While noting the disjunctions that make total integration of attachment theory with self-psychology and intersubjectivity impossible, the author highlights the common ground of each theory—affective exchanges and the patterns and expectations established through affective interaction. Case examples from individual and couples treatment illustrate two possible patterns (corresponding to categories established in attachment research) formed to organize maximal proximity to sources of safety and security when patients have grown up in circumstances in which security in relation to a parent was not possible. Recommending incorporation without integration, the author argues that familiarity with attachment theory and research allows clinicians to more easily recognize important patterned expectations in the emotional lives of their patients and thus potentially enriches all varieties of clinical work.

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My thoughts about the contributions of attachment theory and research to the self-psychological and intersubjective approach to clinical work emerged clinically from treatments I have conducted. I have found it useful to incorporate attachment concepts and hope this may be helpful to others in their work. There are four attachment ideas that I utilize clinically: (a) the theme of safety and security, (b) the specific patterns that characterize how maximal proximity to sources of safety and security is organized. These patterns correspond to the attachment categories identified in research; (c) the methodology of the Adult Attachment Interview, and (d) the concept of “felt security.” I discuss only the first two in this paper. An appreciation of the clinical vicissitudes of security issues and a familiarity with specific patterns of organizing proximity to attachment figures enhances all varieties of clinical work. Examples from individual and couples’ treatment will illustrate this thesis. One need not aim for theoretical integration to borrow aspects of attachment understandings to enrich all varieties of clinical work.

As my focus is on clinical utility, I will only briefly address the theoretical obstacles to integrating attachment theory with self-psychology or intersubjectivity. Attachment theory privileges infancy and early childhood, while the very idea of privileging any developmental epoch is antithetical to the intersubjective approach. Rather than seeing development as dependent on infantile bonding, or the oedipal era, or any other key period, intersubjectivity is concerned more generally with the psychological field in which all of development, indeed all of life, unfolds. Similarly, although self-psychology, like all psychoanalytic theories, is powerfully interested in events occurring early in life, its main contributions, the selfobject concept and the distinctive role of empathy in human relations, are applicable throughout the life cycle. In addition, intersubjectivity theory vigorously rejects the notion of biological givens for it rejects the idea that any psychological conflict or issue is inevitable or preeminent in life in favor of a view of ongoing intersubjectively specific interactions through which distinctive meaning structures take form in all of us.

In contrast, attachment theory proceeds from the belief that the primary drive in human life is the need for safety and security and that these needs [considered biological givens by Bowlby (1969)] are served in infancy

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1 All four topics are discussed, additional clinical examples are presented, and further commentary is offered in Doctors (2007).
and childhood by attachments to caregivers. Attachment theory focuses on the styles of negotiating attachment needs that develop between children and their caretakers and sees the psychological patterns that form in this context as having long-lasting effects on psychological functioning. Children with secure attachments are those who freely express distress and anxiety and who have confident expectations that their distress will elicit comforting. Insecure children are those who lack the confident expectation that they will be soothed and comforted and who have developed more convoluted modes to manage anxiety and distress.

Phenomenologically these theories all view development in the context of the interacting psychological worlds of children and caregivers; and attachment theory, like self-psychology and intersubjectivity, underscores the central role of relationships throughout life. Each focuses on affective exchanges and the patterns and expectancies formed therein. Granted, attachment theory (with its emphasis on affects of fear and anxiety) emphasizes a narrower slice of experience, whereas intersubjectivity offers a broader theory of affective experience and a more encompassing view of human interaction. Both, however, emphasize that patterns established through affective exchanges are responsible for creating forms of self- and interactive regulation.2 This clinical overlap is the subject of this contribution.

