

PSYCHOANALYSIS AND THEORETICAL BACKGROUNDS IN ATTACHEMENT THEORY RESEARCH

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Summary

In 1969, British psychoanalyst John Bowlby founded a scientific theory, which is now known as “an attachment theory” in which he proposed that keeping physical proximity with caregiving adults represents primary mechanism of child safety regulation and survival. As the theory evolved, due to the new perspectives gained by other fields of research such as biology, neuroscience and developmental psychology, everyday experience of working psychoanalysts showed also to be very useful in explaining how the psychologic attachment develops in humans. In this process, one of the most important concepts is mentalization that can be roughly defined as process of taking views that observe the intention, which means an approach to humans as beings guided by intrinsic intents. For this process to be effective, a person must have satisfactory capacity to mentalize, which finally leads to the development of mature “self”. Ever-growing knowledge in this field of research should eventually establish theoretically sound and truly evidence-based clinical practices, working in harmony with a research literature that is sensitive to clinical discoveries and applications. In this paper, we review attachment theory in the light of this new research, with hope of applying it to psychoanalytical practice for the benefit of the patients.

Keywords: attachment theory; mentalization; intesubjectivity; “self”.

BOWLBY'S ETHOLOGY – EVOLUTIONAL ATTACHMENT THEORY

Bowlby and Ainsworth's attachment theory is one of the most successful psychological theories of the past half century [1,2]. It has generated thousands of published studies and scores of books.

Attachment theory as such is psychological, evolutionary and ethological theory that researches inter-human relationships. Founder of this theoretical approach is psychiatrist and psychoanalyst John Bowlby. He improved multidisciplinary per-

spective in which psychoanalysis, ethology, sociobiology and psychobiology is integrated in cybernetic theory of the system control with modern structural cognitive development backed up by neuroscientific research.

In 1969 he proposed that keeping physical proximity with caregiving adults represents primary mechanism of child safety regulation and survival. In Bowlby's theory, behaviour patterns that have predictable outcome of increasing proximity between child and the caregiver (for instance cry, invocation, following, cuddling) represent an action of complex and instinctive but environmentally conditioned control system called "attachment behavioural system". It is presumed that this system developed to serve the biological function of protection of the younger and/or weaker members of the primate pack that lived on the ground. Once it chooses the person with whom it will be attached (generally, but not necessary child's biological mother), the child carefully observes where she is, keeping the proximity even under non-stressful conditions. If a threatening situation should occur, attachment behavioural system becomes highly active and immediately guides the baby towards behaviour that has a goal to establish direct physical nearness and contact [2].

Although Bowlby initially introduced an assumption that biological function of the attachment behavioural system was primarily protection from the predators, full knowledge of this system can best be obtained if we take in concern that it serves multiple survival functions. Besides from the protection of the predators, physical nearness also protects from the unfavourable temperature changes, natural disasters, attacks from the individuals of the same species, as well as the peril of the separation from the group [3].

After the introductory articles from 1958 on, Bowlby publishes thorough trilogy "Attachment And Loss" from 1969 to 1982 [2,4,5], which made attachment theory in upcoming decades a dominant approach in understanding early social development, and which initiated the wave of empirical research of model of close relationship forming in the childhood period. In the past, critic mostly came from the fields of psychoanalysis and ethology, and pointed out to perceived accent on mother. In recent times, critic mainly points out to genetical factors, temperament, complexity of the relationships inside the family, and to limitations of discrete classification patterns of the attachment behaviour styles.

Attachment behavioural concepts were incorporated inside the existing therapeutical interventions, and used to plan psychotherapeutic intervention based upon the attachment concept. Attachment theory concepts were also used to formulate various social laws, as well as laws in relation with child care.

