcissistic needs results in a **disintegration of personality**.
- Bad quality of mirroring implies an **internalisation of the faulty parent** in the place of the representation of the child’s own capacities.



Controversial points

- Cohesion of the **self** (and **not** a predefined **relationship** pattern) is seen as the primary human motivation. The **attachment** figure is relegated to a **secondary** place.
- The **self** denotes almost **all of personality**, becoming a superfluous term.
- Infant behaviour still explained in terms of **adultomorphic** constructs.

Contemporary psychoanalysis, infant observation and neuroscience of attachment:

Daniel Stern



- The “**emerging moment**”: **Subjective integration of all aspects of lived experience**, taking into account emotions, behaviours, sensation and other schemas giving rise to:
- “**The schema of a-way-of-being-with**”: An agent + an action + instrumentality + context
- It lacks a genuine longitudinal observational perspective.

Beatrice Beebe



- **Operationalisation** of psychoanalytic concepts like “holding environment and “background of safety”
- Together with Frank Lachmann, developed studies of **microanalysis of mother-baby** interactions.
- Discovered that **contingency between mother’s and infant’s vocalisations** helps predict attachment security.

Linda Mayes



- Explored Winnicott’s concept of “**primary maternal preoccupation**”: fluctuations, normative levels and quality of such preoccupation.
- **Dysphoric** parents **unable** to sustain the intense, adaptive **preoccupied focus** on their new infant.
- The “*good-enough parent*” and “*good-enough genes*”

Contemporary psychoanalysis:

The emergence of an interpersonal perspective



- “The Relational School”
 - Based on the work of Harry Stack Sullivan (1892-1949)
 - Not a single theory, but metatheories where human relationships have a superordinate role

Attachment and relational psychoanalysis

Both regard emotional problems as the result as interference with an innate potential for interrelatedness.

Patterns of relation are crucial for diagnosis and treatment.

Both see dynamic transactions between people as the primary context for theory building and analytic technique.

Attachment and intersubjectivity are motivational systems.

There exist subtle aspects of interpersonal interaction in the creation of identity and also in therapeutic change.

A systemic perspective in which the subject and object have interchanging roles.

Emphasis on the dyadic nature of affect representations.

The dynamics of recognition and otherness that grow out of a transactional understanding of relationships.

Central role of reality in development

Attachment theory, like relational theory, is a two-person theory of mind and defense, which sees defensive mechanisms as arising from the conflict between the infant's needs and caregiver's responses (Lyons-Ruth, 1999)



Attachment is not everything...but it is

- Early attachment has **limited predictive power**
 - **Later unfolding** of **genetic** endowment (Fearon, 2013)
 - **Attachment styles change** in adaptation to genes and environment (Roisman, 2007; Pinquart, 2013)

Sexuality and
aggression

Social
relatedness

Communication

- Attachment provides a **secure base** from which to explore **the world**
- It is the basis and **most important context** for the emergence of **mentalization**

Mental disorder can be conceptualised as **impairments in the capacity of the individual for social learning** expressed in terms of *epistemic trust vs. epistemic hypervigilance or freezing*

Attachment relationships provide the sufficient conditions for *epistemic trust*



The missing link: Mentalization

An evolutionarily and psychoanalytically informed future

Humans have evolved enormous levels of social complexity, and with it a capacity for transmission of increasingly complicated social knowledge

Epistemic trust

A state of epistemic trust is evoked when the learner trusts the teacher. Knowledge becomes generalised

Epistemic vigilance

Caution and discrimination on the part of the juvenile-observational learner to prevent being tricked or misinformed

Humans have developed a **human-specific, cue-driven form of social cognitive adaptation** to overcome epistemic vigilance and ensure the efficient transfer of knowledge.

The Theory of Natural Pedagogy (ToNP; Csibra, 2009)

A culturally transmitted belief is accepted if:

1. Content is acceptable

Relationship to other accepted beliefs, inductive relationship with know evidence, in accordance with the principles of theoretical rationality

2. The source has authority

The source has to be known and remembered as reliable and trustworthy

Ostensive cues:

Eye contact
Turn-taking contingent reactivity
Use of special vocal tone ("motherese")

Infants attend preferentially to these signals

THE INFANT IS RECOGNISED AS AN AGENTIVE SELF

Experimental illustration of ostensive cues

Gergely, Egyed et al. (2013)

Subjects : 4 groups of 18-month-olds

Stimuli: Two unfamiliar objects



1: Baseline – control group

No object-directed attitude demonstration

Simple Object
Request by
Experimenter A



Subjects: n= 20 Age: 18-month-olds

Ostensive Communicative Demonstration

Requester: **OTHER** person (Condition 1)