In 1984, Daphne Socarides Stolorow and Robert Stolorow (Socarides & Stolorow 1984) linked self-psychology to intersubjectivity theory, claiming that selfobject functions referred primarily to the integration of affect into the organization of self-experience; the need for selfobject ties was conceptualized as the need for attuned responsiveness to affect states throughout the life cycle. From this vantage point, mirroring (Kohut, 1971, 1977, 1984) served to integrate affects of pride, expansiveness, efficacy, and pleasurable excitement into the self–organization, whereas experiences of oneness with idealized sources of strength and calm (Kohut, 1971, 1977, 1984) referred to attuned, comforting responses that integrated affect states involving anxiety, vulnerability, and distress. With that in mind, attachment theory, self–psychology, and intersubjectivity are mining the same developmental interactions; all conclude that affect integrating interactions forge personality. Indeed, self-psychology and intersubjectivity are the psychoanalytic theories that best account for the relational phenomena

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2Beebe and Lachmann’s (1988, 2001) ideas about the reciprocal developmental co-construction of internal and relational processes mine this territory, too, and provide another congenial language with which to speak of patterns and expectancies that emerge from interaction.
that are the special purview of attachment theory and research; mirroring and idealizing selfobject experiences seem to me the very modes by which secure attachments develop. In real life it is impossible to distinguish between the psychological conditions that eventuate in a “cohesive self” and those that lead to the development of a “secure” individual. For practical purposes, both theories speak to the same set of interactions and see troubles in attunement and responsiveness to affective states as the key to understanding psychological troubles.

Not only do I think each theory accounts for psychological life similarly, but I have come to think that intersubjectivity theory virtually assumes the existence of attachment needs, although intersubjectivity theory does not privilege any one issue. Speaking of development in 1984, Atwood and Stolorow wrote, “When the psychological organization of the parent cannot sufficiently accommodate to the changing phase-specific needs of the developing child, then the more malleable and vulnerable psychological structure of the child will accommodate to what is available” (p. 69). Although one need not account for why this is true to agree that it is true, this intersubjective developmental formulation fits the first basic assumption of attachment theory and research, namely, that the baby is motivated to form, maintain, and preserve his primary relationships because his emotional and physical survival depends on his doing so (Slade, 1999). Attachment theory holds that the infant is motivated to do what is necessary (emotionally, cognitively, and behaviorally) to maintain his primary relationships. For that reason, disturbances in the actual lived experience of these relationships result in the formation of distorted interactive patterns. These patterns are slowly ingrained and routinized and function to strongly bias an individual’s functioning in later relationships. Except for the attribution of a motivation to maintain primary relationships, the developmental story of intersubjectivity theory (and its pathological consequences) is identical to that of attachment theory.3

Organizing Principles, Internal Working Models, and Themes

The patterns that develop as distillates of lived experience are referred to in intersubjective theory as organizing principles, whereas attachment theory

3Over the years, the work of intersubjectivity theorist Bernard Brandchaft describing pathological structures of accommodation has come to more clearly acknowledge the impact of attachment needs.
uses the term *internal working models*. Although both have similar origins, and are virtually synonymous with Daniel Stern’s (1985) Representations of Interactions Generalized, organizing principles and internal working models need to be differentiated from the more common idea of psychological themes.

When someone jokingly says, “My organizing principle is, ‘I shop until I drop,’” they are telling us about a *theme* in their life. A theme is like the manifest content of a dream, whereas an organizing principle or an internal working model is like a dream’s latent content. The organizing principle or internal working model contains the code for the specific developmental origins of the manifest theme. Many organizing principles might underlie the theme, “I shop until I drop.” Is it, “When I feel sadly helpless, I try to feel my power to make things happen by giving to myself,” or, “When I feel fortunate I must share my luck with others, lest I feel selfish and guilty.” Is this a mode of self-care learned through deprivation that forestalls depression or might it be compulsive altruism necessary to regulate the undermining effects of envy and harsh criticism? An organizing principle describes an individual’s sequence of psychological reactions, frequently condensing lived affective experience.