ATTACHMENT PATTERNS IN CHILDREN

Next great pioneer in attachment theory research was Mary Ainsworth, developed well known laboratory based procedure for observation of child intrinsic working model in action. Children, when separated for a short time from their caregivers in, to them, unknown situations, show one of the four behaviour patterns. Children classified as "Secure", willingly explore in the presence of their primary caregivers, show anxiety in the presence of strangers, avoiding them, and express sadness because of the current absence of their caregivers, afterwards repeatedly seeking contact with caregivers that calms them. Those children have no problem with returning to the experiment. It is possible that some children, which show themselves to be less anxious because of the separation, will not seek nearness of parents or caregivers after the separation, and it is possible that they will not prefer parent or caregiver over stranger; these are classified as "Anxious-avoidant". Third category of children, "Anxious-resistant", show limitations in exploration and playing and are prone to express great sadness due to the separation, and have great problems in calming down after the separation, resist, become stiff, continue to cry or passively resist. Parent's or caregiver's presence or an attempt to comfort the child fails, and its anxiety and rage make alleviation and relief that can only be acquired through nearness, impossible [1].

Mary Main and Inge Bretherton independently draw attention to something that a philosopher Dennett would call "an intentional stance". In 1987, Dennett indicated that people try to understand each other in frames of the mental states: thoughts and feelings, beliefs and wishes, in the desire to give a meaning, or what is more important, to predict the actions of the others. If a child succeeds to explain mother's obvious rejecting behaviour as an emotion of sadness due to the loss, it will be protected from confusion and negative view of itself, and will not show helplessness because that situation happened [6].

The characteristic and acquisition of "the intentional stance" is child's recognition that behaviour can be based upon false beliefs. That happens around the age of three or four. Developmental theorists designed a great deal of tests for detecting the quality of false beliefs understanding and refer to these capacities as "the theory of mind".

MENTALIZATION AND THE DEVELOPMENT OF "SELF"

Mentalization is a term introduced by French psychosomatic states theorists, but the concept started to develop in different directions in the 1980s [7,8]. In the literature that deals with cognitive development, it is interchangeably used and in

the same context with more frequent and more expanded concept of “the theory of mind”. This term is made by primatologists Premak and Woodruff in 1978 [9] and is applied in the developmental psychology, in terms of the child’s capacity to ascribe thoughts, feelings, ideas and intentions to other persons and anticipate and influence their behaviour. Most of the developmental research that took place during the 1980s and 1990s were conducted in terms of the mind theory concept. Research that used false-belief task detection, used the results either for normative mapping of the development of the mind theory in pre-school children, or to demonstrate deficiencies of the same theory in persons with autistic disorder. As Baron-Cohen proposed in 2000, the test of detecting false-belief is the first-order test in the theory of mind, and includes concluding about mental status of other person (“She thinks that...”). Second-order test of the theory of mind includes concluding about the perspective of the second order that has been interposed in the mental state (“She thinks that he thinks that...”) [10].

During the last decade, the construction of the theory of mind and its paradigm contained in the false-belief test, was criticized to be too narrow [11]. That guided some of the authors to change the term with “mentalizing”, because it is somewhat more general and not limited to a specific task or an age group [12].

One of the most bitter attempts to expand the concept of the theory of mind beyond the false-belief paradigm, beyond autism, and finally beyond the pre-school children study comes from Peter Fonagy and his cooperates. In their definition of mentalizing, it can be used interchangeably with the theory of mind or social intelligence, although it refers to a lot more than the sole theory of mind [13,14].

Mentalizing refers to a process of taking views that observe the intention, which means an approach to humans as beings guided by intrinsic intents [15]. Allen points out that mentalization can be conscious or unconscious. When we talk about conscious (explicit mentalizing), it is closely related to language and therefore powered or limited by our verbal capabilities. The unconscious mentalizing (implicit mentalizing) can happen instantly, without our supervision and conscious interference, and can be perceived to be without our general intellectual development. For instance, without our conscious intention, through our facial expression or body talk, we are able to recognize in other people certain mental states that help us to explain their behaviour. Implicit mentalization is therefore procedural, and we are always acting upon it without even thinking about it [16].

INTERGENERATIONAL TRANSFERENCE OF MENTALIZATION CAPACITY

Phenomenon of capacity to imagine mental states as an explanation of the behaviour, both its own and of the others, is basic organizing construct of the approach to social development that has mentalization in its focus. In research studies the term that is often used to express measurable, quantifying index of mentalization in context of attachment concept is reflective function [13,14].

