

Apego en la infancia: la capacidad de relacionarse e implicaciones para la terapia

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I hope that means....

Attachment in childhood:

the capacity to relate, and implications for therapy

I aim to....

- Start from a lifespan perspective
- Encompassing normal developmental and clinical issues
- Linking attachment and mentalization

- How do we learn to relate?
- What can go wrong?
- How to put it right?

Some things to have in mind....attachment

- People are social from birth, most of whose learning takes place within relationships
- That learning is motivated (or inhibited) by relationship/emotional influences
- We are affected by internalized early attachment relationships
 - expectations of therapeutic setting, defences
 - openness to change
- Responses to new 'attachment figure' also function of social cognition – level and

Some things to have in mind...mentalization

- Responses to new ‘attachment figure’ also function of social cognition – level and type of attributions, capacity to question
- As well as thinking and reality-testing,
- Affect regulation and expression central

- Entanglement of thinking and feeling – part of problem, and of solution





Attachment and Arousal Regulation

- A dyadic regulatory system
 - infant's signals responded to (or not)
 - signals acquire meaning for infant
 - meaning will be accurate, minimised, displaced, escalated or distorted in relation to baby's original state, according parent's characteristic responses
- Baby's attachment behaviour
 - Learns to seek or avoid closeness, based on expectation
 - experiences aggregated into representational system ('internal working models')

Attachment serves hierarchy of needs

- Physical survival – still an issue
- Emotional survival
 - Self-image, feeling loved, lovable, interesting
 - Affect regulation, being able to live with the way one feels, tolerate the social world
- Cognitive survival
 - Developing necessary capacities of attention, understanding of self and other, not developing defenses restricting exploration and realistic engagement with social world

Mentalization: a psychodynamic, psychological model

- Originated in **psychoanalytic theory** (Winnicott, Bion) and **clinical work** (child and adult, psychosomatics), and **extensive empirical research** (attachment, ToM & RF, outcomes, neuroscience)
- **Developmental lines of attachment and mentalization** mostly mapped empirically