To illustrate, Helen, a middle-aged woman, spent a good deal of her childhood frightened and, when frightened, usually endured her parent’s irritated depreciation of her fear. Although fear and self-depreciation are themes in her life, long past childhood her fear and her parent’s response to it are amalgamated, entrained. In analysis she says (listen carefully for the affect), “I’m afraid to go back to school, but I’m so annoyed with myself. It’s so stupid. No one else would feel that way.” That is an organizing principle—an amalgamation of her own affect tightly coordinated with the emotional responses others have previously had to her affect. Her fear and her parents’ responses to it are now coordinated such that when she is frightened she reacts to her fear as her parents once did, with irritation and denigration. Attachment needs are implied in motivating her accommodation to their view of her.

Internal working models, the attachment term, just like organizing principles, refer to representations of all experienced interaction patterns, although internal working models have been most extensively elaborated in regard to models of self and other in attachment relationships. The secure individual has confident expectations that one or more trusted persons can be counted on for emotional support and will come to their aid should difficulties arise. Such security allows one to function directly and
creatively in the world of relationships and activities. Think of Kohut’s (1977, p. 253) analogy of selfobject experience being like oxygen—one is not aware of its presence but becomes painfully aware of any shortages. Whereas secure individuals can take emotional support for granted, those who have developed insecure working models must create indirect strategies through which they can assure the maximal physical proximity and psychological availability of a needed attachment figure. Paradoxically, although insecure individuals are working harder at relationships, they are hobbled by expectations and strategies that limit their effectiveness in the here and now.

The internal working models that characterize insecure attachment are modes of organizing thoughts, feelings, and memories when the support of an attachment figure cannot be taken for granted and are of particular interest to us in the understanding of the psychological fallout from dysfunctional families. Just like organizing principles, they are the result of one person’s mind in interaction with another’s. The degree and extent of affect attunement and the form of misattunement determines the shape of each individual’s personal world of experience.

As we shall see, sometimes the organization that is heir to the negotiation of attachment needs is the “royal road” to intersubjective understanding. Two cases will illustrate different attachment categories and will show how understanding internal working models contributes to understanding organizing principles. In one case this helped me to understand the meaning of a rupture in treatment, whereas the other illustrates how one of the attachment categories played out and was addressed in couples’ treatment.4

**Jacqueline**

Jacqueline had completed a successful 2-year psychotherapy with me and had been free of her previously disabling panic disorder for several years when she returned following an excruciating breakup with the boyfriend she had expected to marry. Although her previous symptoms had not returned—she was not experiencing somatic symptoms and was not present-

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4Because privacy and confidentiality are the essential elements that make it possible for the patient to put his trust in another human being (Caligor, Fieldsteel, and Brok, 1984, p. xiv), the clinical cases that follow are composites—each constructed from several patients and designed to illustrate an attachment-related pattern.
ing at emergency rooms expecting to die—she was profoundly depressed and terribly shaken.

Jackie is adventurous and tough-minded, hard working, and well-informed on an amazing variety of subjects. Self-psychology and intersubjectivity had provided a solid basis for understanding her developmental predicaments—her fears of seeking comfort; her lack of idealizable figures and deficiencies in mirroring; and, in particular, how life with her extraordinarily timid, fearful mother had affected her.

Although initially Jackie had said she came from “the average American family, conventional and normal to the point of being boring,” we came to see otherwise. Jackie’s mother was easily shaken, and her family tried to avoid circumstances in which she might “melt down.” A restaurant waitress once brought her mother the wrong selection and, unable or unwilling to rectify the waitress’ mistake, her mother collapsed into quiet tears. After gently but unsuccessfully encouraging her, Jackie and the rest of the family sat through mother’s tears in stoic silence, distracting themselves by eating or looking about, as they knew that further efforts to communicate with mother would only make her more distressed.