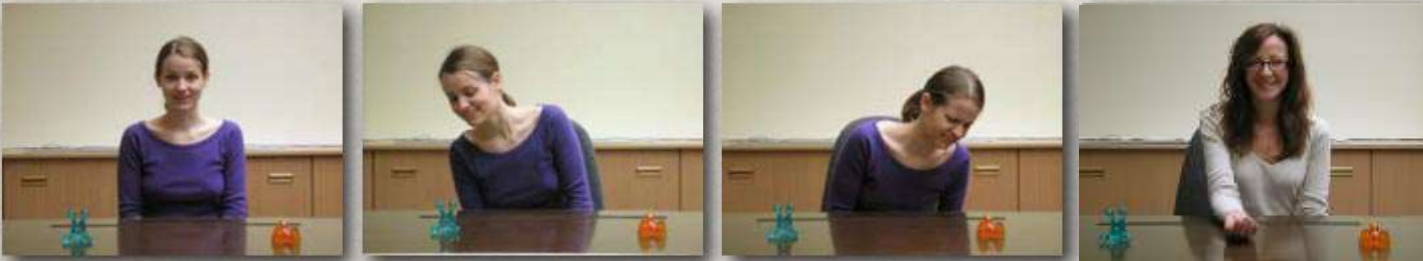


LEARNING FROM ATTITUDE EXPRESSIONS

18-month-olds

Ostensive Expression - Generalization

Percent
Giving
Positive
Object



71

Non-Ostensive (Non-Communicative) Demonstration

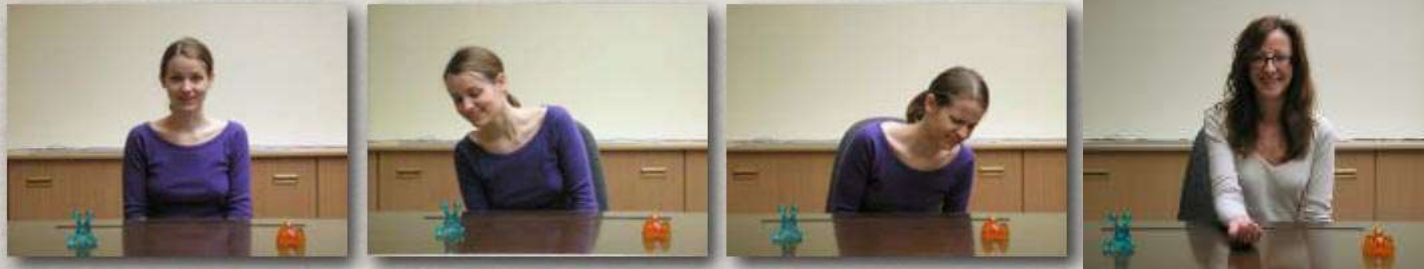
Requester: **OTHER** person (Condition 2)



LEARNING FROM ATTITUDE EXPRESSIONS

18-month-olds

Ostensive Expression - Generalization

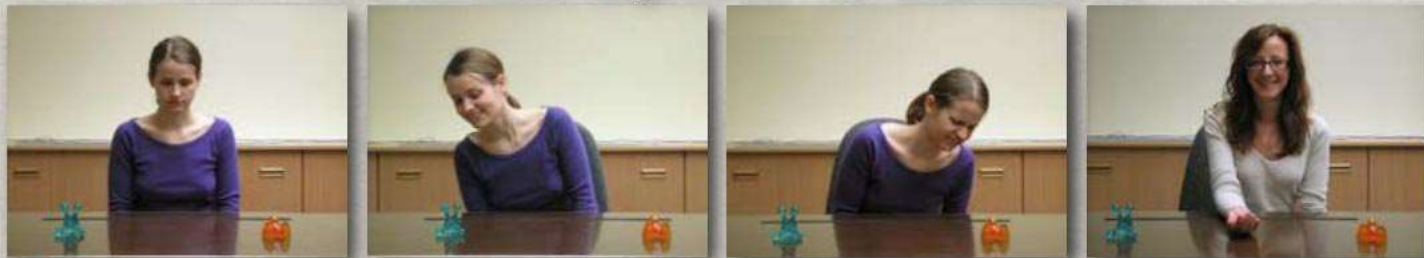


Percent
Giving
Positive
Object



71

Non-Ostensive Expression - No Generalization



40

Condition 4: Non-Ostensive (Non-Communicative) Demonstration Requester: **SAME** person