Capacity to mentalize, together with capacity to regulate the affect and also the control mechanisms of attention represent key designations of "self" organization. Capacity to mentalize is acquired in context of the early attachment relationship. Therefore, impairments in early attachment can disturb normal development of these essential socio-cognitive relationships and create a profound vulnerability in context of social relations.

The ability to understand oneself as a mental factor develops from the interpersonal experience, especially from the relationship with primary objects [17]. Child's understanding of itself as someone that has mind or personality is not given by genetics: it develops from the breastfeeding period, through childhood, and this development essentially depends on the interaction with more mature minds, presuming that they are well-intentioned, reflexive and well-coordinated. Mentalization also includes auto-reflexive and interpersonal component. It is backed up with great number of specific cognitive skills, including the understanding of emotional states, attention and directed effort control, capacity to make a judgement about subjective states, as well as explicit reasoning about states of the mind - all of which we call adequate mentalization. In combination, these functions enable the child to differentiate intrinsic from extrinsic reality, and inner mental and emotional process from the interpersonal happenings.

Evolutionary biologist Richard Alexander in 1989. proposed a model of human brain development that suggests that our unique intelligence evolved not for the reason of facing the aggressive forces of nature, but to face the competition of other humans. This more advanced evolution happened only after we reached relative dominance over our environment. At this stage of the development we were already "the aggressive force of the nature". In order to meet the challenge of the survival of our genes, those with common genetic material had to cooperate considerably more before complete development of the high intelligence took place [18].

Parents with more developed reflective function are more capable to initiate and build up secure attachment in child. In Fonagy's longitudinal research that comprised of 92 children, share of securely attached children was two times higher in

group that was successful in overcoming the false-belief task, in relation to group that did not. Reflective function of mothers was also connected to the success of children. 80% of children, whose mothers had above average reflective function, passed the false-belief task, in contrast with 56% of children of mothers that had below average reflective function. Reflective function of caregivers is predictive for trustworthy attachment, which we can confirm the existence of intergenerational transference of the capacity for reflective function, e.g. mentalization. Attachment with father has also proved to be important in this developmental achievement [19]. Reliable attachment in the relationship provides adequate context for child's exploration of the caregiver's mind, and also teaches it about mental function and processes of others and itself. Philosopher Georg Wilhelm Friedrich Hegel indicated: "Only via exploring the mind of someone-else, the child can build up the understanding of the nature of mental states". Process is intersubjective; the child cognizes the mind of its caregiver, while the caregiver tries to understand the state of mind or the child and to keep it in the process of the mentalization, and finally, to reflect this mentalized material to the child. Psychoanalysts Donald Winnicott and Wilfred Bion also recognized primary intersubjectiveness in their concepts of mirroring and containment

THE SOCIAL ACQUISITION OF SOCIAL COGNITION

Aforementioned evolutionary neurobiological considerations imply that social environment that takes care of the child, plays a crucial role in the development of social cognition. In its first months, the child starts to understand that it is a physical agent, whose actions can contribute to changes in bodies with which it has direct physical contact [20]. Parallely, child's understanding of itself as a social agent also develops. Through interaction with the caregiver, since its birth, the newborn learns that its behaviour influences behaviour and emotions of the caregivers, e.g. that he is a social agent which can through communicating cause effects with distance in the social environment [21]. Both of these early forms of self-consciousness are probably develop through activity of the inborn mechanisms of compatibility detections that enable the newborn analysis of the possible connections between its actions and exogenous stimuli [22].

Child's initial preoccupation with perfectly response-contingent stimulation, assured with the help of proprioceptive sensory feedback which are always generated by its own actions, enable the child to differentiate its mediatory agentive self as a separate entity in the environment and construction of primary representation of the physical self.

In the age of 3 to 4 months, the newborn transits from the phase of preference of perfect contingency to the phase of high, but not complete contingency, which is the level of contingency that is characteristic to adapted empathic mirroring of the parents or caregivers onto the newborn's emotions presentation [23]. Repeated experiences of such affective-reflective reactions of their caregivers is essential for the beginning of the differentiation in order for the newborn to commence to differentiate its inner self states: process that has been called bio-social feedback [24].

