# **Attachment Theory and Psychoanalysis,** by P. Fonagy

a. People / Organizations:
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b. Quotes:
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c. General Notes:
   - Chapter 1 - Introduction to Attachment Theory (pg. 5)
     - "Bowlby's critical contribution was his unwavering focus on the infant's need for an unbroken (secure) early attachment to the mother. He thought that the child who does not have such provision was likely to show signs of partial deprivation-an excessive need for love or for revenge, gross guilt, and depression—or complete deprivation—listless-ness, quiet unresponsiveness, and retardation of development, and later in development signs of superficiality, want of real feeling, lack of concentration, deceit, and compulsive thieving (Bowlby 1951). Later (Bowlby 1969, 1973), he placed these interactions into a framework of reactions to separation: protest → despair → detachment. Protest begins with the child perceiving a threat of separation. It is marked by crying, anger, physical attempts at escaping, and searching for the parent. It lasts for as long as a week, and intensifies at night. Despair follows protest. Active physical movement diminishes, crying becomes intermittent, the child appears sad, withdraws from contact, is more likely to be hostile to another child or a favorite object brought from home, and appears to enter a phase of mourning the loss of the attachment figure (Bowlby 1973). The final phase of detachment is marked by a more or less complete return of sociability. Attempts by other adults to offer care are no longer spurned, but the child who reaches this stage will behave in a markedly abnormal way upon reunion with the caregiver. In the Heinicke and Westheimer (1966) study of separations that ranged from 2 to 21 weeks, two of the children appeared not to recognize their mothers upon reunion, and eight turned or walked away. They alternately cried and looked expressionless. The detachment persisted to some degree following the reunion, and alternated with clingy behavior suggesting intense fear of abandonment. Bowlby's attachment theory, like classical psychoanalysis, has a biological focus" (pg. 7)
   - Chapter 2 - Key Findings of Attachment Research (pg. 19)
     - See text
   - Chapter 3 - Freud's Models of Attachment Theory (pg. 47)
     - See text
   - Chater 4 - Structural Approaches (pg. 53)
     - See text
   - Chapter 5 - Modifications of the Structural Model (pg. 65)
     - See text
   - Chapter 6 - The Klein-Bion Model (pg. 81)
     - "The rise of object relations theories in psychoanalysis was associated with a shift of interest towards developmental issues. Regardless of particular theoretical models, psychoanalysis has moved increasingly towards an experientially based perspective. These approaches inevitably emphasize phenomenological constructs, such as the individual's experience of himself or herself, and theory has become increasingly concerned with relationships. Thus, the gap between attachment theory and psychoanalysis has narrowed considerably." (pg. 81)
       - "The classic view, rooted in a Kantian philosophical tradition, holds that striving towards autonomy and the reign of reason is the essence of being human. By contrast, the romantic view, to be found in Rousseau and Goethe, values authenticity and spontaneity above reason and logic. In the classic view, humans are seen as inherently limited but able to overcome, in part, their tragic flaws, to become "fairly decent" (p. 320). The romantic view sees humans as intrinsically good and capable, but vulnerable to restriction and injury by circumstance. The classic vision approaches psychopathology largely in terms of conflict, while the romantic view frequently sees maladjustment in terms of deficit. Maladaptive, destructive action is viewed as a consequence of deep-rooted pathology in the classic view, while the romantic view understands such acts as manifestations of hope that the environment might reverse the damage done. The romantic view is more optimistic, seeing human beings as full of potential and the infant as ready to actualize the blueprint of his destiny. The classic view is more pessimistic. Conflict is seen as embedded in normal development. There is no escape from human weakness, aggression, and destructiveness, and human life is an unending struggle against the reactivation of the inevitable vicissitudes of infancy. In the romantic view there is primary love; in the classic view it is seen as a developmental achievement." (pg. 81-82)
     - "**In the Kleinian model, the human psyche has two basic positions: the paranoid-schizoid and the depressive** (Klein 1935). In the paranoid-schizoid position, the relationship to the object (the caregiver) is to a part object, split into a persecutory and idealized relationship, and similarly the ego (the self) is split. In the depressive position, the relation is to an integrated parental image, both loved and hated. The individual recognizes his or her destructive wishes toward the object. This brings with it a certain characteristic sadness (hence the term depressive position), but correspondingly the ego is more integrated. The paranoid-schizoid superego is split between the excessively idealized ego ideal characterized by the experience of narcissistic omnipotence and the extremely persecutory superego of paranoid states. In the depressive position the superego is a hurt love object with human features. Klein (1957) suggests that early, primitive envy represents a particularly malignant form of innate aggression. This is because unlike other forms of destructiveness, which are turned against bad objects, already seen as persecutory, envy is hatred directed to the good object and arouses a premature expression of depressive anxiety about damage to the good object. **The concept of projective identification is central to the Kleinian model of development** (Klein 1946). Whereas in classical theory of projection, impulses and wishes are seen as part of the object rather than the self, and identification implies attributing to the self qualities perceived in the object, projective identification involves the externalization of "segments of the ego" and the attempt to gain control over these unwanted possessions via often highly manipulative behavior toward the object. Consequently, projective identification is a more interactive concept then either projection or identification. There is a much closer relation to the object, which now "stands for" the projected aspects of the self (Greenberg 1983, p. 128). The individual is seen as, in part, identifying with an aspect of the unacceptable impulses that were externalized and placed into the representation of the other. This applies equally to internal object relationships; thus, the superego not only contains the projected id impulses, it also contains the projected parts of the ego itself. Bion's (1962b, 1963) work suggests a distinction between normal projective identification, where less pathological aspects of the self are externalized and which may underpin normal empathy and understanding, and pathological projective identification, which is linked to an absence of empathy and understanding." (pg. 83-84)
   - Chapter 7 - The Independent School (pg. 93)
     - See text
   - Chapter 8 - North American Object Relations (pg. 105)
     - See text
   - Chapter 9 - The Work of Dan Stern (pg. 117)