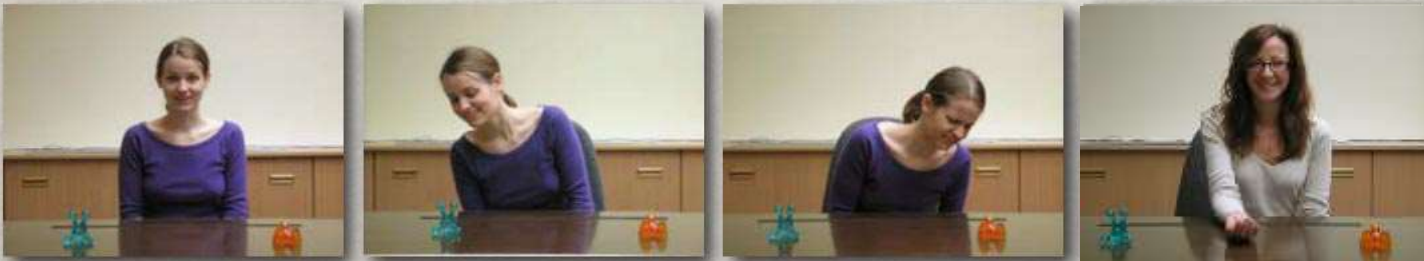


LEARNING FROM ATTITUDE EXPRESSIONS

18-month-olds

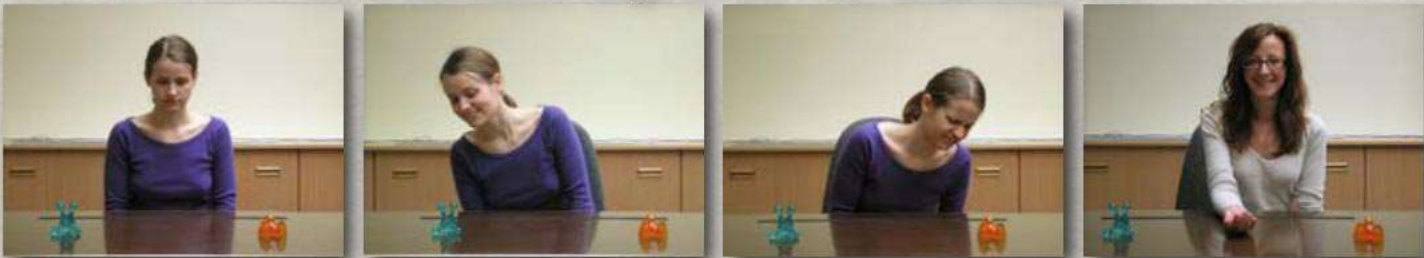
Ostensive Expression - Generalization

Percent
Giving
Positive
Object



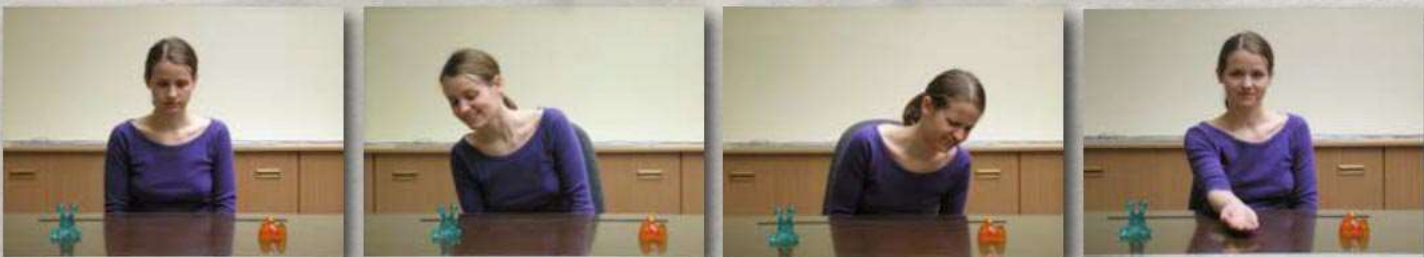
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Non-Ostensive Expression - No Generalization



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Non-Ostensive Expression - Person-Specific Attribution

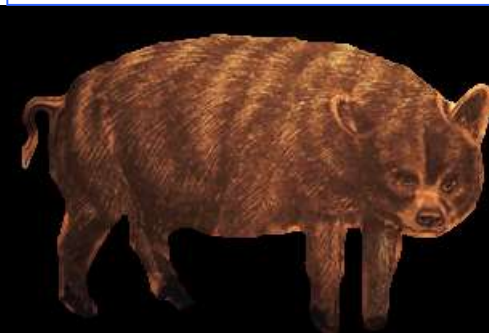


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Epistemic Trust and Attachment

Attachment relationships provide special conditions for *epistemic trust*

- 147 children
- Attachment measured at 18 months
- Epistemic trust measured at 60 and 61 months



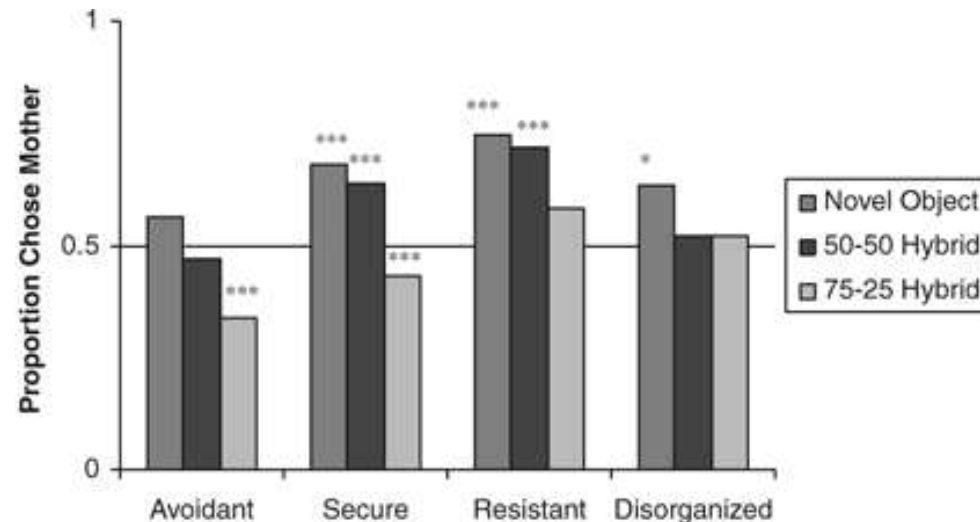
50% pig – 50% bear

Mother says: "It's a pig"
Stranger says: "It's a bear"