In the first phase of treatment, we had discovered that Jackie worried that her emotional expression might distress her mother and precipitate the psychological collapse she always feared. To avoid experiencing mother’s helpless anxiety, Jackie limited her expressions of affect to those she deemed not-too-threatening to her mother. In particular, when anxious, Jackie feared it would show, just as she had feared when witnessing her mother’s inexplicable breakdowns. We had understood her panic disorder as constituting a “feeling about a feeling”—fear attendant on being afraid—fear her fear would trigger something more fearful. As Jackie became more aware of her reactions to anxiety and fear, her panic disorder subsided. Recognizing unarticulated aspects of her early affective experience had tamed her panic and opened the way to expanding her access to and expression of emotionality.

When she returned to treatment, to regain her social confidence she sought to understand her behavior with her former boyfriend, Michael. How could he have concluded she was sometimes emotionally uninvolved and uncommunicative when she was so glad to be with him and chattered happily with him at every opportunity?

Reviewing incidents in the relationship, we discovered she had experienced moments of insecurity with him when she had withdrawn, automatically assuming (as in the pattern established with her mother in child-
hood) that she could not deal with him in regard to the anxiety about the relationship he sometimes evoked but rather had to manage it herself. The problematic organizing principle we had previously recognized—reacting fearfully to her own anxiety—was further elaborated when we recognized the impact of her insecure internal working model. She was not only frightened when she was anxious but withdrew from the interaction in response to her own anxiety, unconsciously fearing her affective display would precipitate disorganization and then the loss of the attachment figure. Her attachment category is a variation on “dismissive” or “avoidant” (A). Avoidant children do not express distress or anger at separation. Although they appear contained, physiologically they are highly aroused. When Jackie managed herself in accordance with an old danger situation, maintaining psychological and physiological proximity in an attachment relationship as she had learned to when frightened in childhood, she lost touch with the interactive consequences of hiding an important emotional reaction, allowing Michael the impression she was far less emotionally involved than she actually was.

The work progressed rapidly over 9-month’s time, and we were close to ending again. She was no longer depressed, and had begun a new relationship in which she was more successful at recognizing moments of insecurity and more effective in processing them within the relationship. Recognizing her bugaboo—the fear of stressing the relationship partner and the related fear of losing the attachment figure—she worked hard to change her pattern and was doing well. Further, she was concerned about finances, as the bill was mounting, her income was limited, and insurance had not yet paid a cent. I like this woman very much and had unhesitatingly taken her back into treatment when she was in trouble, assuring her that we would work something out.

After September 11th, work pressures caused Jackie to cancel sessions, sometimes just hours before our appointment. After several such missed appointments, I said in a message that I certainly was not charging for cancellations related to September 11th but, “We needed to figure out how to see each other and how to avoid further cancellations, which I would eventually have trouble absorbing.” She completely flipped out! In messages, in phone conversations, and then in the office, she expressed shock, disbelief, and outrage that any charge might ever be made for a missed session.

I was dumbfounded and unable to understand what had happened. I tried to shift from the concrete level of money and policies but found myself unable to understand how this sophisticated citizen-of-the-world did not
know there could be a charge for a missed session. Could I have failed to mention it in either treatment? Had she ever looked at a bill? I was ruffled and getting angry, too.

So there we were, in my office, me primed for “disruption and repair” (Beebe & Lachmann, 1994) work. Asking her what I had said or done or not said or done only kept us at the level of the concrete. But, when I asked how the incident affected how she felt about me, she replied, sadly and soberly, “I thought I could count on you to look out for me, and … you didn’t.” Her disappointment and chagrin were palpable. At first I did not follow what she was saying, but I stayed with it, for my lack of understanding alerted me to the possible presence of quite personal meaning. Then it fell into place and I said to her:

Oh, of course. Finally you could assume that someone was there, I was there, keeping an eye on things, keeping you safe. At last you could operate freely, confidently knowing that if there were something dangerous, I’d be able to take care of things and keep you safe. You were blessedly free from having to monitor other people—me. How wonderful it was to take that for granted and how awful it was to have that shaken. My message seemed to mean I needed you to attend to me, to take care that you didn’t trouble me. No wonder it was so upsetting.