Securing such state of the reflective environment and save relationship with the caregiver can significantly contribute to the creation of the early mentalization capacities, allowing the newborn exploration or finding its own psychological self in the social world. Discovering representational or psychological self, what can be considered to be complete mentalization, is most probably based upon the same mechanism [25].

Here, we will take an example of the development of understanding the affects. Let us presume that, in the beginning, newborns are not introspectively aware of the differences between the affective states. Their representations of these emotions are primarily based upon the stimuli from the outside world. Newborns learn how to differentiate inner patterns of physiological visceral stimuli that follow different emotions by observing facial or vocal mirroring reactions of their caregivers on those stimuli [26]

At the beginning, the newborn starts to associate its own control over mirroring that the parents offer, which results in the improvement of its own emotional status, and finally leads to experiencing self as regulating as well as mediating agent. Secondly, establishing second-order representation of the affective states creates basis for the affect regulation and control of the impulses: affects can be manipulated and released internally, as well as through action, and also be experienced as something recognizable, and therefore common and mutually shared. If parents do not express affects concurrently and compatible with the affect of the newborn, it can disrupt adequate signification of the inner states, which will therefore remain confusing, experienced as non-symbolized and hard to regulate.

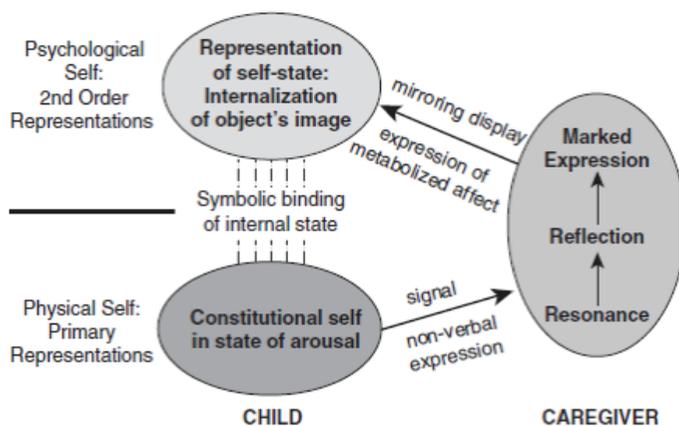
If the ability to understand and regulate the expression of the emotions should evolve, two conditions must be fulfilled:

- (a) acceptable compatibility of the mirroring by which the caregiver could correctly pair the newborn's mental status.
- (b) signifying role of the mirroring, in which the caregiver can express affect and in the same time not to express its own feelings [27].

Two difficulties can arise from those two premises:

- (I) in the case of incompatible mirroring, representation of the inner self of the newborn will not be compatible with constitutional status of the self and ten-

- dency to narcissistic structure can be established, in analogy with Winnicott's concept of false self [28].
- (II) in the case of undesignated mirroring, emotional expressions of parents or caregivers can be seen as an externalization of the newborn's experience and predisposition for experiencing emotions through other people can be established (just as it is the case in the borderline structure of personality, which uses massive projections as a basic defense model), (Fig. 1).



Fonagy, Gergely, Jurist, and Target (2002)

Figure 1. Model of the development of social acquisition and cognition according to Fonagy et al. [13]

Affective expression compatible with the child's status, but deprived of the signifying information with which the parent in the mirroring process establishes symbolical meaning can overwhelm the newborn. Without the signifying addition of the parent, the child feels that those are real emotions of the parents, thus creating an impression that the child's experience is transferable, which further, before regulating the child's state, leads to excitement. Reliable caregiver tranquilizes the child by combining mirroring with expression that is not compatible with child's feeling, thus combining affective contact and affective distance that settles the affect of the child and does the designatory move to symbolical. Such formulation of the sensitivity has much in common with Bion's point of view about the capacity of mother to mentally contain affective status that considers unbearable for the child, and reacts in the way that confirms the mental status of the child, but in the same time serves to adapt the unbearable feelings [29]. Well regulated affects in the parent-child pair, internalized in the child make a foundation for safe attachment and

internal working model [30]. Data resulted from the London Parent-Child Project about the quality of the reflective function of each parent during pregnancy, showed that reflective function is a predictor of later attachment of the child [31]. But, this knowledge is somewhat limited because only AAIRF has been investigated in relation to child's attachment [32,33]. Therefore, the capacity of the parents to mentalize measured in relation to their own childhood and their capacity to similarly influence their children is more presumed than apparent.