75% rabbit – 25% squirrel

Mother says: "It's a squirrel"
Stranger says: "It's a rabbit"



Secure: Flexible strategy. Believe mother when she's plausible. Children trust own perception when mother reply is improbable

Avoidant: Preferred information from stranger

Resistant: Kept trust in mother even when she was implausible

Disorganised: Both information sources are regarded with suspicion

Epistemic hypervigilance and the nature of psychopathology

- Social adversity (most deeply **trauma**) is the **destruction of trust in social knowledge** of all kinds → **rigidity**, being hard to reach
- Cannot change because **cannot accept** new information as **relevant** (to generalize) to other social contexts on the basis of their **own experience** or communication from **attachment** figures or **others**
- **Personality disorder** is not disorder of personality (except by old definition of being enduring) but **inaccessibility to cultural communication** from
 - Partner
 - Therapist
 - Teacher

Epistemic Mistrust

The missing link: Mentalization

An evolutionarily and psychoanalytically informed future

- In spite of attachment theory's limitations, attachment can be understood as providing the **context in which we learn to make sense of ourselves and others**
 - $\Psi\alpha$: Context in which we create our internal world
- Mentalization **bridges the gap** between attachment theory and psychoanalysis by **focusing on the parent's understanding of the infant's internal world**

The missing link: Mentalization

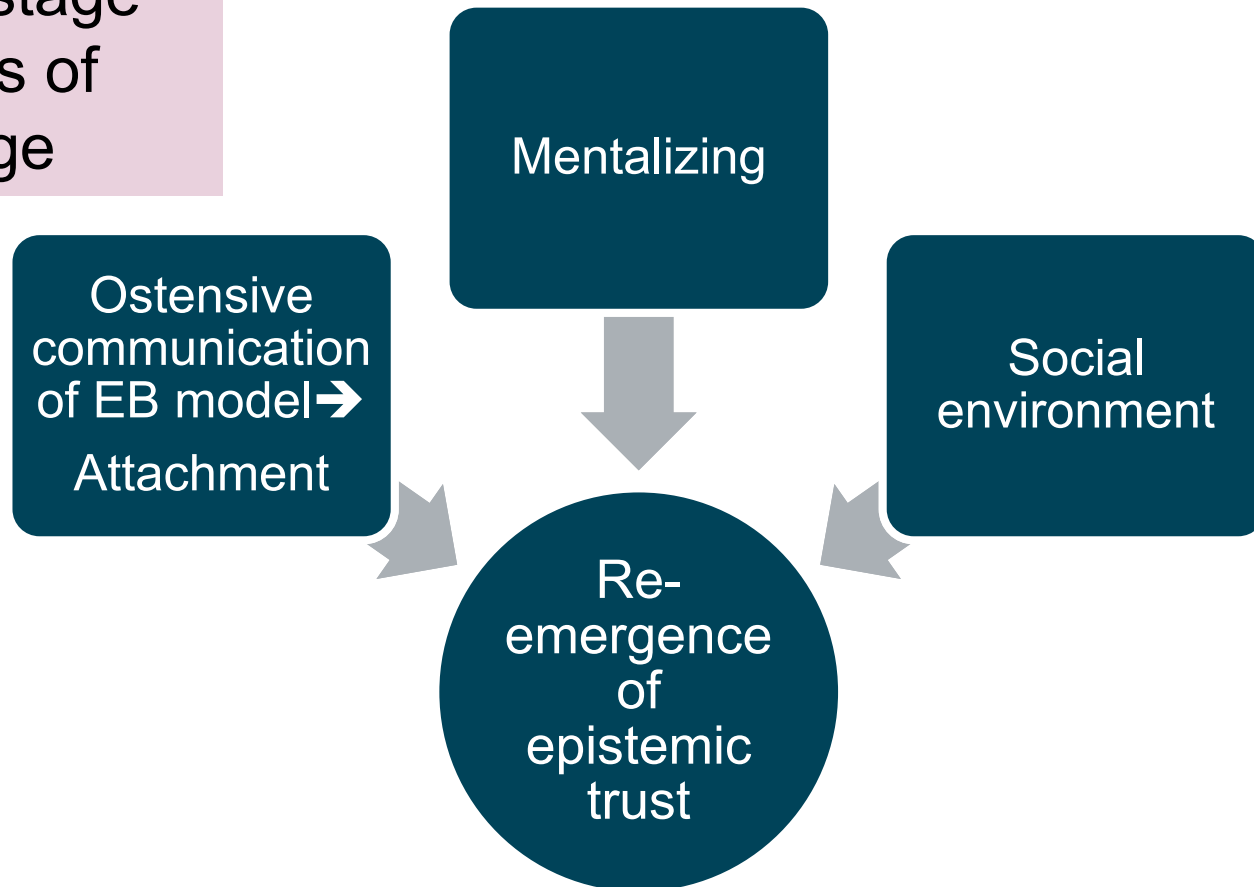
An evolutionarily and psychoanalytically informed future