That broke the logjam, for both of us. To translate, the fee incident had disrupted a previously unrecognized developmental move forward. The selfobject dimension of the transference had been silently, blissfully in place and she was developing security in relation to me. She did not have to worry about taking care of me and she could be confident in relying on someone to be able to look out for her safety and security. There was a rupture in the idealizing selfobject transference and, in her distress, she was frantically trying to get me to “act right,” to keep her safe so that she did not have to second guess her reactions for fear they would upset me.

The work with Jackie proceeded along self–psychological and intersubjective lines but was helpfully enhanced by my understanding of specific attachment themes—safety and the internal working models she had developed in childhood and was in the process of remodeling in treatment. She was fighting with me to assure herself that she could count on me as a partner in the process and that she need not return to the insecure stance in which she had to fearfully take care of everything herself and act as if things were okay when they were not.
Gabriel and Sam

In this next case, I focus on a different pattern of insecure attachment—the resistant–ambivalent (C) attachment category. Although one might intuitively expect people who are avoidant and dismissive of attachment themes to be hardest to treat, research demonstrates that it is the resistant–ambivalent category that has the poorest outcome. As children, such people alternately seek and resist the parent. After separation and reunion they cannot be comforted, continue to cry, and fail to settle in.

Prior to couples therapy, Gabriel and Sam each had previous individual treatment. They had been together for many years and, although Gabriel felt they had just drifted apart, Sam thought the situation was grave.

An interactive dynamic was apparent from the first. Sam complained he did not feel Gabriel was with him, yet knew his own pattern was to sulk for months before saying anything. Gabriel expressed interest in Sam's complaints and wanted Sam to tell him when he was unhappy. However, Sam could not ask for attention if he was not confident there was already interest directed toward him. Sam wanted to feel instantly settled in, but Gabriel was more worried about being taken over. Gabriel needed more emotional space and wished to verbalize needs and wants, although Sam could not let himself ask directly for what he wanted.

Gabriel acknowledged his difficulties with trust and knew his fearfulness affected the relationship. As a boy whose interests were different from others, he evoked rage in his father, beatings from his peers, and had been assaulted by men who were supposed to have cared for him. Gabriel needed time to develop intimacy but felt it was possible and progressing with Sam.

Sam's story was sad in a different way. His interest in neurochemical research was traceable to his sufferings with a schizophrenic mother who had been hospitalized innumerable times during his childhood, adolescence, and early adulthood. When she was not psychotic, their relationship was close and loving. In between episodes, she could be a doting, even protective, mother. Sam's father's absorption in his own career and his implicit emotional abandonment of Sam and his mother was doubly hard, as it was a source of shame in his Midwestern Lutheran community. Sam had often been alone for long stretches while mother was in the hospital. He seemed always to be imagining happy reunions and suffering shattering disappointments. Once, when he was excited to see her, she did not recognize him.

It was easy to understand Sam's need to feel that someone was really there, although he was unable to verbalize his desire for attention. It was
equally clear that Gabriel’s anxiety about being taken over had emerged from traumatic circumstances. He needed directness that Sam could not provide, for openness kept him abreast of the pace of a building intimacy and a steady, moderate pace reassured him that he would not suddenly be overpowered by someone else’s needs.

We began the work of helping them to understand the vulnerabilities each brought to the relationship and focused on how their needs and fears affected their current interactions with each other. One scene they repeatedly played out occurred while Gabriel was cooking. Sam would dance about nervously, in a manner both men recognized as a bid for attention. It was annoying to Gabriel and, although Sam was hurt by Gabriel’s irritation, he regularly repeated the performance.