DEFENSES AND ATTACHMENT-RELATED SOURCES OF PAIN AND DISTRESS

The concept of psychological defense has been important to psychology ever since Breuer and Freud [34] first explained how repression works: "The basis for repression can only be a feeling of unpleasure, the incompatibility between the single idea that is repressed and the dominant mass of ideas constituting the ego" (p. 116).

Almost 110 years later, we [35] conducted two experiments in they shows that avoidant individuals used some combination of unconscious (repression) or conscious censoring (suppression) and self-image inflation to ward off painful thoughts of rejection and abandonment, but these defenses were defeated by an interfering cognitive load.

These studies, and hundreds of others, both classic and recent [36], indicate that:

1. Breuer and Freud were right in believing that the human mind is capable of repressing unpleasant thoughts (including thoughts about relationship losses and negative self-traits).
2. At least sometimes (e.g., when rejection experiences and negative self-traits are associatively linked in memory), repression involves "a psychical group" of related mental representations (or a neural network, as Freud, a neurologist, might also have conceptualized such psychical groups)
3. Repression requires mental effort (psychic energy, in Freud's terms)
4. The concept of defense is alive and well in present-day psychology, despite having been criticized over the decades.

The term defense was quite familiar and acceptable to Bowlby [5], a psychoanalyst and the founder of attachment theory. It has not, however, seemed completely acceptable to many research psychologists since Bowlby's time, so it is continually being resurrected under names such as coping strategies [37] and strategies of affect

regulation or emotion regulation [38]. In line with what all of these concepts have in common, defenses are mental mechanisms aimed at adaptation and self-regulation a view shared by psychoanalytic writers [39].

What is being defended against in a particular case may be as different as potentially uncontrollable impulses (which Freud viewed as instinctive, but which may arise from almost any motive, wish, or desire); a feeling of falling apart under stress (losing the coherence and solidity of the sense of self); negative emotions (e.g., anxiety, shame, guilt, fear, anger); and unacceptable thoughts about the self (e.g., about one's own mortality, mistakes, personal weaknesses, or social unacceptability) and others (e.g., about another person's indifference, rejecting behavior, or threats of abandonment). Although threatening experiences have been conceptualized in many ways—for example, as threatening one's life, one's self-control, one's social acceptance, one's self-image, or one's sense of coherence and consistency [40]—all of the conceptualizations are compatible with the claim that they involve “a feeling of unpleasure [attributable to] the incompatibility between the single idea that is repressed and the dominant mass of ideas constituting the ego” [34].

According to attachment theory [2,4,5], the unavailability or non-optimal responsiveness of a primary attachment figure in times of need, as well as the resulting disruption of one's sense of safety, security, and protection, is a major source of psychological suffering. When an attachment figure proves to be uninterested, unavailable, unempathic, unhelpful, or even frightening, a person in need fails to regulate the distress that has activated his or her attachment system (due, e.g., to an unexpected loud noise in infancy, an insulting comment by an elementary school teacher in childhood, the breakup of a romantic relationship in adolescence, or a miscarriage or serious physical illness in adulthood), and the distress is exacerbated by frustration of the person's attachment needs and the rejection of his or her efforts to seek love, understanding, comfort, and protection. As a result, the person not only feels vulnerable and anxious while trying to handle the threatening experience without the assistance of what Bowlby called a “stronger and wiser” attachment figure; the person also feels rejected and demeaned or humiliated. This complex of feelings, or state of mind, can take at least two organized forms [1,41,42] or be seriously disorganized.