- Many psychoanalysts remain sceptical of the value of attachment research for psychoanalysis
 - Attachment theory **sidesteps sexuality**
 - **but** sex as **borderline** phenomenon
 - **Aggression** seen as **secondary motivations**
 - **but violence as non-mentalizing compromise formation**
 - Offers a **limited framework** to scaffold clinical work
 - **but** attachment based therapies for families, BPD and prevention
 - It is **reductionist** since it focuses on few empirical paradigms (SSP, AAI)
 - **But neuroimaging** studies of attachment

Implications for treatment development

The theory of epistemic trust as the underlying structure of psychopathology implies a new psychotherapeutic driving force: (re)opening epistemic trust to allow for social (re)learning

A three-stage
process of
change



Role of Mentalizing in Learning in Therapy

*All evidence based models **present models of mind, disorder and change** that are **accurate, helpful** to patients and increase capacity for understanding but **need to get over** epistemic **hypervigilance** ('not true', 'not relevant to me')*

- **Mentalizing** interventions demand **collaboration** (working together)
 - Seeing from **other's perspective**
 - Treating the **other** as a **person**
 - **Recognizing** them as an **agent**
 - **Assuming they** have things to **teach you** – since mental states are opaque
 - Responding **contingently** to a patient



Mentalizing is the **catalyst** to activate effective ingredient of therapy

Role of Mentalizing in Learning in Therapy

*Reflective relating: parents behave towards child as if the child has thoughts and feelings. Non-verbal embodied mentalizing.
Representation of the world*

- **Mentalizing** interventions work around the balance of **polarities** of
 - Implicit-automatic → explicit controlled
 - Elaborating internal representations of mental states
 - Connecting feelings with thoughts
 - Differentiating self and other
 - Embodied mentalizing based on embodied cognition



Mentalizing is the **catalyst** to activate effective ingredient of therapy

Communication System 1:

The teaching and learning of content

- The first stage of any effective treatment involves the transmission of substantive content to the patient:
 - Their psychopathological state
 - Coherent and credible for the patient to accept
 - Personally relevant
 - Patient recognised as an agentic self
- Besides the content, this stage is a subtle and rich process of ostensive cueing.
 - Therapist must mentalize the patient to find and transmit content that is personally relevant to them

The content provides valuable ways for the patient to understand (mentalize) themselves and their reaction to others

The process of transmission involves the patient recognising the truth and relevance of the content: **relaxation of epistemic mistrust**

Communication System 2:

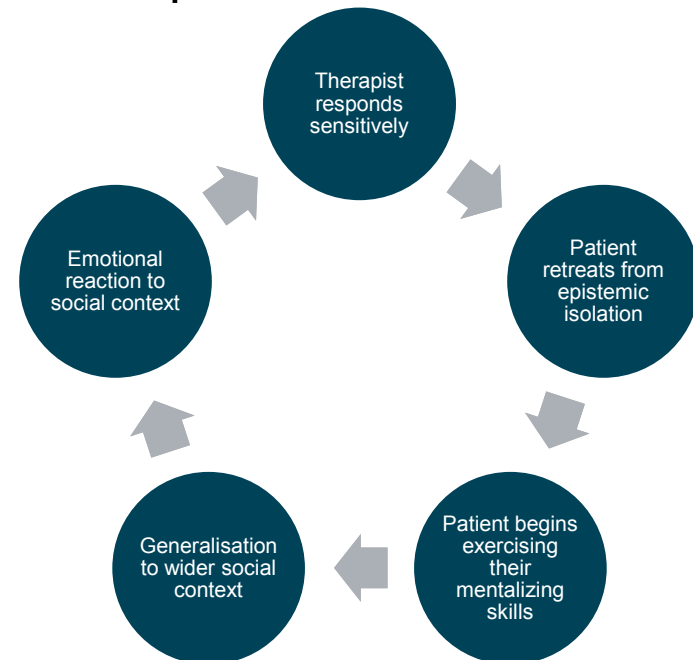
The re-emerging of robust mentalizing

- Constant mentalization of the patient by the therapist
 - Recognising the patient as an agentic self
 - Marking the patients experiences acknowledging the patient's emotional state
 - Use ostensive cues to denote:
 - Personal relevance of the transmission
 - Generalisable social value of the transmission
- By mentalizing the patient effectively, the therapist models mentalization:
 - Open and trustworthy environment
 - Low arousal