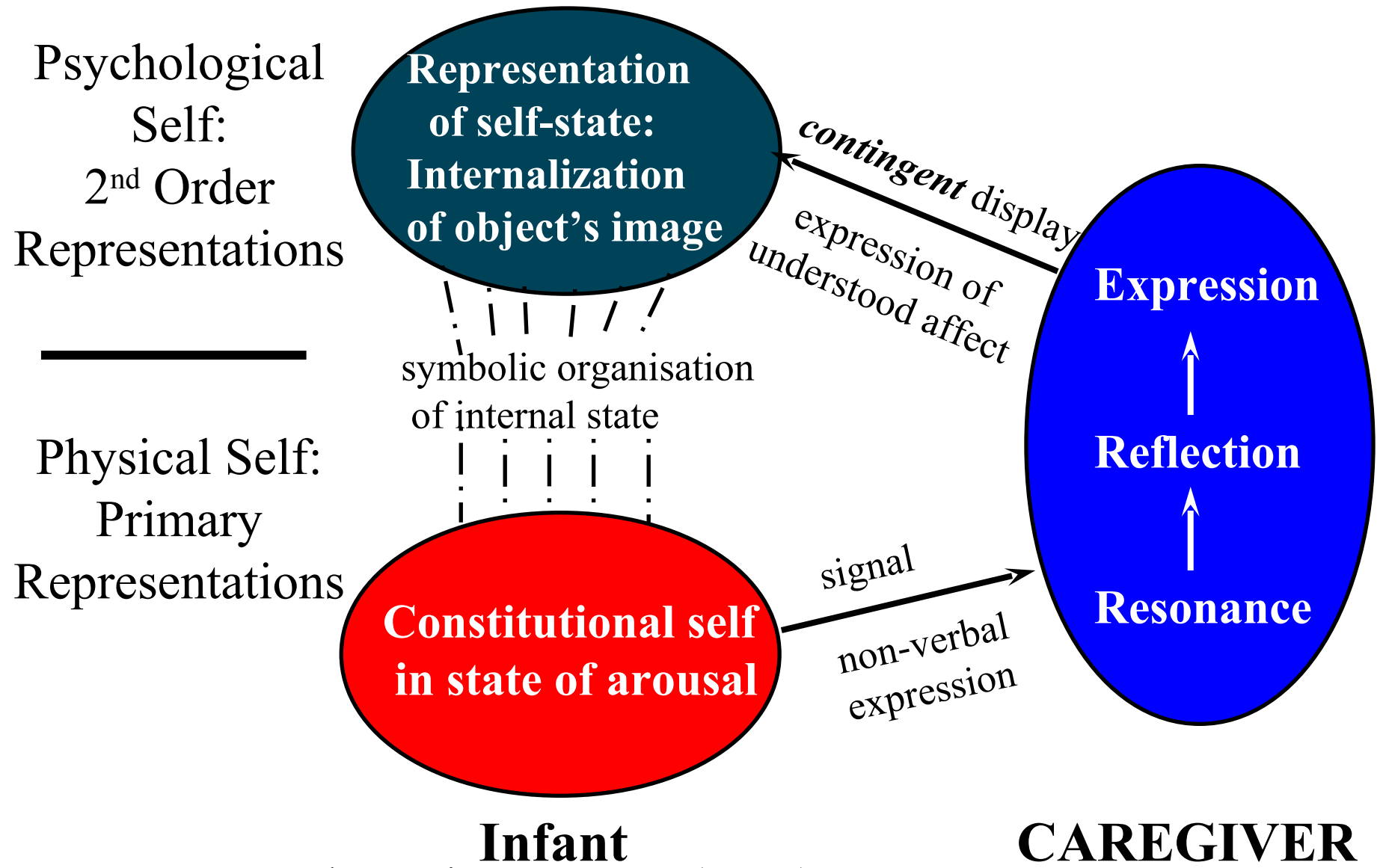
Mentalizing

- To see ourselves from the outside and others from the inside
- Understanding misunderstanding
- Connecting thought, feeling and action
- Recognising different perspectives on motivation
 - Including motivations outside awareness
 - In self as well as others (descriptively and/or dynamically unconscious)

How does it work? Reflective parenting

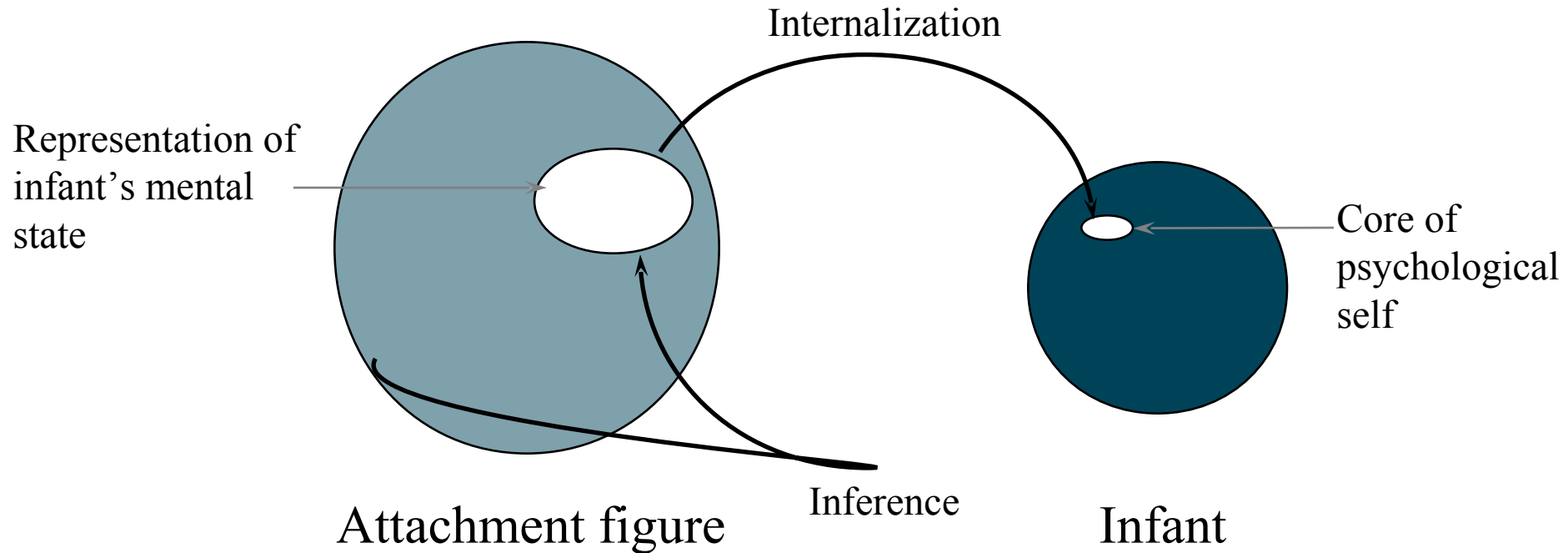
- The caregiver behaves towards the child in a way which assumes and implies that he has thoughts, feelings and wishes
- Non-verbal as well as verbal process of 'mirroring'
- Caregiver connects inner and outer worlds