The work deepened as I spelled out Sam’s fear of asking more directly for the attention he wanted. Sam was skitterishly trying to make the contact he craved and to achieve a desperately desired proximity, but the possibility of not being met, not being recognized (which was signaled by Gabriel’s distracted look), threatened him with utter psychological catastrophe. Tentatively, maximizing proximity while anxiously skirting disappointment, can be thought of as his organizing principle, even as resistant–ambivalent may describe his internal working model of attachment.

Sam was faithful in opening up his inner experience, and it is that process that I wish to highlight, for I believe it reflects the resistant–ambivalent pattern often seen in those who have experienced inconsistent parenting. We came to see that when the response Sam wanted was not forthcoming quickly enough, he began to feel frustrated and defeated and to tell himself, “Gabriel won’t ever … ” and then, “I don’t want it anyway.” The tiniest indication that Gabriel was not on Sam’s wavelength was sufficient to initiate his retreat. His avid interest in connection shifted to angry withdrawal and to a state of mind in which he was quite resistant to engagement. If Sam did complain he felt alone, Gabriel’s response (including loving interest and concern) was almost always experienced by him as “too little too late.” Sam could not hear Gabriel, so involved would he be in his lonely, resentful chewing over of injuries suffered. Sam’s accurate recognition of any whiff of flagging interest would repeatedly lead him to grouse miserably to himself, “It doesn’t matter what I say, nothing I say matters.” Sam agreed with my interpretation that keeping himself company in that resentful way was actually enlivening to him.

The interaction between them was fascinating. Sam might recount a conversation in which he told Gabriel about a problem, would appear to have received thoughtful consideration, but nonetheless felt unheard, un-
recognized, and angry. When Sam felt he wanted more of a response but was being overlooked by Gabriel, he retreated. Gabriel was usually unaware that there was something left unfinished between them but wanted to know what it was so he could respond. As he began to make increasingly direct requests that Sam ask for what he wanted, Sam began to notice his vague sense that something would be spoiled, even ruined, were he to actively pursue Gabriel. I believe that what would have been violated would have been the attachment pattern acquired in traumatic circumstances, the loss of which would threaten a familiar sense of self. Sam's strategy for gaining as much attention as possible while risking rejection as little as possible, whether considered an organizing principle or an internal working model, provided a subjective experience of felt security.

To illuminate the components of Sam's mode of seeking emotional interaction, I spoke of Sam's exquisite sensitivity to distraction and preoccupation as his "early warning system." Acknowledging that he withdrew at that point to a self-encapsulated place in which he obsessively reviewed events himself, "licked his wounds," and built a simmering resentment, I spoke of his learned, vigilant attunement to the earliest signs of unresponsiveness in his mother. His unwillingness to pursue his needs directly functioned to keep him from asking for something she could not give and protected him from a dreadful confrontation in which he would feel all alone and bereft.

At this point in the treatment I learned that his mother had also had a seizure disorder and that Sam's attunement was so acute he could tell a day before a seizure when one was approaching! Although Sam is hypervigilant, he is accurate when he picks up low-level signs of distraction in Gabriel. However, he is not accurate in his automatic interpretation of the meaning of those signs in his current-day relationship. Helping him gain greater conscious awareness of this pattern and the flexibility to consider the choices open to him was the therapeutic challenge.

Here, again, is the overlap between what intersubjectivity theorists call organizing principles and attachment theorists call internal working models. Sam had learned that when he was desirous of contact, signs of unavailability in the other presage emotional disaster. At that moment, he shifted to a state of mind in which his emotional abandonment was a foregone conclusion. The absence of the other was experienced, regretted, bemoaned, and railed against. In this state of mind he was resistant to actual contact, although psychologically he was maintaining the closest degree of proximity possible, as he had learned to in childhood. What was once an interactive drama with his mother had become condensed into a personal
pattern—a chain of automatic emotional responses. First he sought contact. Then, in reaction to a sense that was not forthcoming, he became hopeless about getting it and then did not want it anymore.