This must be understood as a complex, non-linear progression

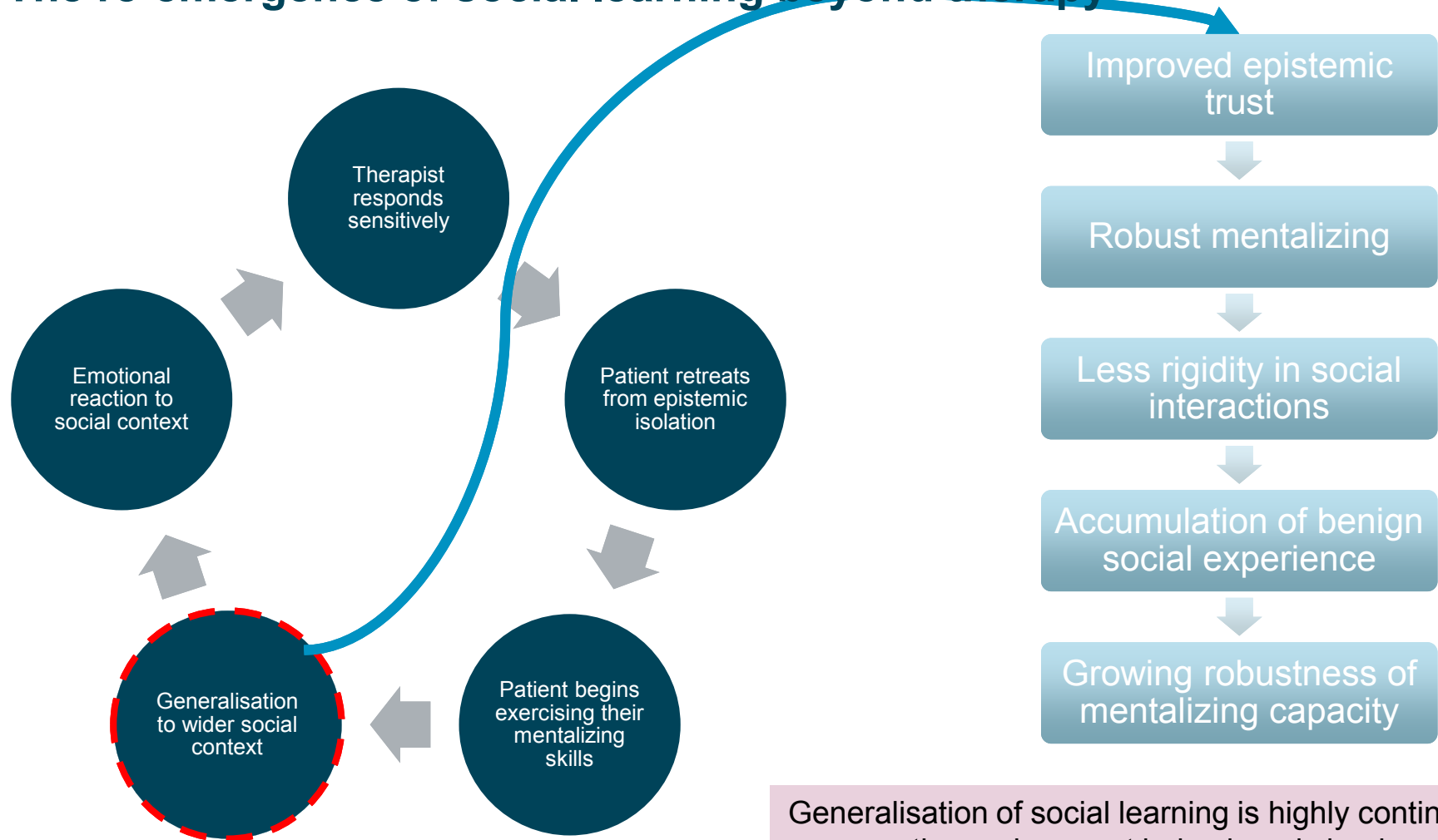
A virtuous cycle is put in motion:

Improving mentalizing is not the main goal of therapy, but it enables the patient to learn from their wider social context



Communication System 3:

The re-emergence of social learning beyond therapy

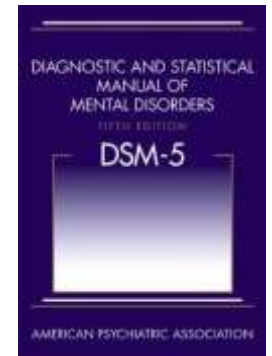


Generalisation of social learning is highly contingent on the environment being largely benign
THE SOCIO-ECONOMIC ENVIRONMENT DOES BUFFER THE INDIVIDUAL PSYCHE

Clinical implications:

The conceptualisation of psychopathology

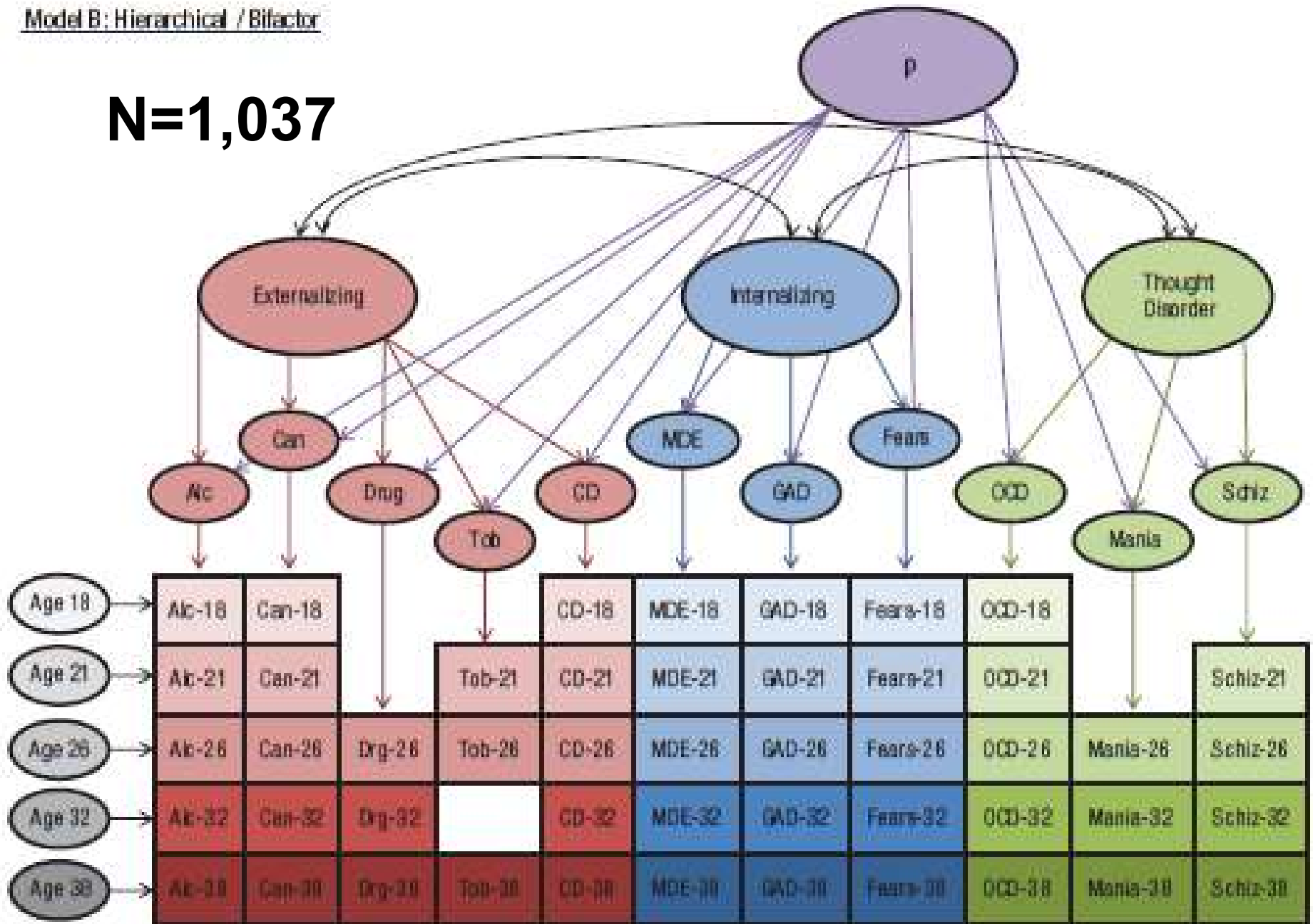
- **Extant research** on structure of psychopathology focuses on individuals who report **symptoms within** a specified **period**
 - Biggest puzzle is why people change clinical presentations over time (adolescent conduct problem adult depression)
- **Mixing single-episode**, one-off cases **with recurrent** and chronic cases which differ in:
 - **extent** of their **comorbid** conditions
 - the **severity** of their conditions
 - **etiology** of their conditions.
- Whether manifested as **recurrence or chronicity** (more comorbid and severe than single episode)
 - Depression, alcohol-use disorders, psychotic experiences
- Some individuals more **prone to persistent psychopathology**.



~ Caspi et al., 2013 The p Factor One General Psychopathology
Factor in the Structure of Psychiatric Disorders? *Clinical Psychological Science*