Affect & Self Regulation Through Mirroring



Birth of the Agentive Self

Attachment figure “discovers” infant’s mind (subjectivity)



Robust Representation of Internal States

- Contingency, congruence of Mirroring
 - The caregiver adequately and promptly responds to the infant's mental state
- Markedness of Mirroring
 - The caregiver mirrors while indicating that she is not expressing her own feelings

Mirroring sadness



Unmarked mirroring

Marked mirroring

Overview of self development

- **Infancy:** affect mirroring with trusted others → differentiation of self-states via other's responses
- **Toddlerhood:** parental recognition of intention and self states → representations of reality, inner and outer
- **Early school:** elaboration of perspectives → self becomes distinct, mental states become partial / motivated representations of reality
- **Adolescence:** refocused relationships + abstraction & complexity → stress on attachment and mentalizing

Psychic Reality - toddlers

- The simultaneous engagement of the child's internal world while retaining a reality based perspective
- Move from experience of mental events in either 'psychic equivalence' or pretend mode, to a mentalised internal world (Fonagy & Target, 1996; Target & Fonagy, 1996; Fonagy, Gergely, Jurist & Target, 2002)

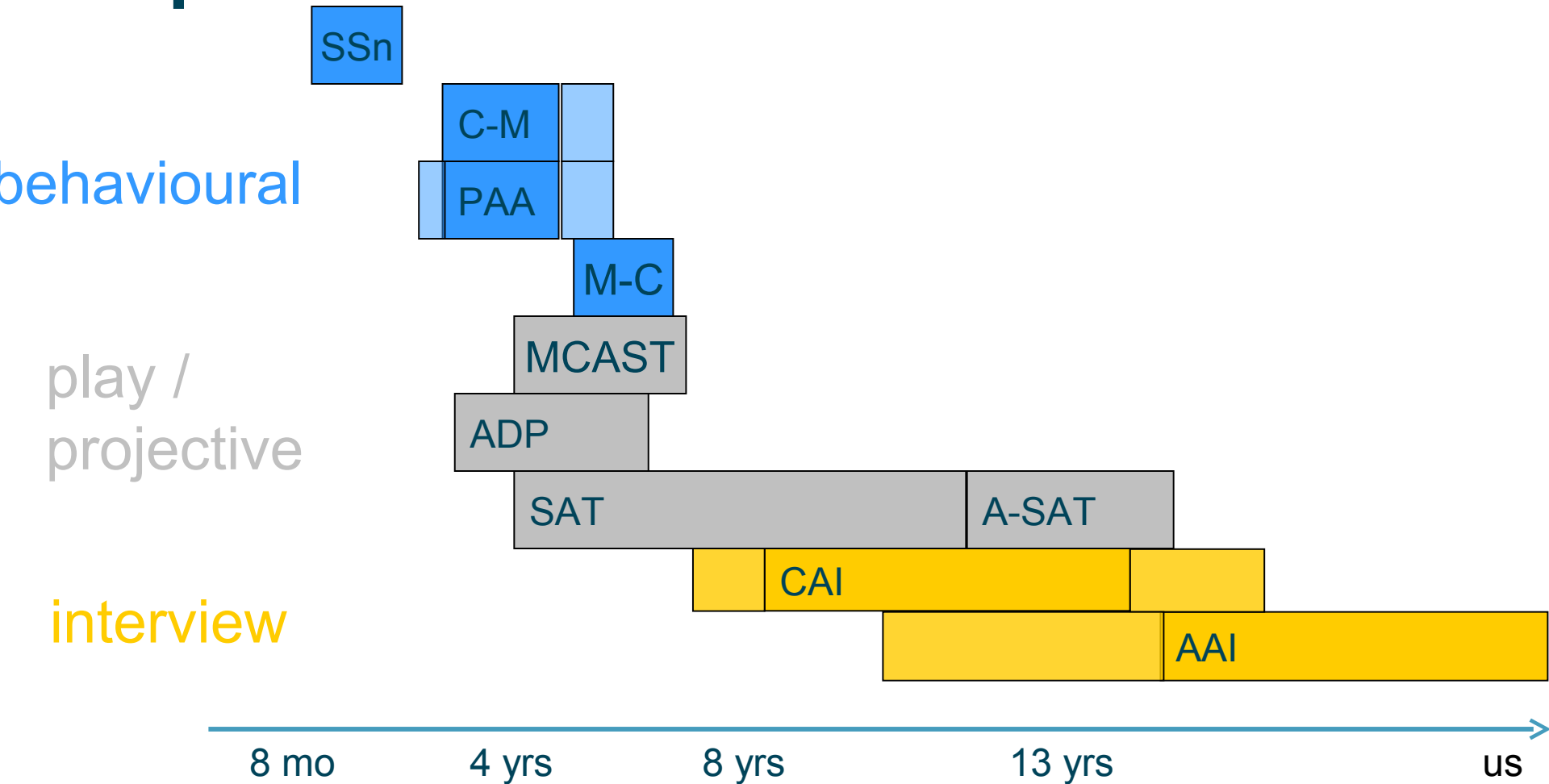
Relating internal to external