In one organized state of mind, attention is focused mainly on the ways in which one's bids for proximity and support fail to achieve a positive interpersonal result (closeness, love, comfort), and instead typically result in a negative outcome (inattention, rejection, anger, disdain, abuse) for showing vulnerability or need. In such cases, reliance on an attachment figure, and involvement in a dependent or interdependent relationship more generally, is construed as frustrating, demeaning, and

painful. Under these conditions, a person may decide, consciously or unconsciously, to rely on him- or her- self—becoming what Bowlby [2] called compulsively self-reliant, and what others have called dismissive of attachment or simply avoidant (of intimacy, closeness, and interdependence).

This stance can be conceptualized in terms of deactivation of the attachment system. Anything that would normally activate the system, such as physical or psychological threats to the self, feelings of vulnerability, or wishes for an attachment figure's protection or support, is defended against, suppressed, countered with narcissistic self-enhancement, or denied [3,43-45].

The other organized state of mind that can develop in response to unreliable or unresponsive care includes ineffective regulation of distress and construing oneself as inadequately supported, insufficiently loved, vulnerable to uncontrollable threats, and improperly or unfairly treated. In this state of mind, attention is focused on one's own vulnerability and inadequacy in the threatening situation, which can be momentarily accepted ("I'm hopelessly alone," "I'm worthless") and/or raged against ("He's never there for me," "She promised me this would never happen"). This state of mind encourages anxiety, rumination, catastrophizing, jealousy, and envy, and can lead to increased efforts to capture a relationship partner's attention and loyalty (by acting seductive, being coy, or submitting to otherwise undesirable requests) and/or to attempts to coerce the partner into behaving more supportively (by making demands, expressing strong negative feelings, denigrating rivals, or spying on the partner). Ainsworth et al. [1] identified one group of infants who displayed both of these kinds of behavior (strong proximity seeking and angry contact resistance) following a brief laboratory separation from the parent; these infants were initially labeled anxious-ambivalent. In adults, this state of mind is what Main and her colleagues [46] called enmeshed and preoccupied with attachment, and what we call, more simply, anxious attachment. Theoretically, this state involves hyper-activation of the attachment system [47,48]. Although these two states of mind, avoidance and anxiety, are related, both being due to insecurity caused by an attachment figure's unavailability or unreliability, their relative strength may vary across situations, relationships, and individuals. Mikulincer et al. [42] summarized the broad array of internal and external factors that contribute to the relative strength of each of the states of mind.

The avoidant stance is encouraged by:

1. Consistent inattention, rejection, or angry disapproval on the part of an attachment figure in response to a person's bids for proximity and support.
2. Threats of punishment or rejection if the person makes a bid for proximity, intimacy, or protection.

3. Traumatic or abusive experiences during proximity-seeking efforts.
4. Explicit or implicit encouragement on the part of an attachment figure for one's greater self-reliance and suppression of expressions of need or vulnerability.

The anxious stance or state of mind is encouraged by:

1. Unreliable care, which is sometimes affectionate and at other times neglectful.
5. Intrusive care that is more related to the caregiver's own needs and anxieties than to the needs of the attached individual.
6. Care that discourages the acquisition of self-regulation skills and, directly or indirectly, punishes a person for attempting to function independently.
7. Comments that emphasize a person's helplessness, incompetence, or weakness when trying to operate autonomously.
8. Traumatic or abusive experiences endured when one is separated from attachment figures. This kind of treatment causes a person to feel ambivalent because, on the one hand, relying on the attachment figure is awkward, discomforting, and sometimes annoying, but on the other hand, trying to care for oneself can seem dangerous or hopeless and therefore daunting. This kind of care may encourage a person to verbalize neediness and protest temporary abandonment (real or imagined), because making noise has sometimes recaptured a neglectful or self-preoccupied caregiver's attention. This encourages inauthentic emotionality—a form of behavior that can be humorous or endearing, but that can also seem dishonest and become exhausting for anyone who tries to respond helpfully to it.

The most insecure state of mind, disorganized attachment, seems to stem from experiences with an attachment figure who was either seriously abusive, frightened, or frightening when a person sought proximity and safety from the attachment figure [41,49]. These experiences turn what should have been a safe haven and secure base into a source of threat, causing all organized attachment strategies to break down. Thus the individual's biologically based tendency to turn to an attachment figure in times of trouble is countered by the biologically based tendency to turn away from threat, and the individual is literally stuck. In childhood, these incompatible tendencies lead to unusual behavior—lying down on the floor in the midst of seeking proximity, veering off course when approaching the parent and going under a table, backing away from the parent while in obvious distress, or freezing. In adulthood, the equivalent state can involve odd beliefs, dissociative states, extreme lack of trust in others, and a lack of monitoring of discourse or reasoning.