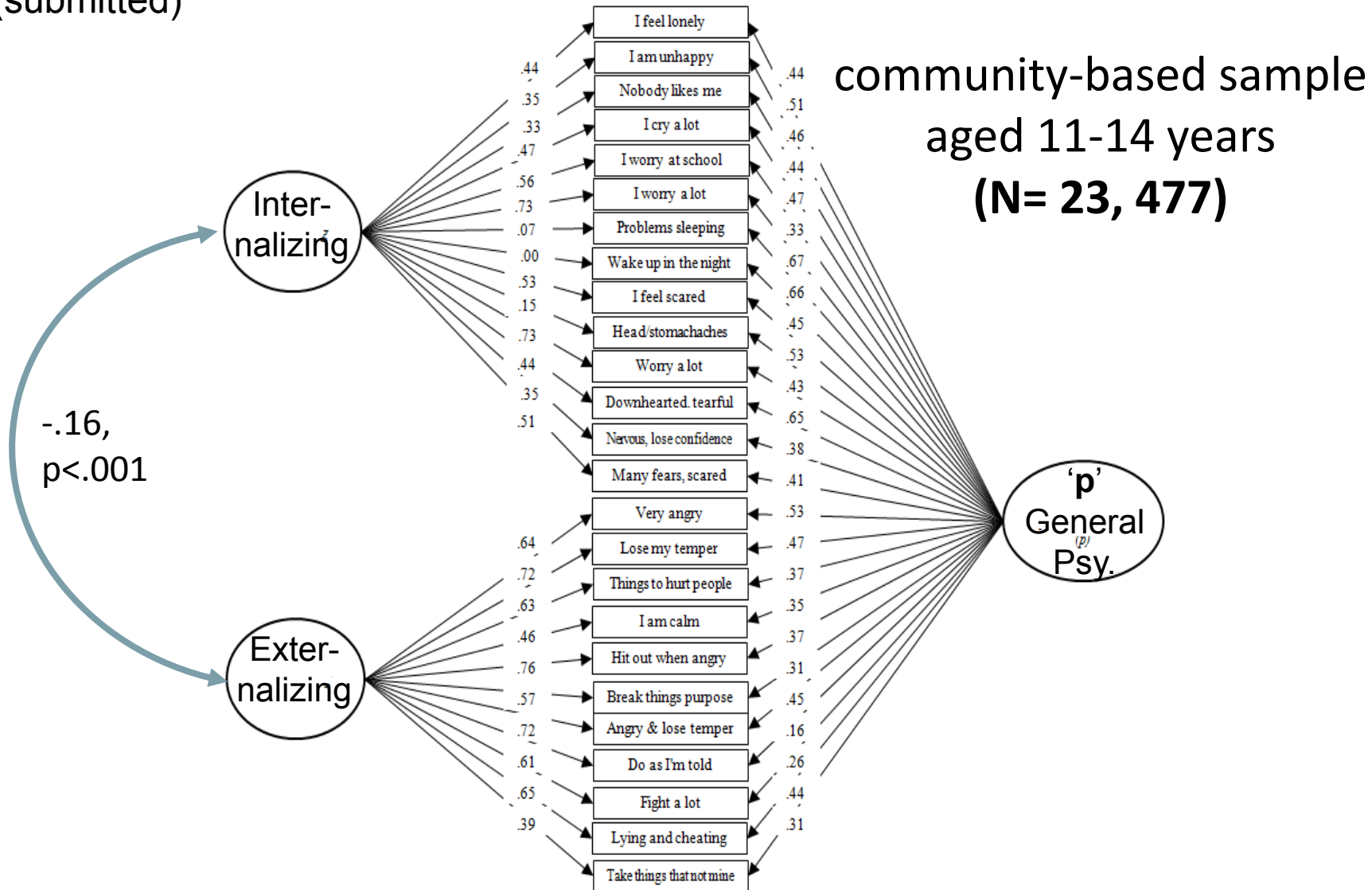
Model B: Hierarchical / Bifactor

N=1,037



Bi-factor model with the item-loadings

Patalay, Fonagy, Deighton, Belsky, Vostanis and Wolpert
(submitted)



Model fit statistics from the three models

	Model 1: 2-factor model	Model 2: bi-factor model	Model 3: 1-factor model
Model fit statistics			
TLI	0.93	0.94	0.68
CFI	0.93	0.95	0.7
RMSEA (90% CI)	.060 (.059-.060)	.051 (.051-.052)	.124 (.123-.125)
χ^2 (df)	23097.19 (274)	15723.15 (250)	99715.84 (275)

Correlation between factor scores and predictors

Predictor	2-factor model (Model 1)		Bi-factor model (Model 2)		
	Internalising	Externalising	Internalising	Externalising	P-Factor
Gender ^e (Female)	.13**	-.21**	.23**	-.27**	-.007
Free School Meals	.04**	.14**	-.02**	.14**	.08**
Income Deprivation	.02*	.14**	-.05**	.14**	.08**
Special Education Needs	.10**	.14**	.03**	.11**	.13**
School Attainment	-.1**	-.2**	-.001	-.17**	-.14**

Logistic Regression Predicting Education

Predictor	B	Wald Chi-square	Odds-ratio
2-factor model			
Internalising	.29***	76.4	1.33
Externalising	.57***	689.64	1.76
Bi-factor model			
Internalising	.28*	4.43	1.22
Externalising	.65***	413.74	2.00
P-Factor	.85***	479.01	4.30

Logistic Regression Predicting Future Caseness

Predictor	B	Wald Chi-square	Odds-ratio
2-factor model			
Internalising	.49***	76.4	1.80
Externalising	1.41***	689.64	4.11
Bi-factor model			
Internalising	.22*	4.43	1.25
Externalising	1.43***	413.74	4.16
P-Factor	2.33***	479.01	10.30

The 'P' Factor (Caspi et al., 2013)

Hardest to reach in
psychosocial treatments

Hard to reach -
Personality disorder

Accessible to brief therapy
Neurotic conditions