- When ‘serious’, child expects internal world in himself and others to correspond to external reality, subjective experience may be distorted to match information from outside (“psychic equivalence mode”)
- In fantasy play, the child knows that internal experience may not reflect external reality, but internal state is thought to have no relationship to the outside world, and no implications for it (“pretend mode”)
- By force – the way I or you feel can only be shown / changed by physical action, eg violence, sex (“teleological mode”)

The elaboration of subjectivity

- Need to develop both mental processes and content to represent the social world
- Population of personal, subjective world with representations, and content shaped by interactions, motivations and sensations experienced before they could begin to be represented
- We see the residues of these in characteristic behaviour, visible reactions and interpretations in adult life, mostly outside awareness
- **Embodied cognition**

Attachment measures : interaction to representation



Secure

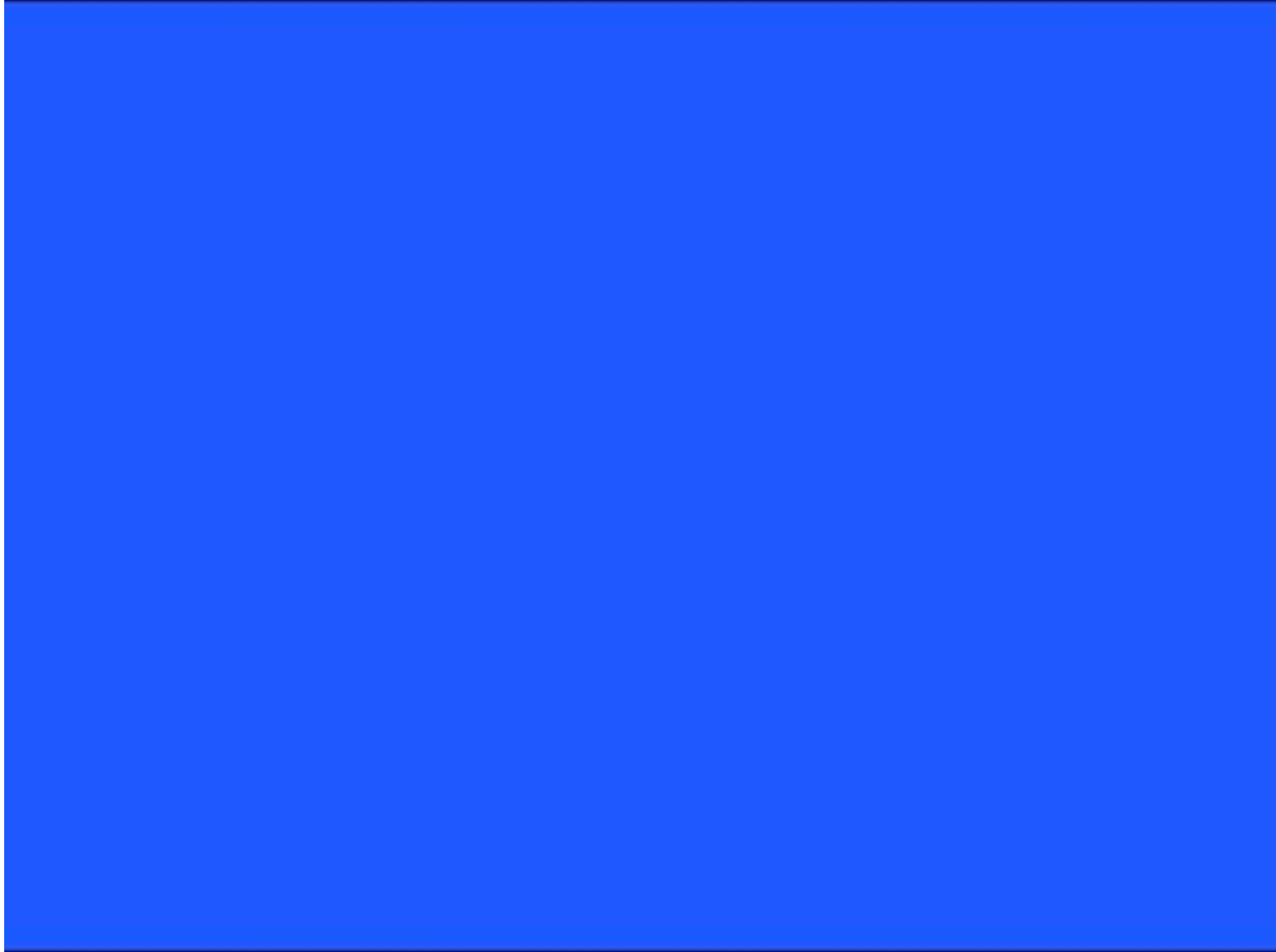
- Mixed descriptions of self
- Relationship to parents
 - - Balanced, lively appropriate affect
- e.g. adjectives
 - - Self as a person: “kind, funny, silly” (looks comfortable)
 - - Relationship with Mum: “nice, interested, friendly” (looks happy, engaged)
 - - Relationship with Dad: “safe, active, bit boring though (looks interested, then sad)”
 - - Detailed, relevant examples which ring true