The different insecure states of mind have implications for the kinds of defensive behavior a person is likely to exhibit. Individuals who score high on avoidant

attachment tend to be vigilant about becoming needy, intimate, dependent, or emotional; they deny vulnerability, emphasize their personal strengths, avoid threats, and resist becoming dependent on anyone. Individuals who score high on anxious attachment, in contrast, tend to be vigilant about possible neglect, rejection, or abandonment, and to be hypersensitive to signs of danger and lack of care. This can cause them either to act out noisily and intrusively, or to comply submissively with relationship partners' requests. If necessary to gain support, they will admit (and perhaps even exaggerate) their own weaknesses and vulnerabilities, criticize themselves, and attempt to remake themselves (e.g., by undergoing cosmetic surgery) [50]. That is, whereas avoidantly attached people are worried about intimacy, engulfment, and interdependence, anxiously attached people are worried about separation, abandonment, isolation, and interpersonal distance.

Although not all aspects of this theoretical analysis of defenses have been empirically tested, there is good evidence that avoidant people are intimacy-averse. Self-reported avoidant attachment is associated with higher scores on fear-of-intimacy scales [51,52], with placing relationship partners at a greater distance from one's "core self" [53], and with actually increasing physical distance from others, even in fairly simple settings. Kaitz et al. [54], for example, used a stop-distance research paradigm in which people rated their level of discomfort as an experimenter moved toward them. They also assessed the physical distance freely chosen by participants when seated facing an experimenter and talking about personal issues. More avoidant people were less comfortable with physical proximity, disliked having the experimenter move into their personal space, and sat significantly further away from the experimenter when given that option. Dismissively avoidant attachment, as measured with the AAI [55], involves conversational tactics designed to maintain distance from the interviewer, such as not answering questions, engaging in long pauses, and failing to provide details necessary for the interviewer to understand the speaker's history.

Regarding anxious attachment, several studies have shown that anxious adults score higher than average on rejection sensitivity [56,57], are quicker to recognize rejection-related words in lexical decision tasks, and have difficulty inhibiting thoughts of rejection [58,59]. Baldwin and Kay [58] exposed people to sounds (pure tones) paired with rejecting (frowning) or accepting (smiling) faces, and then administered a lexical decision task in which rejection-related words were paired with each of the tones. Non-anxious (i.e., relatively secure) adults were slower to react to rejection-related words when they were paired with rejection tones (as compared to acceptance tones), but anxious people reacted faster to these words even in the presence of the acceptance tone. That is, anxious people were so sensitive to rejection-

related cues that they were unable to dispense with worries about rejection even in accepting contexts.

In another series of experiments, Mikulincer et al. [60] obtained indirect support for the idea that anxiously attached people construe an attachment figure's unavailability as a sign of their own helplessness and vulnerability. Participants were asked to imagine being separated from a loved one and then to perform a word completion task that measured the accessibility of death-related thoughts. Those who scored higher on attachment anxiety reacted to separation reminders with more death-related thoughts. This tendency was particularly strong when the imagined separation was long-lasting or final. In other words, for anxious individuals, social or psychological separation evoked thoughts of death. This finding is especially interesting in light of Bowlby's [2] theoretical speculation that the attachment system emerged during evolution because it protected primates (especially infants, but adults as well) from predation, dangerous accidents, and attacks by hostile others. In other words, seeking protection from attachment figures may have been motivated by fear of injury and death, and being rejected or abandoned by attachment figures might have accurately foreshadowed premature death.