What does attachment theory add to this picture? First, this story hinges on the seeking out of a secure connection. Second, it illustrates modes of achieving maximal proximity to an elusive object that had come to be associated with felt security; and, third, understanding attachment ideas shapes interventions that focus on the regulation of distance—physical and emotional. Under terribly adverse conditions, Sam had negotiated a way of being as emotionally connected as his mother’s psychological state allowed that simultaneously protected him from psychological devastation. His angry, self-encapsulation functioned to maintain his private experience of contact when closer contact was not possible. In treatment, Sam had to come to recognize his fears of reaching out to Gabriel, his sense that self-containment was safer than trying to be with Gabriel. This has been crucial in complexifying their earlier formulation—that Sam craved contact and Gabriel feared it.

I used my sense of Sam’s exquisite calibration of distance to illuminate the hair-trigger shift away from seeking Gabriel to resisting Gabriel. We developed a language of directionality in relationship, a fine-grained awareness of whether each was moving toward relationship or away from it. We considered the psychological conditions (around and within each partner) that produced withdrawal and spoke about what was required to encourage a movement into the relationship, transforming patterns that had been useful in incompetent systems but which guaranteed dysfunction in adulthood. Gabriel learned to modify his irritated responses to what he feared might be an impingement and, with the support of his partner and the treatment, Sam became better able to tolerate disappointment and developed some new faith in the expression of his needs. The old patterns lost their automaticity as they were illuminated and understood in the treatment and as the new intersubjective surround began to have an impact.

Discussion and Conclusion

There is much, much more to be said on this topic. These cases illustrate my belief that the psychological organization that results from the negotiation of attachment needs can be the royal road to self–psychological and intersubjective understanding; self-psychological and intersubjective un-
derstanding may be enhanced by familiarity with affective patterns gleaned from the world of attachment theory and research.

Understanding the attachment-related structure of Jackie’s affective inhibition guided the work that followed her breakup, whereas recognizing an attachment-related pattern made sense of a disruption that might have prematurely ended treatment. The organizing principle uncovered in the first phase of therapy—when afraid she feared it letting it show would make matters worse—was fruitfully elaborated and deepened by my understanding of avoidant–dismissive attachment style. When my phone message disrupted the selfobject transference, seeing the connection between idealizing and mirroring selfobject experiences and the development of attachment security was crucial in “repairing” our connection.

Attachment understandings were useful in identifying the origins and functions of ways of being developed by Sam to cope with inconsistent parenting caused by his mother’s episodic bouts with mental illness. In addition to demonstrating an additional attachment-related pattern (Sam’s is resistant–ambivalent, whereas Jackie’s is avoidant–dismissive), the case provides a window into entrenched maladaptive psychological modes which resist change in treatment. As in this case example, a detailed dissection of these complex patterns allows patients to recognize and modify habitual, maladaptive routines. Understanding the felt security inherent in maximizing proximity to attachment figures deepens an appreciation of the fear of loss of a familiar sense of self. Recognizing that these patterns are maintained by the anxiety attendant on losing an essential attachment bond contributes to the therapist’s patience and reframes what might otherwise seem like a malignant resistance.

An important proviso is in order. For the sake of illustrating the clinical utility of attachment-related understandings, I highlight patterns, making them the psychological foreground and relegating other details to the hazy background and I use categorical schemas to demonstrate my points. Yet, the richness and complexity of an individual’s psychological life can never be adequately captured by an attachment category. Yet, the richness and complexity of an individual’s psychological life can never be adequately captured by an attachment category.5 I have argued that attachment theory and research contributes to pattern recognition and can be helpfully incorporated into clinical work conducted from a self psy-

5Indeed, one implication of this paper is that attachment status may change as the result of psychological treatment, a view consistent with research showing that significant life events may change attachment status despite the general tendency for attachment categories to be continuous over time.
psychological and intersubjective perspective. Because the patterns created by affective interaction are central to the conception of psychological health and pathology in self-psychology, intersubjectivity, and also attachment theory, if one eschews issues that pertain to full integration, incorporation of concepts gleaned from attachment theory and research should be welcome.