Secure



Dismissing

- Physical / absent descriptions of self
- Relationship to parents
 - - idealised (no difficulties), forgotten, normalised or trivialised
- e.g. adjectives
 - - Self as a person: “don’t know. A bit short-sighted. Like everyone else really. Nothing much.” (puzzled)
 - - Relationship with Mum: “don’t know. Normal..... Happy?” (looks sad, anxious)
 - - Relationship with Dad: “don’t know. Same as for my Mum. *Normal.*” (looks closed, tense)
 - - No examples given. No memories of separation etc.



Disorganised, with struggle to manage affect

- Boy, 13, fostered after neglect & abuse by parents
- No problem with other interviews
- Even when talking about foster carers:
 - Objects to questions, complains that interviewer should ask in different order, gets confused, anxious and distracted
 - Blanks, ‘can’t remember’; vague, ominous and confused answers; anger, anxiety
- Birth parents section: rage (e.g. has to swear), hatred, panicky looks, confusions, lack of memory, interview interrupted 3x
- Tries to explain why difficult for people to help



The Opportunity of Psychotherapy

- Activates
 - Attachment system
- Challenges
 - Mentalizing capacity
- ‘Pretend’ frame allows safe re-activation of unintegrated emotionally central self-experiences
 - Felt intensely, in ‘psychic equivalence’, but insulated from external life
- ➔ Chance to re-think assumptions, consider current experience without moral strictures, try out and check out perspectives
 - ➔ Under attachment pressure, cognitive change needs to be emotionally hot, but not to shut down thinking

Psychotherapy a serious "pretend" experience

- ‘Play’ with ideas essential, just as to our psychoanalytic model of the developing mind
- Therapist and patient discuss fantasies, feelings and ideas which they “know” at the same time to be (externally) unreal
- Therapist focuses on what patient can think about (just) but not yet understand or change
- Aims to contain what is communicated mainly nonverbally, help to identify, modulate, put in context – why does it matter/what does it mean?, patient in control

Harnessing the forces of natural development

- Affect mirroring
 - Marked, contingent and specific
 - What interferes with attachment, exploration from secure base?
 - Mental states treated teleologically?
 - Key issues thought about in ‘psychic equivalence’?
 - Or avoided in ‘pretend’ mode?
- All psychotherapies moderate cognitive distortions and increase emotion regulation
- Through mentalization under manageable attachment stress

Many thanks for your attention!