This mental equating of separation and death was also noted by Hart et al. [61], who examined defensive reactions to separation and reminders of death. American undergraduates were asked to think about their own death, separation from a close relationship partner, or a neutral control theme, and then to report their attitudes toward the writer of a pro-American essay provided by the experimenter. People who scored relatively high on attachment-related anxiety or avoidance rated the pro-American writer more favorably in the death-primed condition than in the control condition—the typical defensive reaction to mortality salience [62]. However, anxious individuals, but not avoidant ones, also reacted more favorably to the pro-American writer in the separation-primed condition. In other words, anxious people showed the same defensive reaction (ethnocentric pro-Americanism) to reminders of death and separation.

Although anxiously attached adults are unusually afraid of losing a relationship partner, research has shown that they suffer from ambivalence or conflict between approach and avoidance relational tendencies [63]. On the one hand, they are highly motivated to gain a partner's attention and love. On the other hand, they suffer from intense fear of rejection and harbor serious doubts about their ability to gain a partner's love. These fears and insecurities can cause anxious individuals to restrain their approach tendencies when they sense a possibility of disapproval or rejection. Being caught in an approach-avoidance conflict, they are likely

to ruminate obsessively about how to react in social situations, thereby interfering with adaptive social behavior. Studies show that anxiously attached people make important mistakes in the social realm-at times failing to explain their needs and wishes clearly because they fear disapproval, which can make them vulnerable to unwanted sexual experiences and hurt feelings [64]; and at other times effusively or intrusively expressing their needs and fears to relationship partners [65], which can lead to rejection or partner withdrawal. Moreover, these individuals have difficulties both initiating new relationships that might be highly rewarding [66], and being able to end troubled or abusive relationships decisively [67].

Perhaps because of Bowlby's eclecticism, amazingly broad reading, and interest in a wide range of empirical studies (ranging from infant cognitive-developmental studies to community psychiatry studies of adult depression)-attachment research has been methodologically diverse and has benefited from the use of projective, observational, self-report, and physiological measures, as well as from cognitive and social-cognitive research paradigms. The research literature on attachment is exceptionally rich and conducive to diverse clinical applications. We hope that this book encourages such applications, which can then be rigorously assessed with appropriate research methods. Eventually we will have theoretically sound and truly evidence-based clinical practices, working in harmony with a research literature that is sensitive to clinical discoveries and applications. Ever-growing corpus of research results and practice based upon experiences of many Bowlby's psychoanalytic predecessors and contemporaries equipped psychoanalysts with theoretical instruments confirmed by verified methodological procedures and made them available to psychoanalytical practice for the benefit of the patients.

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Sažetak

Psihoanaliza i teorijska uporišta u istraživanjima na području teorije privrženosti

Godine 1969. britanski psihoanalitičar John Bowlby utemeljio je znanstvenu teoriju koja je danas poznata kao "teorija privrženosti" u kojoj tvrdi da je održavanje fizičke bliskosti s odraslima koji se brinu o djetetu primarni mehanizam regulacije sigurnosti i njegova preživljavanja. Kako se teorija razvijala, ponajviše zbog novih gledišta drugih znanstvenih disciplina kao što su biologija, neuroznanost i razvojna psihologija, i svakodnevna psihoanalitička praksa pokazala se veoma korisnom u objašnjavanju načina na koji se razvija psihološka privrženost u ljudi. U tom procesu jedan od najvažnijih koncepata jest mentalizacija, koja se ugrubo može definirati kao proces zauzimanja gledišta koja promatraju namjeru, što bi bio pristup ljudima kao onima koje vode unutarnje namjere. Da bi taj proces bio učinkovit, osoba mora imati zadovoljavajući kapacitet za mentalizaciju, što u konačnici dovodi do razvoja zrelog "selfa". Sve veće svakodnevno znanje o tom znanstvenom polju trebalo bi naposljetku uspostaviti teoretski čvrstu kliničku praksu zasnovanu na dokazima, koja će biti u skladu sa znanstvenom literaturom osjetljivom na klinička otkrića i kliničku uporabu. U ovom članku dajemo pregled istraživanja teorije privrženosti u svjetlu najnovijih otkrića, u nadi da će ih se moći upotrijebiti u psihoanalitičkoj praksi radi boljitka pacijenata.

Ključne riječi: teorija privrženosti; mentalizacija; intersubjektivnost; sepstvo.

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