    - See text
  - Chapter 10 - The Interpersonal Approach (pg. 123)
    - See text
  - Chapter 11 - Psychoanalytic Attachment Theorists (pg. 135)
    - See text
  - Chapter 12 - Summary (pg. 156)
    - "We have described in an earlier paper (Target and Fonagy 1996) the ways in which the development of reflective capacity benefits people in terms of making both internal and external worlds more meaningful. We suggest here that some aspects of borderline pathology arise from the inadequate integration of early forms of the representation of internal experience, which would normally form the basis of a mentalizing mode of experiencing psychic reality. Perhaps the single most important indicator of this is the quality of rigidity that imbues the internal representational world, the experience of the self, and relationships with others. **In borderline patients particular ways of relating, idiosyncratic ways of understanding the world, are held to with a tenacity far beyond what would be associated with habitual patterns of defense, and place a major obstacle in the path of therapeutic change. These individuals, like other patients, organize the analytic relationship to conform to their unconscious expectations, but for borderline patients these expectations are experienced with the full force of reality, and there is no sense of alternative perspectives.** At those moments when the external reality does not fit with the tenaciously held active schema, there is only a sense of emptiness. Just as behavior and interpersonal relations are rigidly restricted, so is internal experience; of the total spectrum of experiences only some are registered and felt, frequently leading to a discontinuity in self-experience. As a consequence of the lack of flexibility of the representational system for mental states, the individual does not have the capacity to evoke psychic experiences in any way other than by enactment and provocation. Even relatively simple and common subjective states, such as worry or concern, cannot be experienced except through creating them in another person. Many have noted the manipulative aspects of eating disorders and other forms of self-harm (e.g., Bruch 1982, Main 1957), but mostly in the context of the projection or projective identification of intolerable parts of the self, or as part of interpersonal communication. Here our emphasis is somewhat different. It is the creation of an internal experience akin to reflection, normally intrapsychic, which is established through interpersonal interaction. Not being able to feel themselves from within, they are forced to experience the self from without. An important aspect of such rigidity is the persistence of psychic equivalence as a predominant mode of experiencing psychic reality. Much of the apparent inflexibility of such patients may be understood in terms of the increased weight they give to psychic reality. When mental experience cannot be conceived of in a symbolic way, thoughts and feelings have a direct and sometimes devastating impact that can only be avoided through drastic and primitive defensive moves. While there is little that is exceptional about this image, it was the tenacity with which the patient retained this idea, and its imperviousness to any consideration of other times that had been experienced equally definitively as showing an opposite reality. What was noticeable was the extent to which each view replaced the other completely, and each was seen as so clear that it was not even worth discussing. **This is based in a lack of ability to "play with reality." The patient is mesmerized by an idea and unable to experience it as psychic rather than concrete reality**. The only way to deal with this technically is to accept it." (pg. 177-179)
  - Chapter 13 - How Can Attachment Theory Benefit? (pg. 184)
    - See text
  - Chapter 14 - Conclusion (pg. 191)
    - See text

d. Further Readings:
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