Familiarity with the ways of being that emerge from the negotiation of attachment relationships can help the clinician recognize patterns and their significance more quickly and thereby support therapeutic efforts. The limitations of these schemas adds a cautionary note that need not curtail enthusiasm for theory and research that opens the clinician’s mind and heart to new perspectives on old problems.

References


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A pesar de constatar las diferencias que hacen imposible una total integración de la teoría del apego con la psicología del self y la intersubjetividad, la autora destaca el terreno en común que comparten: los intercambios afectivos y los patrones y expectativas que se establecen a través de la interacción afectiva. Se presentan ejemplos clínicos de tratamientos individuales y de parejas que ilustran los dos posibles patrones (que se corresponden a las categorías establecidas en la investigación sobre el apego) que se forman para organizar una proximidad óptima con las fuentes de seguridad cuando los pacientes han sido criados en circunstancias en las que no pudo haber seguridad con los padres. Doctors recomienda la incorporación sin integración, argumentando que un conocimiento de la teoría e investigación del apego permite que los clínicos puedan reconocer más fácilmente las expectativas que se han ido organizando en la vida emocional de sus pacientes, y de este modo los distinto tipos de trabajo clínico pueden enriquecerse.

Tout en notant les disjonctions qui rendent impossible l'intégration totale de la théorie de l'attachement avec la psychologie du soi et l'intersubjectivité, l'auteur souligne le terrain commun à chacune de ces théories — les échanges affectifs et les patterns et attentes établis à travers l'interaction affective. Des exemples de cas à partir de traitement individuel et de couples illustrent deux patterns possibles (correspondant aux catégories établies dans la recherche sur l'attachement), formés pour organiser une proximité maximale aux sources de sécurité et de sûreté lorsque les patients ont grandi dans des circonstances où la sécurité en relation au parent n'était pas possible. En recommandant l'incorporation sans l'intégration, Doctors soutient que la familiarité avec la théorie et les recherches sur l'attachement permet aux cliniciens de reconnaître plus facilement d'importants patterns d'attentes dans les vies émotionnelles de leurs patients, et potentiellement d'enrichir ainsi toutes les variétés de travail clinique.

In diesem Aufsatz diskutiere ich Shelley Doctors umfassendes Konzept, das sie in ihrem Artikel „Notes on incorporating aspects of attachment theory and research into self psychological/intersubjective clinical work“ beschrieben hat. Ich unterscheide zwischen linearen Stabilitäten der Matrixbildung, was von vielen Bindungsforschern herausgehoben wird, sowie nicht-linearen Eigenschaften dyadischer Systeme, was bei Selbstpsychologen und Säuglingsforschern, die sich in relationalen und intersubjektiven Systemen bewegen, besondere Beachtung erfährt und stelle dabei fest, dass Shelley Doctors beide Sichtweisen im gleichen konzeptionellen und klinischen Feld durch ihre pragmatische und erlebnisnahe Perspektive ins Spiel bringt. Ich stelle Verbindungen zwischen der Bindungs- und der Säuglingsforschung her und weise auf neuere Aspekte in der Bindungstheorie hin, die zu der primären Hypothese eine umfassendere Vielschichtigkeit hinzufügen: Dass die Muster der primären Bindungsbeziehung stabil sind und stark die sich später entwickelnden Beziehungen beeinflussen. Weiter biete ich eine eigene Narrative der therapeutischen Vorgehensweise in Shelley Doctors ersten Fallvignette an – ein Beispiel einer Abfolge von Unterbrechung und Wiederherstellung –, was eine intersubjektive Umformung illustriert. Abschließend komme ich zu Fragen, wie diese Umformung den Behandlungsverlauf zu verändern vermag.
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